

ATYPICALS

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

Criteria	
	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.

OSTEOPOROSIS

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

Criteria	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

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

Criteria	
	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.

PPI

Products Affected

Step 2:

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

Details

Criteria	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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VRAYLAR CAPSULE THERAPY PACK
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