

# ANTICONVULSANTS

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## Products Affected

### Step 2:

- Aptiom 200 mg tablet
- Aptiom 400 mg tablet
- Aptiom 600 mg tablet
- Aptiom 800 mg tablet
- Fycompa 0.5 mg/mL oral suspension
- Fycompa 10 mg tablet
- Fycompa 12 mg tablet
- Fycompa 2 mg tablet
- Fycompa 4 mg tablet
- Fycompa 6 mg tablet
- Fycompa 8 mg tablet

## Details

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Criteria	Claim will pay automatically for Brand Anticonvulsants if enrollee has a paid claim for at least a 1 days supply of a Generic Anticonvulsant in the past 365 days. Otherwise, Brand Anticonvulsants require a step therapy exception request indicating: (1) history of inadequate treatment response with Generic Anticonvulsants, OR (2) history of adverse event with Generic Anticonvulsants, OR (3) Generic Anticonvulsants is contraindicated.
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# ANTIDEPRESSANTS

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## Products Affected

### Step 2:

- amoxapine 100 mg tablet
- amoxapine 150 mg tablet
- amoxapine 25 mg tablet
- amoxapine 50 mg tablet
- clomipramine 25 mg capsule
- clomipramine 50 mg capsule
- clomipramine 75 mg capsule
- Emsam 12 mg/24 hr transdermal 24 hour patch
- Emsam 6 mg/24 hr transdermal 24 hour patch
- Emsam 9 mg/24 hr transdermal 24 hour patch
- Marplan 10 mg tablet
- Trintellix 10 mg tablet
- Trintellix 20 mg tablet
- Trintellix 5 mg tablet

## Details

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Criteria	
	Claim will pay automatically for MARPLAN, EMSAM, AMOXAPINE, CLOMIPRAMINE, and TRINTELLIX if enrollee has a paid claim for at least a 1 day supply of A STEP 1 AGENT (AMITRIPTYLINE, BUPROPION, BUPROPION ER, CITALOPRAM, DESIPRAMINE, DESVENLAFAXINE, DRIZALMA, DOXEPIN, DULOXETINE, ESCITALOPRAM, FETZIMA, FLUOXETINE, FLUVOXAMINE, IMIPRAMINE, MIRTAZAPINE, MIRTAZAPINE ODT, NEFAZODONE, NORTRIPTYLINE, PAROXETINE, PAXIL SUSP, PHENELZINE, PERPHENAZINE-AMITRIPTYLINE, PROTRIPTYLINE, SERTRALINE, TRANYLCYPROMINE, TRAZODONE, VENLAFAXINE, VENLAFAXINE ER, or VIIBRYD in the past 365 days. Otherwise, MARPLAN, EMSAM, AMOXAPINE, CLOMIPRAMINE, TRINTELLIX require a step therapy exception request indicating: (1) history of inadequate treatment response with STEP1 AGENT, OR (2) history of adverse event with STEP1 AGENT, OR (3) STEP1 AGENT is contraindicated.

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# ATYPICALS

## Products Affected

### Step 2:

- clozapine 100 mg disintegrating tablet
- clozapine 100 mg tablet
- clozapine 12.5 mg disintegrating tablet
- clozapine 150 mg disintegrating tablet
- clozapine 200 mg disintegrating tablet
- clozapine 200 mg tablet
- clozapine 25 mg disintegrating tablet
- Fanapt 1 mg tablet
- Fanapt 10 mg tablet
- Fanapt 12 mg tablet
- Fanapt 1mg(2)-2 mg(2)-4mg(2)-6 mg(2) tablets in a dose pack
- Fanapt 2 mg tablet
- Fanapt 4 mg tablet
- Fanapt 6 mg tablet
- Fanapt 8 mg tablet
- Geodon 20 mg/mL (final concentration) intramuscular solution
- Invega 1.5 mg tablet, extended release
- Invega 3 mg tablet, extended release
- Invega 6 mg tablet, extended release
- Invega 9 mg tablet, extended release
- Versacloz 50 mg/mL oral suspension
- Vraylar 1.5 mg (1)-3 mg (6) capsules in a dose pack
- Vraylar 1.5 mg capsule
- Vraylar 3 mg capsule
- Vraylar 4.5 mg capsule
- Vraylar 6 mg capsule
- Zyprexa Relprevv 210 mg intramuscular suspension

## Details

<b>Criteria</b>	<p>Claim will pay automatically for CLOZAPINE oral tablets, INVEGA, ZYPREXA RELPREVV, FANAPT, FANAPT TITRATION PACK, CLOZAPINE ODT, GEODON INJ, VRAYLAR, or VERSACLOZ if enrollee has a paid claim for at least a 1 day supply of Latuda OR 2 GENERIC AGENTS (ARIPIRAZOLE, FLUPHENAZINE, LOXAPINE, MOLINDONE, OLANZAPINE, PALIPERIDONE, PERPHENAZINE, QUETIAPINE, RISPERIDONE, THIOTHIXENE, ZIPRASIDONE) in the past 365 days. Otherwise, Non-Preferred Antipsychotics require a step therapy exception request indicating any ONE of the following (1) diagnosis that is not covered by Latuda (i.e. Acute treatment of agitation for Geodon injection) OR 2 GENERIC AGENTS, OR (2) history of inadequate treatment response with Latuda OR 2 GENERIC AGENTS, OR (3) history of adverse event with Latuda OR 2 GENERIC AGENTS, OR (4) Latuda OR 2 GENERIC AGENTS are contraindicated.</p>
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# TOPICAL AGENTS

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## Products Affected

### Step 2:

- Eucrisa 2 % topical ointment
- pimecrolimus 1 % topical cream

## Details

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<b>Criteria</b>	Claim will pay automatically for Pimecrolimus OR EUCRISA if enrollee has paid claims history for at least 1 formulary topical steroid.
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## Index

amoxapine 100 mg tablet.....	2	Invega 3 mg tablet,extended release.....	3
amoxapine 150 mg tablet.....	2	Invega 6 mg tablet,extended release.....	3
amoxapine 25 mg tablet.....	2	Invega 9 mg tablet,extended release.....	3
amoxapine 50 mg tablet.....	2	Marplan 10 mg tablet.....	2
Aptiom 200 mg tablet.....	1	pimecrolimus 1 % topical cream.....	4
Aptiom 400 mg tablet.....	1	Trintellix 10 mg tablet.....	2
Aptiom 600 mg tablet.....	1	Trintellix 20 mg tablet.....	2
Aptiom 800 mg tablet.....	1	Trintellix 5 mg tablet.....	2
clomipramine 25 mg capsule.....	2	Versacloz 50 mg/mL oral suspension.....	3
clomipramine 50 mg capsule.....	2	Vraylar 1.5 mg (1)-3 mg (6) capsules in a dose pack.....	3
clomipramine 75 mg capsule.....	2	Vraylar 1.5 mg capsule.....	3
clozapine 100 mg disintegrating tablet.....	3	Vraylar 3 mg capsule.....	3
clozapine 100 mg tablet.....	3	Vraylar 4.5 mg capsule.....	3
clozapine 12.5 mg disintegrating tablet.....	3	Vraylar 6 mg capsule.....	3
clozapine 150 mg disintegrating tablet.....	3	Zyprexa Relprevv 210 mg intramuscular suspension.....	3
clozapine 200 mg disintegrating tablet.....	3		
clozapine 200 mg tablet.....	3		
clozapine 25 mg disintegrating tablet.....	3		
Emsam 12 mg/24 hr transdermal 24 hour patch.....	2		
Emsam 6 mg/24 hr transdermal 24 hour patch.....	2		
Emsam 9 mg/24 hr transdermal 24 hour patch.....	2		
Eucria 2 % topical ointment.....	4		
Fanapt 1 mg tablet.....	3		
Fanapt 10 mg tablet.....	3		
Fanapt 12 mg tablet.....	3		
Fanapt 1mg(2)-2 mg(2)-4mg(2)-6 mg(2) tablets in a dose pack.....	3		
Fanapt 2 mg tablet.....	3		
Fanapt 4 mg tablet.....	3		
Fanapt 6 mg tablet.....	3		
Fanapt 8 mg tablet.....	3		
Fycompa 0.5 mg/mL oral suspension.....	1		
Fycompa 10 mg tablet.....	1		
Fycompa 12 mg tablet.....	1		
Fycompa 2 mg tablet.....	1		
Fycompa 4 mg tablet.....	1		
Fycompa 6 mg tablet.....	1		
Fycompa 8 mg tablet.....	1		
Geodon 20 mg/mL (final concentration) intramuscular solution.....	3		
Invega 1.5 mg tablet,extended release.....	3		