

# ACTINIC KERATOSIS

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**PRODUCTS AFFECTED**

- *diclofenac sodium gel 3 % external*

**Details**

<b>Criteria</b>	Trial of either topical fluorouracil or topical imiquimod
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# ANTIDEPRESSANTS

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**PRODUCTS AFFECTED**

- AUVELITY TABLET EXTENDED RELEASE 45-105 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

**Details**

<b>Criteria</b>	Trial of two generics of the following formulary products: bupropion, mirtazapine, citalopram (tablet or solution), desvenlafaxine succinate ER, duloxetine, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline (tablet or solution), venlafaxine. Approve for continuation of prior therapy.
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# ATYPICAL ANTIPSYCHOTICS

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**PRODUCTS AFFECTED**

- 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
- 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

**Details**

<b>Criteria</b>	Trial of two of the following oral generic formulary atypical antipsychotic agents: asenapine, aripiprazole, olanzapine, paliperidone, quetiapine, risperidone, ziprasidone. Approve for continuation of prior therapy.
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## INVEGA HAFYERA THERAPY

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**PRODUCTS AFFECTED**

- INVEGA HAFYERA SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML INTRAMUSCULAR
- INVEGA HAFYERA SUSPENSION PREFILLED SYRINGE 1560 MG/5ML INTRAMUSCULAR

**Details**

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<b>Criteria</b>	Trial of one of the following: Invega Sustenna or Invega Trinza. Step applies to new starts only. Approve for continuation of prior therapy.
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# NAMZARIC

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**PRODUCTS AFFECTED**

- NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG ORAL
- NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG ORAL
- NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 28-10 MG ORAL
- NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG ORAL

**Details**

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<b>Criteria</b>	Trial of generic memantine extended-release
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# RELISTOR

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**PRODUCTS AFFECTED**

- RELISTOR SOLUTION 12 MG/0.6ML SUBCUTANEOUS
- RELISTOR SOLUTION 12 MG/0.6ML SUBCUTANEOUS (0.6ML SYRINGE)
- RELISTOR SOLUTION 8 MG/0.4ML SUBCUTANEOUS
- RELISTOR TABLET 150 MG ORAL

**Details**

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<b>Criteria</b>	Trial of lubiprostone, Constulose, Enulose, Generlac, or lactulose
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## RYTARY

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**PRODUCTS AFFECTED**

- 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**

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Criteria	
	Trial of one generic carbidopa/levodopa containing formulation

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# ZONISADE SUSPENSION

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**PRODUCTS AFFECTED**

- ZONISADE SUSPENSION 100 MG/5ML ORAL

**Details**

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<b>Criteria</b>	Trial of generic zonisamide capsule. Step applies to new starts only. Approve for continuation of prior therapy.
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