

Elixir RxPlus 2021 Formulary Step Therapy Criteria

ANTICONVULSANTS

Products Affected

Step 2:

- APTIOM TABLET 200 MG ORAL
- APTIOM TABLET 400 MG ORAL
- APTIOM TABLET 600 MG ORAL
- APTIOM TABLET 800 MG ORAL
- BANZEL SUSPENSION 40 MG/ML ORAL
- BANZEL TABLET 200 MG ORAL
- BANZEL TABLET 400 MG ORAL

Details

Criteria	Claim will pay automatically if enrollee has a paid claim for at least a 1 day supply of a generic formulary anticonvulsant in the past 365 days. Otherwise, a step therapy exception request will be required indicating: (1) history of inadequate treatment response with a generic formulary anticonvulsant, OR (2) history of adverse event with a generic formulary anticonvulsant, OR (3) generic formulary anticonvulsants are contraindicated.
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ANTIDEPRESSANTS

Products Affected

Step 2:

- *amoxapine tablet 100 mg oral*
- *amoxapine tablet 150 mg oral*
- *amoxapine tablet 25 mg oral*
- *amoxapine tablet 50 mg oral*
- *clomipramine hcl capsule 25 mg oral*
- *clomipramine hcl capsule 50 mg oral*
- *clomipramine hcl capsule 75 mg oral*
- 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
- TRINTELLIX TABLET 10 MG ORAL
- TRINTELLIX TABLET 20 MG ORAL
- TRINTELLIX TABLET 5 MG ORAL

Details

Criteria	Claim will pay automatically if enrollee has a paid claim for at least a 1 day supply of Drizalma, Fetzima, Paxil Suspension, Viibryd or a generic formulary antidepressant in the past 365 days. Otherwise, a step therapy exception request will be required indicating: (1) history of inadequate treatment response with Drizalma, Fetzima, Paxil Suspension, Viibryd or a generic formulary antidepressant, OR (2) history of adverse event with Drizalma, Fetzima, Paxil Suspension, Viibryd or a generic formulary antidepressant, OR (3) Drizalma, Fetzima, Paxil Suspension, Viibryd or generic formulary antidepressants are contraindicated.
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ATYPICALS

Products Affected

Step 2:

- *clozapine tablet 100 mg oral*
- *clozapine tablet 200 mg oral*
- *clozapine tablet 25 mg oral*
- *clozapine tablet 50 mg oral*
- *clozapine tablet dispersible 100 mg oral*
- *clozapine tablet dispersible 12.5 mg oral*
- *clozapine tablet dispersible 150 mg oral*
- *clozapine tablet dispersible 200 mg oral*
- *clozapine tablet dispersible 25 mg oral*
- 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
- INVEGA TABLET EXTENDED RELEASE 24 HOUR 1.5 MG ORAL
- INVEGA TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL
- INVEGA TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL
- INVEGA TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL
- VERSACLOZ SUSPENSION 50 MG/ML ORAL
- 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

Criteria	Claim will pay automatically if enrollee has a paid claim for at least a 1 day supply of Latuda or 2 generic formulary agents in the past 365 days. Otherwise, a step therapy exception request will be required indicating: (1) diagnosis that is not covered by Latuda or 2 generic formulary agents, OR (2) history of inadequate treatment response with Latuda or 2 generic formulary agents, OR (3) history of adverse event with Latuda or 2 generic formulary agents, OR (4) Latuda or 2 generic formulary agents are contraindicated.
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TOPICAL AGENTS

Products Affected

Step 2:

- *pimecrolimus cream 1 % external*

Details

Criteria	Claim will pay automatically if enrollee has a paid claim for at least a 1 day supply of a formulary topical steroid in the past 365 days. Otherwise, a step therapy exception request will be required indicating: (1) history of inadequate treatment response with a formulary topical steroid, OR (2) history of adverse event with a formulary topical steroid, OR (3) formulary topical steroids are contraindicated.
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