



# ANTIDEPRESSANTS

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## Products Affected

### Step 2:

- EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL
- MARPLAN TABLET 10 MG ORAL
- PAXIL SUSPENSION 10 MG/5ML ORAL
- TRINTELLIX TABLET 10 MG ORAL
- TRINTELLIX TABLET 20 MG ORAL
- TRINTELLIX TABLET 5 MG ORAL

## Details

<b>Criteria</b>	Claim will pay automatically for EMSAM, MARPLAN, PAXIL, or TRINTELLIX if enrollee has paid claims for at least a 21 days' supply of any 2 generic formulary antidepressants in the past 365 days. Otherwise, EMSAM, MARPLAN, PAXIL, or TRINTELLIX will require a step therapy exception request indicating: (1) history of inadequate treatment response with any 2 generic formulary antidepressants, OR (2) history of adverse event with any 2 generic formulary antidepressants, OR (3) any 2 generic formulary antidepressants are contraindicated.
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# ATOPIC DERMATITIS

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## Products Affected

### Step 2:

- ELIDEL CREAM 1 % EXTERNAL
- EUCRISA OINTMENT 2 % EXTERNAL
- *tacrolimus ointment 0.03 % external*
- *tacrolimus ointment 0.1 % external*

## Details

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<b>Criteria</b>	Patient needs to have a paid claim for at least a 21 days' supply of ONE generic formulary topical corticosteroid
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# ATYPICALS

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## Products Affected

### Step 2:

- FANAPT TABLET 1 MG ORAL
- FANAPT TABLET 10 MG ORAL
- FANAPT TABLET 12 MG ORAL
- FANAPT TABLET 2 MG ORAL
- FANAPT TABLET 4 MG ORAL
- FANAPT TABLET 6 MG ORAL
- FANAPT TABLET 8 MG ORAL
- FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL
- GEODON SOLUTION RECONSTITUTED 20 MG INTRAMUSCULAR
- SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL
- VRAYLAR CAPSULE 1.5 MG ORAL
- VRAYLAR CAPSULE 3 MG ORAL
- VRAYLAR CAPSULE 4.5 MG ORAL
- VRAYLAR CAPSULE 6 MG ORAL
- VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL
- ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 210 MG INTRAMUSCULAR

## Details

<b>Criteria</b>	Claim will pay automatically for Fanapt, Geodon IM, Saphris, Vraylar, or Zyprexa Relprevv if enrollee has paid claims for at least a 21 days' supply of any 2 generic formulary atypical antipsychotic in the past 365 days. Otherwise, Fanapt, Geodon IM, Saphris, Vraylar, or Zyprexa Relprevv will require a step therapy exception request indicating: (1) history of inadequate treatment response with any two generic formulary atypical antipsychotics, OR (2) history of adverse event with any two generic formulary atypical antipsychotics, OR (3) any two generic formulary atypical antipsychotics are contraindicated.
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# GLP1-INSULIN

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## Products Affected

### Step 2:

- SOLIQUA SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML SUBCUTANEOUS
- XULTOPHY SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML SUBCUTANEOUS

## Details

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<b>Criteria</b>	Claim will pay automatically for Xultophy OR Soliqua if enrollee has a paid claim for at least a 21 days' supply of step level 1 agent (LANTUS, LEVEMIR, OZEMPIC, TOUJEO, TRESIBA, or VICTOZA). Otherwise, Xultophy or Soliqua requires a step therapy exception request indicating: (1) history of inadequate treatment response with a step 1 agent, OR (2) history of adverse event with a step 1 agent, OR (3) a step 1 agent is contraindicated.
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# LIVALO

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## Products Affected

### Step 2:

- LIVALO TABLET 1 MG ORAL
- LIVALO TABLET 2 MG ORAL
- LIVALO TABLET 4 MG ORAL

## Details

<b>Criteria</b>	
	Claim will pay automatically for Livalo if enrollee has a paid claim for at least a 21 days' supply of atorvastatin or simvastatin in the past 365 days. Otherwise Livalo requires a step therapy exception request indicating: (1) history of inadequate treatment response with step 1 statins OR (2) history of adverse event with step 1 statins OR (3) step 1 statins are contraindicated.

# OXYCODONE ER

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## Products Affected

### Step 2:

- *oxycodone hcl er tablet er 12 hour abuse-deterrent 10 mg oral*
- *oxycodone hcl er tablet er 12 hour abuse-deterrent 15 mg oral*
- *oxycodone hcl er tablet er 12 hour abuse-deterrent 20 mg oral*
- *oxycodone hcl er tablet er 12 hour abuse-deterrent 30 mg oral*
- *oxycodone hcl er tablet er 12 hour abuse-deterrent 40 mg oral*
- *oxycodone hcl er tablet er 12 hour abuse-deterrent 60 mg oral*
- *oxycodone hcl er tablet er 12 hour abuse-deterrent 80 mg oral*

## Details

<b>Criteria</b>	Claim will pay automatically for oxycodone ER if enrollee has paid claims history of 21 days' supply in the past 365 days of Morphine ER tablets (MS Contin generic only) or Methadone. Otherwise, the drug requires a step therapy exception request indicating any ONE of the following: (1) history of inadequate treatment response to Morphine ER tablets (MS Contin generic only) or Methadone OR (2) history of adverse event with Morphine ER tablets (MS Contin generic only) or Methadone OR (3) Morphine ER (MS Contin generic only) or Methadone are contraindicated.
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# PPI

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## Products Affected

### Step 2:

- DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL
- DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL

## Details

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<b>Criteria</b>	Claim will pay automatically for Dexilant if enrollee has a paid claim for at least a 21 days' supply of step 1 agent (lansoprazole, omeprazole, or pantoprazole) in the past 365 days. Otherwise, Dexilant requires a step therapy exception request indicating: (1) history of inadequate treatment response with a step 1 agent, OR (2) history of adverse event with a step 1 agent, OR (3) a step 1 agent is contraindicated.
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# PRADAXA

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## Products Affected

### Step 2:

- PRADAXA CAPSULE 110 MG ORAL
- PRADAXA CAPSULE 150 MG ORAL
- PRADAXA CAPSULE 75 MG ORAL

## Details

<b>Criteria</b>	Claim will pay automatically for Pradaxa if enrollee has a paid claim for at least a 21 days' supply of Xarelto or Eliquis in the past 365 days. Otherwise, Pradaxa requires a step therapy exception request indicating: (1) History of inadequate treatment response with Xarelto or Eliquis, OR (2) History of adverse event with Xarelto or Eliquis, OR (3) Xarelto or Eliquis is contraindicated.
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# PROLIA

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## Products Affected

### Step 2:

- PROLIA SOLUTION 60 MG/ML  
SUBCUTANEOUS

## Details

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<b>Criteria</b>	Patient needs to have a paid claim for at least a 21 days' supply of one Step 1 drug (alendronate or ibandronate) prior to filling a Prolia. For osteoporosis prophylaxis in men at high risk for bone fractures after receiving androgen deprivation therapy for nonmetastatic prostate cancer and in women at high risk for bone fractures after receiving adjuvant aromatase inhibitor therapy for breast cancer, Prolia will be approved.
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# RYTARY

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## Products Affected

### Step 2:

- RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL

## Details

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<b>Criteria</b>	Claim will pay automatically for Rytary if enrollee has a paid claim for at least a 21 days' supply of step level 1 agent (CARBIDOPA-LEVODOPA OR CARBIDOPA-LEVODOPA-ENTACAPONE). Otherwise, Rytary requires a step therapy exception request indicating: (1) history of inadequate treatment response with a step 1 agent, OR (2) history of adverse event with a step 1 agent, OR (3) a step 1 agent is contraindicated.
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# TRELEGY

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## Products Affected

### Step 2:

- TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH INHALATION

## Details

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<b>Criteria</b>	Claim will pay automatically for Trelegy if enrollee has a paid claim for at least 21 days' supply of Advair Diskus, Anoro Ellipta, Breo Ellipta, Serevent Diskus, Spiriva HandiHaler, Spiriva Respimat or Stiolto in the past 365 days. Otherwise, Trelegy will require a step therapy exception request indicating: (1) history of inadequate treatment response with STEP 1 Agent, OR (2) history of adverse event with STEP 1 Agent, OR (3) STEP 1 Agent is contraindicated.
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# UCERIS

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## Products Affected

### Step 2:

- *budesonide er tablet extended release 24 hour 9 mg oral*
- UCERIS FOAM 2 MG/ACT RECTAL

## Details

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Criteria	
	Claim will pay automatically for Uceris FOAM OR budesonide ER tablet if enrollee has a paid claim for at least a 21 days' supply of any formulary corticosteroid used to treat ulcerative colitis in the past 365 days. Otherwise, Uceris FOAM OR budesonide ER tablet requires a step therapy exception request indicating: (1) history of inadequate treatment response with formulary corticosteroid used to treat ulcerative colitis, OR (2) history of adverse event with formulary corticosteroid used to treat ulcerative colitis, OR (3) formulary corticosteroid used to treat ulcerative colitis is contraindicated.

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# ULORIC

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## Products Affected

### Step 2:

- ULORIC TABLET 40 MG ORAL
- ULORIC TABLET 80 MG ORAL

## Details

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<b>Criteria</b>	Claim will pay automatically for Uloric if enrollee has a paid claim for at least a 21 days' supply of Allopurinol in the past 365 days. Otherwise, Uloric requires a step therapy exception request indicating: (1) history of inadequate treatment response with Allopurinol, OR (2) history of adverse event with Allopurinol, OR (3) Allopurinol is contraindicated.
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