

# 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
- 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

## Details

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<b>Criteria</b>	Claim will pay automatically for Fanapt or Vraylar if enrollee has a paid claim for at least a 21 days' supply of step 1 agent (Latuda or any 2 generic formulary atypical antipsychotic) in the past 365 days. Otherwise, Fanapt or Vraylar 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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# OSTEOPOROSIS

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## Products Affected

### Step 2:

- *risedronate sodium tablet 35 mg oral*
- *risedronate sodium tablet 35 mg oral (12 pack)*
- *risedronate sodium tablet 35 mg oral (4 pack)*
- *risedronate sodium tablet delayed release 35 mg oral*

## Details

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<b>Criteria</b>	Claim will pay automatically for risedronate if enrollee has a paid claim for at least a 21 days' supply of step 1 agent (alendronate or ibandronate) in the past 365 days. Otherwise, risedronate 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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# 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*
- OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG ORAL
  - OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG ORAL
  - OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 20 MG ORAL
  - OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 30 MG ORAL
  - OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG ORAL
  - OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG ORAL
  - OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG ORAL

## Details

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<b>Criteria</b>	Claim will pay automatically for oxycodone ER or OxyContin if enrollee has a paid claim for at least a 21 days' supply of step 1 agent (Morphine ER tablets (MS Contin generic only) or Methadone) in the past 365 days. Otherwise, oxycodone ER or OxyContin 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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# 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 (esomeprazole, 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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## Index

DEXILANT CAPSULE DELAYED  
RELEASE 30 MG ORAL..... 4  
DEXILANT CAPSULE DELAYED  
RELEASE 60 MG ORAL..... 4

### F

FANAPT TABLET 1 MG ORAL ..... 1  
FANAPT TABLET 10 MG ORAL ..... 1  
FANAPT TABLET 12 MG ORAL ..... 1  
FANAPT TABLET 2 MG ORAL ..... 1  
FANAPT TABLET 4 MG ORAL ..... 1  
FANAPT TABLET 6 MG ORAL ..... 1  
FANAPT TABLET 8 MG ORAL ..... 1  
FANAPT TITRATION PACK TABLET 1  
& 2 & 4 & 6 MG ORAL..... 1

### O

oxycodone hcl er tablet er 12 hour abuse-  
deterrent 10 mg oral..... 3  
oxycodone hcl er tablet er 12 hour abuse-  
deterrent 15 mg oral..... 3  
oxycodone hcl er tablet er 12 hour abuse-  
deterrent 20 mg oral..... 3  
oxycodone hcl er tablet er 12 hour abuse-  
deterrent 30 mg oral..... 3  
oxycodone hcl er tablet er 12 hour abuse-  
deterrent 40 mg oral..... 3  
oxycodone hcl er tablet er 12 hour abuse-  
deterrent 60 mg oral..... 3  
oxycodone hcl er tablet er 12 hour abuse-  
deterrent 80 mg oral..... 3

OXYCONTIN TABLET ER 12 HOUR  
ABUSE-DETERRENT 10 MG ORAL.. 3  
OXYCONTIN TABLET ER 12 HOUR  
ABUSE-DETERRENT 15 MG ORAL.. 3  
OXYCONTIN TABLET ER 12 HOUR  
ABUSE-DETERRENT 20 MG ORAL.. 3  
OXYCONTIN TABLET ER 12 HOUR  
ABUSE-DETERRENT 30 MG ORAL.. 3  
OXYCONTIN TABLET ER 12 HOUR  
ABUSE-DETERRENT 40 MG ORAL.. 3  
OXYCONTIN TABLET ER 12 HOUR  
ABUSE-DETERRENT 60 MG ORAL.. 3  
OXYCONTIN TABLET ER 12 HOUR  
ABUSE-DETERRENT 80 MG ORAL.. 3

### R

risedronate sodium tablet 35 mg oral ..... 2  
risedronate sodium tablet 35 mg oral (12  
pack) ..... 2  
risedronate sodium tablet 35 mg oral (4  
pack) ..... 2  
risedronate sodium tablet delayed release 35  
mg oral..... 2

### V

VRAYLAR CAPSULE 1.5 MG ORAL..... 1  
VRAYLAR CAPSULE 3 MG ORAL..... 1  
VRAYLAR CAPSULE 4.5 MG ORAL..... 1  
VRAYLAR CAPSULE 6 MG ORAL..... 1  
VRAYLAR CAPSULE THERAPY PACK  
1.5 & 3 MG ORAL..... 1