ACTEMRA

PRODUCT(s) AFFECTED
- ACTEMRA INJ 162/0.9
- ACTEMRA INJ 80MG/4ML

CRITERIA
CLAIM WILL PAY AUTOMATICALLY FOR ACTEMRA IF ENROLLEE HAS A PAID CLAIM FOR AT LEAST A 1 DAYS SUPPLY OF ENBREL AND HUMIRA IN THE PAST 365 DAYS. OTHERWISE, ACTEMRA REQUIRES A STEP THERAPY EXCEPTION REQUEST INDICATING: (1) HISTORY OF INADEQUATE TREATMENT RESPONSE WITH ENBREL AND HUMIRA, OR (2) HISTORY OF ADVERSE EVENT WITH ENBREL AND HUMIRA, OR (3) ANY CONTRAINDICATION TO ENBREL AND HUMIRA.
ARISTADA

PRODUCT(s) AFFECTED
- ARISTADA PRSYR 662 MG/2.4ML
  ARISTADA PRSYR 441 MG/1.6ML
  ARISTADA PRSYR 882 MG/3.2ML

CRITERIA
CLAIM WILL PAY AUTOMATICALLY FOR ARISTADA IF ENROLLEE HAS A PAID CLAIM FOR AT LEAST A 1 DAYS SUPPLY OF ARIPIPRAZOLE TABLETS IN THE PAST 365 DAYS. OTHERWISE, ARISTADA REQUIRES A STEP THERAPY EXCEPTION REQUEST INDICATING: (1) HISTORY OF INADEQUATE TREATMENT RESPONSE WITH ARIPIPRAZOLE TABLETS, OR (2) HISTORY OF ADVERSE EVENT WITH ARIPIPRAZOLE TABLETS, OR (3) ANY CONTRAINDICATION TO ARIPIPRAZOLE TABLETS.
AUBAGIO

PRODUCT(s) AFFECTED
- AUBAGIO TAB 14MG
- AUBAGIO TAB 7MG

CRITERIA
CLAIM WILL PAY AUTOMATICALLY FOR AUBAGIO IF ENROLLEE HAS A PAID CLAIM FOR AT LEAST A 1 DAYS SUPPLY OF COPAXONE, GILENYA, REBIF, TYSABRI, BETASERON, OR EXTAVIA IN THE PAST 365 DAYS. OTHERWISE, AUBAGIO REQUIRES A STEP THERAPY EXCEPTION REQUEST INDICATING: (1) HISTORY OF INADEQUATE TREATMENT RESPONSE WITH COPAXONE, GILENYA, REBIF, TYSABRI, BETASERON, OR EXTAVIA, OR (2) HISTORY OF ADVERSE EVENT WITH COPAXONE, GILENYA, REBIF, TYSABRI, BETASERON, OR EXTAVIA, OR (3) COPAXONE, GILENYA, REBIF, TYSABRI, BETASERON, OR EXTAVIA ARE CONTRAINDICATED.
BRINTELLIX

PRODUCT(s) AFFECTED
- BRINTELLIX TAB 10MG
- BRINTELLIX TAB 20MG
- BRINTELLIX TAB 5MG

CRITERIA
CLAIM WILL PAY AUTOMATICALLY FOR BRINTELLIX IF ENROLLEE HAS A PAID CLAIM FOR AT LEAST A 1 DAYS SUPPLY OF ANY 2 GENERIC FORMULARY ANTIDEPRESSANTS IN THE PAST 365 DAYS. OTHERWISE, BRINTELLIX REQUIRES A STEP THERAPY EXCEPTION REQUEST INDICATING: (1) HISTORY OF INADEQUATE TREATMENT RESPONSE WITH ANY 2 GENERIC FORMULARY ANTIDEPRESSANTS, OR (2) HISTORY OF ADVERSE EVENT WITH ANY 2 GENERIC FORMULARY ANTIDEPRESSANTS, OR (3) ANY 2 GENERIC FORMULARY ANTIDEPRESSANTS ARE CONTRAINDICATED.
CIMZIA

PRODUCT(s) AFFECTED
- CIMZIA KIT  
  CIMZIA PREFL KIT 200MG/ML

CRITERIA
CLAIM WILL PAY AUTOMATICALLY FOR CIMZIA IF ENROLLEE HAS A PAID CLAIM FOR AT LEAST A 1 DAYS SUPPLY OF ENBREL AND HUMIRA IN THE PAST 365 DAYS. OTHERWISE, CIMZIA REQUIRES A STEP THERAPY EXCEPTION REQUEST INDICATING: (1) HISTORY OF INADEQUATE TREATMENT RESPONSE WITH ENBREL AND HUMIRA, OR (2) HISTORY OF ADVERSE EVENT WITH ENBREL AND HUMIRA, OR (3) ANY CONTRAINDICATION TO ENBREL AND HUMIRA.
COSENTYX

PRODUCT(s) AFFECTED
- COSENTYX SOLN A- INJ 150 MG/ML   COSENTYX SOLN PRSYR 150 MG/ML

CRITERIA
CLAIM WILL PAY AUTOMATICALLY FOR COSENTYX IF ENROLLEE HAS A PAID CLAIM FOR AT LEAST A 1 DAYS SUPPLY OF ENBREL AND HUMIRA IN THE PAST 365 DAYS. OTHERWISE, COSENTYX REQUIRES A STEP THERAPY EXCEPTION REQUEST INDICATING: (1) HISTORY OF INADEQUATE TREATMENT RESPONSE WITH ENBREL AND HUMIRA, OR (2) HISTORY OF ADVERSE EVENT WITH ENBREL AND HUMIRA, OR (3) ANY CONTRAINICATION TO ENBREL AND HUMIRA.
DIFICID

PRODUCT(s) AFFECTED
- DIFICID TAB 200MG

CRITERIA
CLAIM WILL PAY AUTOMATICALLY FOR DIFICID IF ENROLLEE HAS A PAID CLAIM FOR AT LEAST A 1 DAYS SUPPLY OF VANCOMYCIN IN THE PAST 120 DAYS. OTHERWISE, DIFICID REQUIRES A STEP THERAPY EXCEPTION REQUEST INDICATING: (1) HISTORY OF INADEQUATE TREATMENT RESPONSE WITH VANCOMYCIN, OR (2) HISTORY OF ADVERSE EVENT WITH VANCOMYCIN, OR (3) VANCOMYCIN IS CONTRAINDIATED
EDARBI

PRODUCT(s) AFFECTED
- EDARBI TAB 40MG
  EDARBI TAB 80MG

CRITERIA
CLAIM WILL PAY AUTOMATICALLY FOR EDARBI IF ENROLLEE HAS A PAID CLAIM FOR AT LEAST A 1 DAYS SUPPLY OF LOSARTAN IN THE PAST 365 DAYS. OTHERWISE, EDARBI REQUIRES A STEP THERAPY EXCEPTION REQUEST INDICATING: (1) HISTORY OF INADEQUATE TREATMENT RESPONSE WITH LOSARTAN, OR (2) HISTORY OF ADVERSE EVENT WITH LOSARTAN, OR (3) LOSARTAN IS CONTRAINDICATED.
EDARBYCLOR

PRODUCT(s) AFFECTED
- EDARBYCLOR TAB 40-12.5
- EDARBYCLOR TAB 40-25MG

CRITERIA
CLAIM WILL PAY AUTOMATICALLY FOR EDARBYCHLOR IF ENROLLEE HAS A PAID CLAIM FOR AT LEAST A 1 DAYS SUPPLY OF LOSARTAN/HCTZ OR EDARBI IN THE PAST 365 DAYS. OTHERWISE, EDARBYCHLOR REQUIRES A STEP THERAPY EXCEPTION REQUEST INDICATING: (1) HISTORY OF INADEQUATE TREATMENT RESPONSE WITH LOSARTAN/HCTZ OR EDARBI, OR (2) HISTORY OF ADVERSE EVENT WITH LOSARTAN/HCTZ OR EDARBI, OR (3) LOSARTAN/HCTZ OR EDARBI IS CONTRAINDICATED.
ENABLEX

PRODUCT(s) AFFECTED
- ENABLEX TAB 15MG
- ENABLEX TAB 7.5MG

CRITERIA
CLAIM WILL PAY AUTOMATICALLY FOR ENABLEX IF ENROLLEE HAS A PAID CLAIM FOR AT LEAST A 1 DAYS SUPPLY OF ANY GENERIC FORMULARY URINARY ANTICHOLINERGIC IN THE PAST 365 DAYS. OTHERWISE, ENABLEX REQUIRES A STEP THERAPY EXCEPTION REQUEST INDICATING: (1) HISTORY OF INADEQUATE TREATMENT RESPONSE WITH GENERIC FORMULARY URINARY ANTICHOLINERGIC, OR (2) HISTORY OF ADVERSE EVENT WITH GENERIC FORMULARY URINARY ANTICHOLINERGIC, OR (3) GENERIC FORMULARY URINARY ANTICHOLINERGIC IS CONTRAINDICATED.
KINERET

PRODUCT(s) AFFECTED
- KINERET INJ

CRITERIA
CLAIM WILL PAY AUTOMATICALLY FOR KINERET IF ENROLLEE HAS A PAID CLAIM FOR AT LEAST A 1 DAYS SUPPLY OF ENBREL AND HUMIRA IN THE PAST 365 DAYS. OTHERWISE, KINERET REQUIRES A STEP THERAPY EXCEPTION REQUEST INDICATING: (1) HISTORY OF INADEQUATE TREATMENT RESPONSE WITH ENBREL AND HUMIRA, OR (2) HISTORY OF ADVERSE EVENT WITH ENBREL AND HUMIRA, OR (3) ANY CONTRAINDICATION TO ENBREL AND HUMIRA.
LONG ACTING FENTANYL

PRODUCT(s) AFFECTED

- FENTANYL DIS 100MCG/H
- FENTANYL DIS 25MCG/HR
- FENTANYL DIS 75MCG/HR

CRITERIA

CLAIM WILL PAY AUTOMATICALLY FOR FENTANYL PATCHES IF ENROLLEE HAS PAID CLAIMS HISTORY FOR BOTH GROUP A AND GROUP B DRUGS. GROUP A DRUGS: ANY 1 DAYS SUPPLY IN THE PAST 365 DAYS OF BRAND OPANA ER OR GENERIC OXYMORPHONE ER (2) GROUP B DRUGS: ANY 1 DAYS SUPPLY IN THE PAST 365 DAYS OF EITHER MORPHINE ER OR METHADONE. OTHERWISE, THE DRUG REQUIRES A STEP THERAPY EXCEPTION REQUEST INDICATING ANY ONE OF THE FOLLOWING: (1) HISTORY OF INADEQUATE TREATMENT RESPONSE WITH GROUP A OR GROUP B DRUGS, OR (2) HISTORY OF ADVERSE EVENT WITH GROUP A OR GROUP B DRUGS, OR (3) GROUP A OR GROUP B DRUGS ARE CONTRAINDIANTED.
**MYRBETRIQ**

**PRODUCT(s) AFFECTED**
- MYRBETRIQ TAB 25MG
- MYRBETRIQ TAB 50MG

**CRITERIA**
CLAIM WILL PAY AUTOMATICALLY FOR MYRBETRIQ IF ENROLLEE HAS A PAID CLAIM FOR AT LEAST A 1 DAYS SUPPLY OF ANY FORMULARY URINARY ANTICHOLINERGIC IN THE PAST 365 DAYS. OTHERWISE, MYRBETRIQ REQUIRES A STEP THERAPY EXCEPTION REQUEST INDICATING: (1) HISTORY OF INADEQUATE TREATMENT RESPONSE WITH FORMULARY URINARY ANTICHOLINERGIC, OR (2) HISTORY OF ADVERSE EVENT WITH FORMULARY URINARY ANTICHOLINERGIC, OR (3) FORMULARY URINARY ANTICHOLINERGIC IS CONTRAINDICATED.
ORENCIA

PRODUCT(s) AFFECTED
- ORENCIA INJ 125MG/ML
- ORENCIA INJ 250MG

CRITERIA
CLAIM WILL PAY AUTOMATICALLY FOR ORENCIA IF ENROLLEE HAS A PAID CLAIM FOR AT LEAST A 1 DAYS SUPPLY OF ENBREL AND HUMIRA IN THE PAST 365 DAYS. OTHERWISE, ORENICA REQUIRES A STEP THERAPY EXCEPTION REQUEST INDICATING: (1) HISTORY OF INADEQUATE TREATMENT RESPONSE WITH ENBREL AND HUMIRA, OR (2) HISTORY OF ADVERSE EVENT WITH ENBREL AND HUMIRA, OR (3) ANY CONTRAINDICATION TO ENBREL AND HUMIRA.
UCERIS

PRODUCT(s) AFFECTED
- UCERIS TAB 9MG

CRITERIA
CLAIM WILL PAY AUTOMATICALLY FOR UCERIS IF ENROLLEE HAS A PAID CLAIM FOR AT LEAST A 1 DAYS SUPPLY OF ANY FORMULARY CORTICOSTEROID USED TO TREAT ULCERATIVE COLITIS IN THE PAST 365 DAYS. OTHERWISE, UCERIS REQUIRES A STEP THERAPY EXCEPTION REQUEST INDICATING: (1) HISTORY OF INADEQUATE TREATMENT RESPONSE WITH FORMULARY CORTICOSTEROID USED TO TREAT ULCERATIVE COLITIS, OR (2) HISTORY OF ADVERSE EVENT WITH FORMULARY CORTICOSTEROID USED TO TREAT ULCERATIVE COLITIS, OR (3) FORMULARY CORTICOSTEROID USED TO TREAT ULCERATIVE COLITIS IS CONTRAINDICATED.
ULORIC

PRODUCT(s) AFFECTED
- ULORIC TAB 40MG
- ULORIC TAB 80MG

CRITERIA
CLAIM WILL PAY AUTOMATICALLY FOR ULORIC IF ENROLLEE HAS A PAID CLAIM FOR AT LEAST A 1 DAYS SUPPLY OF ALLOPURINOL IN THE PAST 365 DAYS. OTHERWISE, ULORIC REQUIRES A STEP THERAPY EXCEPTION REQUEST INDICATING: (1) HISTORY OF INADEQUATE TREATMENT RESPONSE WITH ALLOPURINOL, OR (2) HISTORY OF ADVERSE EVENT WITH ALLOPURINOL, OR (3) ALLOPURINOL IS CONTRAINDICATED.
VRAYLAR

PRODUCT(s) AFFECTED
- VRAYLAR CAP 1.5-3MG
- VRAYLAR CAP 3MG
- VRAYLAR CAP 6MG
- VRAYLAR CAP 1.5MG
- VRAYLAR CAP 4.5MG

CRITERIA
CLAIM WILL PAY AUTOMATICALLY FOR VRAYLAR IF ENROLLEE HAS A PAID CLAIM FOR AT LEAST A 1 DAYS SUPPLY OF TWO DIFFERENT 2ND GENERATION GENERIC ANTIPSYCHOTICS IN THE PAST 365 DAYS. OTHERWISE, VRAYLAR REQUIRES A STEP THERAPY EXCEPTION REQUEST INDICATING: (1) HISTORY OF INADEQUATE TREATMENT RESPONSE WITH TWO DIFFERENT 2ND GENERATION GENERIC ANTIPSYCHOTICS, OR (2) HISTORY OF ADVERSE EVENT WITH TWO DIFFERENT 2ND GENERATION GENERIC ANTIPSYCHOTICS, OR (3) ANY CONTRAINDICATIONS TO TWO DIFFERENT 2ND GENERATION GENERIC ANTIPSYCHOTICS.
XELJANZ

PRODUCT(s) AFFECTED
- XELJANZ TAB 5MG

CRITERIA
CLAIM WILL PAY AUTOMATICALLY FOR XELJANZ IF ENROLLEE HAS A PAID CLAIM FOR AT LEAST A 1 DAYS SUPPLY OF ENBREL AND HUMIRA IN THE PAST 365 DAYS. OTHERWISE, XELJANZ REQUIRES A STEP THERAPY EXCEPTION REQUEST INDICATING: (1) HISTORY OF INADEQUATE TREATMENT RESPONSE WITH ENBREL AND HUMIRA, OR (2) HISTORY OF ADVERSE EVENT WITH ENBREL AND HUMIRA, OR (3) ANY CONTRAINDICATION TO ENBREL AND HUMIRA.