

EnvisionRxPlus 2020 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
- FYCOMPA SUSPENSION 0.5 MG/ML ORAL
- FYCOMPA TABLET 10 MG ORAL
- FYCOMPA TABLET 12 MG ORAL
- FYCOMPA TABLET 2 MG ORAL
- FYCOMPA TABLET 4 MG ORAL
- FYCOMPA TABLET 6 MG ORAL
- FYCOMPA TABLET 8 MG ORAL

Details

Criteria
Claim will pay automatically for Brand Anticonvulsants if enrollee has a paid claim for at least a 1 day 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 are contraindicated.

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	
	<p>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, MAPROTILINE, MIRTAZAPINE, MIRTAZAPINE ODT, NEFAZODONE, NORTRIPTYLINE, PAROXETINE, PAXIL SUSP, PHENELZINE, PERPHENAZINE-AMITRIPTYLINE, PROTRIPTYLINE, SERTRALINE, TRANYLCPROMINE, 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.</p>

ATYPICALS

Products Affected

Step 2:

- *clozapine tablet 100 mg oral*
- *clozapine tablet 200 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 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.

TOPICAL AGENTS

Products Affected

Step 2:

- EUCRISA OINTMENT 2 % EXTERNAL • *pimecrolimus cream 1 % external*

Details

Criteria	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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