

# 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
- LYBALVI TABLET 10-10 MG ORAL
- LYBALVI TABLET 15-10 MG ORAL
- LYBALVI TABLET 20-10 MG ORAL
- LYBALVI TABLET 5-10 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, Lybalvi or Vraylar if enrollee has a paid claim for at least a 21 days' supply of step 1 agent (any 2 generic formulary atypical antipsychotics) in the past 365 days. Otherwise, Fanapt, Lybalvi 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 20 mg oral*

## **Details**

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<b>Criteria</b>	Claim will pay automatically for oxycodone ER 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 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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