

# 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
- GEODON SOLUTION RECONSTITUTED 20 MG INTRAMUSCULAR
- NUPLAZID TABLET 17 MG ORAL
- SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL
- 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

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Criteria	
	Claim will pay automatically for Fanapt, Geodon IM, Nuplazid, Saphris, Verzacloz, Vraylar, or Zyprexa Relprevv if enrollee has a paid claim for at least a 1 days supply of any generic formulary atypical antipsychotic in the past 365 days. Otherwise, Fanapt, Geodon IM, , Nuplazid, Saphris, Verzacloz, Vraylar, or Zyprexa Relprevv requires a step therapy exception request indicating: (1) history of inadequate treatment response with any generic formulary atypical antipsychotic, OR (2) history of adverse event with any generic formulary atypical antipsychotic, OR (3) any generic formulary atypical antipsychotic is contraindicated.

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# CELECOXIB

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## Products Affected

### Step 2:

- *celecoxib capsule 100 mg oral*
- *celecoxib capsule 200 mg oral*
- *celecoxib capsule 400 mg oral*
- *celecoxib capsule 50 mg oral*

## Details

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Criteria	
	Claim will pay automatically for Celecoxib if enrollee has a paid claim for at least a 1 days supply of any generic formulary NSAID in the past 365 days. Otherwise, Celecoxib requires a step therapy exception request indicating: (1) history of inadequate treatment response with any generic formulary NSAID, OR (2) history of adverse event with any generic formulary NSAID, OR (3) any generic formulary NSAID is contraindicated.

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# DIFICID

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## Products Affected

### Step 2:

- DIFICID TABLET 200 MG ORAL

## Details

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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 contraindicated.
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# LIVALO

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## Products Affected

### Step 2:

- LIVALO TABLET 1 MG ORAL
- LIVALO TABLET 2 MG ORAL
- LIVALO TABLET 4 MG ORAL

## Details

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Criteria	
	Claim will pay automatically for Livalo if enrollee has a paid claim for at least a 1 days supply of any generic formulary statin in the past 365 days. Otherwise, Livalo requires a step therapy exception request indicating: (1) history of inadequate treatment response with any generic formulary statin, OR (2) history of adverse event with any generic formulary statin, OR (3) any generic formulary statin is contraindicated.

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## LONG ACTING FENTANYL

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### Products Affected

#### Step 2:

- *fentanyl patch 72 hour 100 mcg/hr transdermal*
- *fentanyl patch 72 hour 12 mcg/hr transdermal*
- *fentanyl patch 72 hour 25 mcg/hr transdermal*
- *fentanyl patch 72 hour 50 mcg/hr transdermal*
- *fentanyl patch 72 hour 75 mcg/hr transdermal*

### Details

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Criteria	Claim will pay automatically for Fentanyl patch if enrollee has paid claims history for at least 1 days supply of either Morphine ER or Methadone in the past 365 days. Otherwise, Fentanyl patch requires a step therapy exception request indicating any one of the following: (1) history of inadequate treatment response with Morphine ER or Methadone OR (2) history of adverse event with Morphine ER or methadone, OR (3) Morphine ER or Methadone are contraindicated.
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# NEUPRO

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## Products Affected

### Step 2:

- NEUPRO PATCH 24 HOUR 1 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 2 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 3 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 4 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 6 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 8 MG/24HR TRANSDERMAL

## Details

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Criteria	Claim will pay automatically for neupro if enrollee has a paid claim for at least a 1 days supply of pramipexole or ropinirole in the past 365 days. Otherwise, neupro requires a step therapy exception request indicating: (1) history of inadequate treatment response with pramipexole or ropinirole, OR (2) history of adverse event with pramipexole or ropinirole, OR (3) pramipexole or ropinirole is contraindicated.
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# PPI

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## Products Affected

### Step 2:

- DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL
- DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL

## Details

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Criteria	
	Claim will pay automatically for Dexilant if enrollee has a paid claim for at least a 1 days supply of any 1 of the following: esomeprazole (Rx), omeprazole (Rx), lansoprazole (Rx), or pantoprazole in the past 365 days. Otherwise, Dexilant requires a step therapy exception request indicating: (1) history of inadequate treatment response with any 1 of the following: esomprazole (Rx), omeprazole (Rx), lansoprazole (Rx), or pantoprazole OR (2) history of adverse event with any 1 of the following: esomprazole (Rx), omeprazole (Rx), lansoprazole (Rx), or pantoprazole, OR (3) any 1 of the following: esomprazole (Rx), omeprazole (Rx), lansoprazole (Rx), or pantoprazole are contraindicated.

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# RYTARY

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## 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

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Criteria	
	Claim will pay automatically for Rytary if enrollee has a paid claim for at least a 1 days supply of generic Carbidopa/Levodopa 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 (2) history of adverse event with Carbidopa/Levodopa , OR (3) Carbidopa/Levodopa is contraindicated.

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# TRELEGY

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## Products Affected

### Step 2:

- TRELEGY ELLIPTA AEROSOL  
POWDER BREATH ACTIVATED 100-  
62.5-25 MCG/INH INHALATION

## Details

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<b>Criteria</b>	Claim will pay automatically for Trelegy if enrollee has a paid claim for at least 1 day supply of Advair Diskus, Advair HFA, Anoro, Breo Ellipta, Combivent, Daliresp, Fluticasone-Salmeterol Aerosol, Stiolto, Serevent or Spiriva in the past 180 days. Otherwise, Trelegy will require a step therapy exception request indicating: (1) history of inadequate treatment response with STEP 1 Agent, OR (2) history of adverse event with STEP 1 Agent, OR (3) STEP 1 Agent is contraindicated.
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# ULORIC

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## Products Affected

### Step 2:

- ULORIC TABLET 40 MG ORAL
- ULORIC TABLET 80 MG ORAL

## Details

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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.
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Virginia Premier Advantage Gold and Platinum 2019 Formulary  
Step Therapy Criteria

**Index of Drugs**

**C**

celecoxib capsule 100 mg oral .....2  
 celecoxib capsule 200 mg oral .....2  
 celecoxib capsule 400 mg oral .....2  
 celecoxib capsule 50 mg oral .....2

**D**

DEXILANT CAPSULE DELAYED  
 RELEASE 30 MG ORAL .....7  
 DEXILANT CAPSULE DELAYED  
 RELEASE 60 MG ORAL .....7  
 DIFICID TABLET 200 MG ORAL .....3

**F**

FANAPT TABLET 1 MG ORAL .....1  
 FANAPT TABLET 10 MG ORAL .....1  
 FANAPT TABLET 12 MG ORAL .....1  
 FANAPT TABLET 2 MG ORAL .....1  
 FANAPT TABLET 4 MG ORAL .....1  
 FANAPT TABLET 6 MG ORAL .....1  
 FANAPT TABLET 8 MG ORAL .....1  
 FANAPT TITRATION PACK TABLET 1 & 2  
 & 4 & 6 MG ORAL .....1  
 fentanyl patch 72 hour 100 mcg/hr  
 transdermal .....5  
 fentanyl patch 72 hour 12 mcg/hr  
 transdermal .....5  
 fentanyl patch 72 hour 25 mcg/hr  
 transdermal .....5  
 fentanyl patch 72 hour 50 mcg/hr  
 transdermal .....5  
 fentanyl patch 72 hour 75 mcg/hr  
 transdermal .....5

**G**

GEODON SOLUTION RECONSTITUTED  
 20 MG INTRAMUSCULAR .....1

**L**

LIVALO TABLET 1 MG ORAL .....4  
 LIVALO TABLET 2 MG ORAL .....4  
 LIVALO TABLET 4 MG ORAL .....4

**N**

NEUPRO PATCH 24 HOUR 1 MG/24HR  
 TRANSDERMAL .....6  
 NEUPRO PATCH 24 HOUR 2 MG/24HR  
 TRANSDERMAL .....6  
 NEUPRO PATCH 24 HOUR 3 MG/24HR  
 TRANSDERMAL .....6

NEUPRO PATCH 24 HOUR 4 MG/24HR  
 TRANSDERMAL ..... 6  
 NEUPRO PATCH 24 HOUR 6 MG/24HR  
 TRANSDERMAL ..... 6  
 NEUPRO PATCH 24 HOUR 8 MG/24HR  
 TRANSDERMAL ..... 6  
 NUPLAZID TABLET 17 MG ORAL ..... 1

**R**

RYTARY CAPSULE EXTENDED RELEASE  
 23.75-95 MG ORAL ..... 8  
 RYTARY CAPSULE EXTENDED RELEASE  
 36.25-145 MG ORAL ..... 8  
 RYTARY CAPSULE EXTENDED RELEASE  
 48.75-195 MG ORAL ..... 8  
 RYTARY CAPSULE EXTENDED RELEASE  
 61.25-245 MG ORAL ..... 8

**S**

SAPHRIS TABLET SUBLINGUAL 10 MG  
 SUBLINGUAL ..... 1  
 SAPHRIS TABLET SUBLINGUAL 2.5 MG  
 SUBLINGUAL ..... 1  
 SAPHRIS TABLET SUBLINGUAL 5 MG  
 SUBLINGUAL ..... 1

**T**

TRELEGY ELLIPTA AEROSOL POWDER  
 BREATH ACTIVATED 100-62.5-25  
 MCG/INH INHALATION ..... 9

**U**

ULORIC TABLET 40 MG ORAL .....10  
 ULORIC TABLET 80 MG ORAL .....10

**V**

VERSACLOZ SUSPENSION 50 MG/ML  
 ORAL ..... 1  
 VRAYLAR CAPSULE 1.5 MG ORAL ..... 1  
 VRAYLAR CAPSULE 3 MG ORAL ..... 1  
 VRAYLAR CAPSULE 4.5 MG ORAL ..... 1  
 VRAYLAR CAPSULE 6 MG ORAL ..... 1  
 VRAYLAR CAPSULE THERAPY PACK 1.5  
 & 3 MG ORAL ..... 1

**Z**

ZYPREXA RELPREVV SUSPENSION  
 RECONSTITUTED 210 MG  
 INTRAMUSCULAR ..... 1