

Dignity 2020 Formulary

Step Therapy Criteria

ANTICONVULSANTS

Products Affected

Step 2:

- APTIOM TABLET 200 MG ORAL
- APTIOM TABLET 400 MG ORAL
- APTIOM TABLET 600 MG ORAL
- APTIOM TABLET 800 MG ORAL
- BANZEL SUSPENSION 40 MG/ML ORAL
- BANZEL TABLET 200 MG ORAL
- BANZEL TABLET 400 MG ORAL
- BRIVIACT SOLUTION 10 MG/ML ORAL
- BRIVIACT TABLET 10 MG ORAL
- BRIVIACT TABLET 100 MG ORAL
- BRIVIACT TABLET 25 MG ORAL
- BRIVIACT TABLET 50 MG ORAL
- BRIVIACT TABLET 75 MG ORAL
- CELONTIN CAPSULE 300 MG ORAL
- EPIDIOLEX SOLUTION 100 MG/ML ORAL
- FINTEPLA SOLUTION 2.2 MG/ML ORAL
- FYCOMPA SUSPENSION 0.5 MG/ML ORAL
- FYCOMPA TABLET 10 MG ORAL
- FYCOMPA TABLET 12 MG ORAL
- FYCOMPA TABLET 2 MG ORAL
- FYCOMPA TABLET 4 MG ORAL
- FYCOMPA TABLET 6 MG ORAL
- FYCOMPA TABLET 8 MG ORAL
- PEGANONE TABLET 250 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 1000 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 250 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 500 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 750 MG ORAL
- SYMPAZAN FILM 10 MG ORAL
- SYMPAZAN FILM 20 MG ORAL
- SYMPAZAN FILM 5 MG ORAL
- VIMPAT SOLUTION 10 MG/ML ORAL
- VIMPAT TABLET 100 MG ORAL
- VIMPAT TABLET 150 MG ORAL
- VIMPAT TABLET 200 MG ORAL
- VIMPAT TABLET 50 MG ORAL
- XCOPRI (250 MG DAILY DOSE) TABLET THERAPY PACK 50 & 200 MG ORAL
- XCOPRI (350 MG DAILY DOSE) TABLET THERAPY PACK 150 & 200 MG ORAL
- XCOPRI TABLET 100 MG ORAL
- XCOPRI TABLET 150 MG ORAL
- XCOPRI TABLET 200 MG ORAL
- XCOPRI TABLET 50 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X 100 MG ORAL

H8492_ST20_C

Formulary ID: 20161 Version 17

Last Updated: 11/30/2020

Effective date: 12/01/2020

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Step Therapy Criteria

Details

Criteria	Claim will pay automatically for Brand Anticonvulsants if enrollee has a paid claim for at least a 1 days supply of a Generic Anticonvulsant, Epitol, or Roweepra in the past 365 days. Otherwise, Brand Anticonvulsants require a step therapy exception request indicating: (1) history of inadequate treatment response with a Generic Anticonvulsant, Epitol, or Roweepra, OR (2) history of adverse event with a Generic Anticonvulsant, Epitol, or Roweepra, OR (3) Generic Anticonvulsants, Epitol, or Roweepra are contraindicated.
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H8492_ST20_C

Formulary ID: 20161 Version 17

Last Updated: 11/30/2020

Effective date: 12/01/2020

Dignity 2020 Formulary Step Therapy Criteria

ANTIDEPRESSANTS

Products Affected

Step 2:

- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20 MG ORAL
- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30 MG ORAL
- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40 MG ORAL
- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60 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
- MARPLAN TABLET 10 MG ORAL
- TRINTELLIX TABLET 10 MG ORAL
- TRINTELLIX TABLET 20 MG ORAL
- TRINTELLIX TABLET 5 MG ORAL
- VIIBRYD STARTER PACK KIT 10 & 20 MG ORAL
- VIIBRYD TABLET 10 MG ORAL
- VIIBRYD TABLET 20 MG ORAL
- VIIBRYD TABLET 40 MG ORAL

Details

Criteria	Claim will pay automatically for Drizalma, Fetzima, Emsam, Marplan, Trintellix or Viibryd if enrollee has a paid claim for at least a 1 days supply of a generic formulary antidepressant in the past 365 days. Otherwise, Drizalma, Fetzima, Emsam, Marplan, Trintellix or Viibryd require a step therapy exception request indicating: (1) history of inadequate treatment response with Step 1 Antidepressant, OR (2) history of adverse event with Step 1 Antidepressant , OR (3) Step 1 Antidepressant is contraindicated.
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Step Therapy Criteria

ATYPICALS

Products Affected

Step 2:

- ABILIFY MAINTENA PREFILLED SYRINGE 300 MG INTRAMUSCULAR
- ABILIFY MAINTENA PREFILLED SYRINGE 400 MG INTRAMUSCULAR
- ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 300 MG INTRAMUSCULAR
- ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 400 MG INTRAMUSCULAR
- ABILIFY MYCITE TABLET 10 MG ORAL
- ABILIFY MYCITE TABLET 15 MG ORAL
- ABILIFY MYCITE TABLET 2 MG ORAL
- ABILIFY MYCITE TABLET 20 MG ORAL
- ABILIFY MYCITE TABLET 30 MG ORAL
- ABILIFY MYCITE TABLET 5 MG ORAL
- CAPLYTA CAPSULE 42 MG ORAL
- *clozapine tablet 100 mg oral*
- *clozapine tablet 200 mg oral*
- *clozapine tablet dispersible 100 mg oral*
- *clozapine tablet dispersible 12.5 mg oral*
- *clozapine tablet dispersible 150 mg oral*
- *clozapine tablet dispersible 200 mg oral*
- *clozapine tablet dispersible 25 mg oral*
- 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
- INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR
- INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 156 MG/ML INTRAMUSCULAR
- INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML INTRAMUSCULAR
- INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML INTRAMUSCULAR
- INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML INTRAMUSCULAR
- INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML INTRAMUSCULAR
- INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML INTRAMUSCULAR
- INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML INTRAMUSCULAR
- INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML INTRAMUSCULAR
- 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
- REXULTI TABLET 0.25 MG ORAL
- REXULTI TABLET 0.5 MG ORAL
- REXULTI TABLET 1 MG ORAL
- REXULTI TABLET 2 MG ORAL

H8492_ST20_C

Formulary ID: 20161 Version 17

Last Updated: 11/30/2020

Effective date: 12/01/2020

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- REXULTI TABLET 3 MG ORAL
- REXULTI TABLET 4 MG ORAL
- RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 12.5 MG INTRAMUSCULAR
- RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR
- RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR
- RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR
- SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL
- SECUADO PATCH 24 HOUR 3.8 MG/24HR TRANSDERMAL
- SECUADO PATCH 24 HOUR 5.7 MG/24HR TRANSDERMAL
- SECUADO PATCH 24 HOUR 7.6 MG/24HR TRANSDERMAL
- VERSACLOZ SUSPENSION 50 MG/ML 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
- ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 210 MG INTRAMUSCULAR

Details

Criteria	Claim will pay automatically for brand atypical antipsychotics if enrollee has a paid claim for at least a 1 days supply of 2 generic formulary atypicals in the past 365 days. Otherwise, Non-Preferred Antipsychotics require a step therapy exception request indicating any ONE of the following (1) Diagnosis that is not covered by generic formulary products, OR (2) History of inadequate treatment response with generic formulary products, OR (3) History of adverse event with generic formulary products, OR (4) Generic formulary products are contraindicated
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Formulary ID: 20161 Version 17
Last Updated: 11/30/2020
Effective date: 12/01/2020

Dignity 2020 Formulary

Step Therapy Criteria

CNS STIMULANTS

Products Affected

Step 2:

- *atomoxetine hcl capsule 10 mg oral*
- *atomoxetine hcl capsule 100 mg oral*
- *atomoxetine hcl capsule 18 mg oral*
- *atomoxetine hcl capsule 25 mg oral*
- *atomoxetine hcl capsule 40 mg oral*
- *atomoxetine hcl capsule 60 mg oral*
- *atomoxetine hcl capsule 80 mg oral*

Details

Criteria	Claim will pay automatically for ATOMOXETINE if enrollee has paid claims history for any one of the following formulary CNS stimulants: amphetamine salts, dexamethylphenidate, dextroamphetamine, methylphenidate OR guanfacine ER. Otherwise, ATOMOXETINE requires a step therapy exception request indicating: (1) history of inadequate treatment response with amphetamine salts, dexamethylphenidate, dextroamphetaminemethylphenidate, OR guanfacine ER OR (2) history of adverse event with amphetamine salts, dexamethylphenidate, dextroamphetamine, methylphenidate, OR guanfacine ER OR (3)amphetamine salts, dexamethylphenidate, dextroamphetamine, methylphenidate OR guanfacine ER is contraindicated.
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Dignity 2020 Formulary Step Therapy Criteria

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 the enrollee has paid claims history of any 1 days supply of any single Step 1 agent in the member's overall utilization history (lifetime). Step 1 Drugs are: esomeprazole, omeprazole, pantoprazole. Otherwise, Dexilant requires a step therapy exception request indicating: (1) history of inadequate treatment response with Step 1 Drugs OR (2) history of adverse event with Step 1 Drugs OR (3) Step 1 Drugs are contraindicated

Dignity 2020 Formulary Step Therapy Criteria

RYTARY

Products Affected

Step 2:

- RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL

Details

Criteria	
	Claim will pay automatically for Rytary if enrollee has a paid claim for at least a 1 days supply of generic Carbidopa/Levodopa or Carbidopa/Levodopa/Entacapone in the member's overall utilization history (lifetime). Otherwise, Rytary requires a step therapy exception request indicating: (1) history of inadequate treatment response with Carbidopa/Levodopa or Carbidopa/Levodopa/Entacapone, OR (2) history of adverse event with Carbidopa/Levodopa or Carbidopa/Levodopa/Entacapone, OR (3) Carbidopa/Levodopa or Carbidopa/Levodopa/Entacapone is contraindicated.

H8492_ST20_C

Formulary ID: 20161 Version 17

Last Updated: 11/30/2020

Effective date: 12/01/2020

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H8492_ST20_C

Formulary ID: 20161 Version 17

Last Updated: 11/30/2020

Effective date: 12/01/2020

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Formulary ID: 20161 Version 17

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H8492_ST20_C

Formulary ID: 20161 Version 17

Last Updated: 11/30/2020

Effective date: 12/01/2020

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XCOPRI TABLET THERAPY PACK 14 X
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Z
ZYPREXA RELPREVV SUSPENSION
RECONSTITUTED 210 MG
INTRAMUSCULAR 5

H8492_ST20_C
Formulary ID: 20161 Version 17
Last Updated: 11/30/2020
Effective date: 12/01/2020