ANTIDEPRESSANTS

Products Affected

Step 2:

• APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174 MG ORAL
• APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348 MG ORAL
• APLENZIN TABLET EXTENDED RELEASE 24 HOUR 522 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
• FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL
• FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
• FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
• FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL
• FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL
• PEXEVA TABLET 10 MG ORAL
• PEXEVA TABLET 20 MG ORAL
• PEXEVA TABLET 30 MG ORAL
• PEXEVA TABLET 40 MG ORAL

Details

Criteria

This policy does not apply to members under the age of 18. Bupropion, bupropion SR, bupropion XL, citalopram, desvenlafaxine ER, duloxetine delayed-release capsules, escitalopram, fluoxetine, fluoxetine delayed-release, fluvoxamine, fluvoxamine ER, paroxetine, paroxetine ER, Paxil oral suspension, sertraline, venlafaxine and venlafaxine ER are on Step-1 and are covered without prior authorization. Aplenzin, Emsam, Fetzima, and Pexeva is on Step-2 and may be covered if the member has filled for a Step-1 or Step-2 medication within the previous 180 days as evidenced by a paid claim or physician documentation. Aplenzin may be covered for members with a physician-documented diagnosis of seasonal affective disorder (SAD). Pexeva may be covered for members with a physician-documented diagnosis of GAD, obsessive compulsive disorder (OCD) or panic disorder.
ATYPICAL ANTIPSYCHOTICS

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
• LATUDA TABLET 120 MG ORAL

• LATUDA TABLET 20 MG ORAL
• LATUDA TABLET 40 MG ORAL
• LATUDA TABLET 60 MG ORAL
• LATUDA TABLET 80 MG ORAL
• SAPHRIS TABLET SUBLINGUAL 10 MG
• SAPHRIS TABLET SUBLINGUAL 2.5 MG
• SAPHRIS TABLET SUBLINGUAL 5 MG

Details

Criteria
Aripiprazole, olanzapine, olanzapine-fluoxetine, quetiapine, risperidone and ziprasidone are on Step-1 and covered without authorization. Fanapt, Latuda, and Saphris are on Step-2 and may be covered if the member has filled for one or more Step-1 or Step-2 medications within the previous 180 days as evidenced by a paid claim or physician documentation.
## FEBUXOSTAT

**Products Affected**

**Step 2:**
- febuxostat tablet 40 mg oral
- febuxostat tablet 80 mg oral

**Details**

| Criteria                                                                 | Allopurinol is on Step-1 and is covered without prior authorization. Febuxostat is on Step-2 and may be covered if the member has filled for a Step-1 or Step-2 medication within the previous 180 days as evidenced by a paid claim or physician documentation. |
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