

# AMANTADINE ER

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## Products Affected

### Step 2:

- OSMOLEX ER 129 MG TABLET, EXTENDED RELEASE
- OSMOLEX ER 193 MG TABLET, EXTENDED RELEASE
- OSMOLEX ER 258 MG TABLET, EXTENDED RELEASE
- OSMOLEX ER 322 MG/DAY (129 MG AND 193 MG) TABLET, EXTENDED RELEASE

## Details

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<b>Criteria</b>	PRIOR CLAIM FOR AMANTADINE HCL IMMEDIATE RELEASE WITHIN THE PAST 120 DAYS.
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# ANTICONVULSANTS

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## Products Affected

### Step 2:

- APTIOM 200 MG TABLET
- APTIOM 400 MG TABLET
- APTIOM 600 MG TABLET
- APTIOM 800 MG TABLET
- BANZEL 200 MG TABLET
- BANZEL 40 MG/ML ORAL SUSPENSION
- BANZEL 400 MG TABLET
- FYCOMPA 0.5 MG/ML ORAL SUSPENSION
- FYCOMPA 10 MG TABLET
- FYCOMPA 12 MG TABLET
- FYCOMPA 2 MG TABLET
- FYCOMPA 4 MG TABLET
- FYCOMPA 6 MG TABLET
- FYCOMPA 8 MG TABLET
- OXTELLAR XR 150 MG TABLET,EXTENDED RELEASE
- OXTELLAR XR 300 MG TABLET,EXTENDED RELEASE
- OXTELLAR XR 600 MG TABLET,EXTENDED RELEASE

## Details

<b>Criteria</b>	PRIOR CLAIM FOR GENERIC ANTICONVULSANT AGENT (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE), WITHIN THE PAST 120 DAYS.
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# ANTIDEPRESSANTS

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## Products Affected

### Step 2:

- FETZIMA 120 MG  
CAPSULE,EXTENDED RELEASE
- FETZIMA 20 MG (2)-40 MG (26)  
CAPSULE,EXTENDED RELEASE,24  
HR,DOSE PACK
- FETZIMA 20 MG  
CAPSULE,EXTENDED RELEASE
- FETZIMA 40 MG  
CAPSULE,EXTENDED RELEASE
- FETZIMA 80 MG  
CAPSULE,EXTENDED RELEASE

## Details

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Criteria	PRIOR CLAIM FOR TRINTELLIX AND VIIBRYD WITHIN THE PAST 365 DAYS.
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# ANTIDIABETIC AGENTS - MISCELLANEOUS

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## Products Affected

### Step 2:

- GLYXAMBI 10 MG-5 MG TABLET
- GLYXAMBI 25 MG-5 MG TABLET

## Details

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<b>Criteria</b>	ST Criteria: Pending CMS Approval
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# ANTI-INFLAMMATORY AGENTS - GI

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## Products Affected

### Step 2:

- DIPENTUM 250 MG CAPSULE

## Details

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Criteria	PRIOR CLAIM FOR 1 OF THE FOLLOWING: BALSALAZIDE, FORMULARY VERSION OF MESALAMINE 0.375G, MESALAMINE 400 MG CAP(DRTAB), MESALAMINE DR 800 MG TAB, OR FORMULARY VERSION OF MESALAMINE 1.2 G DR TAB WITHIN THE PAST 120 DAYS.
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# ANTIPSYCHOTIC AGENTS

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## Products Affected

### Step 2:

- *aripiprazole 10 mg disintegrating tablet*
- *aripiprazole 15 mg disintegrating tablet*
- CAPLYTA 42 MG CAPSULE
- *clozapine 100 mg disintegrating tablet*
- *clozapine 12.5 mg disintegrating tablet*
- *clozapine 150 mg disintegrating tablet*
- *clozapine 200 mg disintegrating tablet*
- *clozapine 25 mg disintegrating tablet*
- FANAPT 1 MG TABLET
- FANAPT 10 MG TABLET
- FANAPT 12 MG TABLET
- FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK
- FANAPT 2 MG TABLET
- FANAPT 4 MG TABLET
- FANAPT 6 MG TABLET
- FANAPT 8 MG TABLET
- SAPHRIS 10 MG SUBLINGUAL TABLET
- SAPHRIS 2.5 MG SUBLINGUAL TABLET
- SAPHRIS 5 MG SUBLINGUAL TABLET
- SECUADO 3.8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH
- SECUADO 5.7 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH
- SECUADO 7.6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH
- VERSACLOZ 50 MG/ML ORAL SUSPENSION
- VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK
- VRAYLAR 1.5 MG CAPSULE
- VRAYLAR 3 MG CAPSULE
- VRAYLAR 4.5 MG CAPSULE
- VRAYLAR 6 MG CAPSULE

## Details

<b>Criteria</b>	PRIOR CLAIM FOR FORMULARY VERSIONS OF ANY TWO ORAL ANTIPSYCHOTICS: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, OR LATUDA WITHIN THE PAST 365 DAYS.
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# ANTIPSYCHOTIC AGENTS II

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## Products Affected

### Step 2:

- REXULTI 0.25 MG TABLET
- REXULTI 0.5 MG TABLET
- REXULTI 1 MG TABLET
- REXULTI 2 MG TABLET
- REXULTI 3 MG TABLET
- REXULTI 4 MG TABLET

## Details

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<b>Criteria</b>	PRIOR CLAIM FOR TWO (2) OF THE FOLLOWING FORMULARY ORAL VERSIONS OF ATYPICAL ANTIPSYCHOTICS (RISPERIDONE, CLOZAPINE, OLANZAPINE, QUETIAPINE, ARIPIPRAZOLE, ZIPRASIDONE, OR LATUDA), SSRI (CITALOPRAM, ESCITALOPRAM, FLUOXETINE, PAROXETINE OR SERTRALINE), SNRI (DESVENLAFAXINE, DULOXETINE OR VENLAFAXINE) WITHIN THE PAST 365 DAYS
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# ANTIULCER AGENTS

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## Products Affected

### Step 2:

- *omeprazole 20 mg-sodium bicarbonate 1.1 gram capsule*
- *omeprazole 40 mg-sodium bicarbonate 1.1 gram capsule*

## Details

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<b>Criteria</b>	PRIOR CLAIM FOR GENERIC FEDERAL LEGEND FORMULARY VERSION OF ORAL LANSOPRAZOLE CAPSULES, OMEPRAZOLE, OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS.
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# B VERSUS D ADMINISTRATIVE STEP

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## Products Affected

### Step 2:

- CYCLOPHOSPHAMIDE 25 MG CAPSULE
- CYCLOPHOSPHAMIDE 50 MG CAPSULE
- *methotrexate sodium 2.5 mg tablet*
- XATMEP 2.5 MG/ML ORAL SOLUTION

## Details

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Criteria	IN ORDER TO ASSIST IN A PART B VS. D PAYMENT DETERMINATION, A PRIOR CLAIM SEEN FOR A RHEUMATOID ARTHRITIS, PSORIASIS OR ACTIVE POLYARTICULAR JUVENILE IDIOPATHIC ARTHRITIS DRUG WITHIN THE PAST 120 DAYS WILL QUALIFY FOR PART D PAYMENT. ALL OTHER INDICATIONS WILL HAVE A PART B VS. D PAYMENT DETERMINATION MADE THROUGH THE FORMULARY EXCEPTION PROCESS PRIOR TO THE APPROVAL OF THE DRUG.
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# DPP-4 INHIBITORS

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## Products Affected

### Step 2:

- JENTADUETO 2.5 MG-1,000 MG TABLET
- JENTADUETO 2.5 MG-500 MG TABLET
- JENTADUETO 2.5 MG-850 MG TABLET
- JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE
- JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE
- TRADJENTA 5 MG TABLET

## Details

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<b>Criteria</b>	PRIOR CLAIM FOR JANUMET, JANUMET XR OR JANUVIA WITHIN THE PAST 120 DAYS
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# DULOXETINE SPRINKLE

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## Products Affected

### Step 2:

- DRIZALMA SPRINKLE 20 MG CAPSULE, DELAYED RELEASE
- DRIZALMA SPRINKLE 30 MG CAPSULE, DELAYED RELEASE
- DRIZALMA SPRINKLE 40 MG CAPSULE, DELAYED RELEASE
- DRIZALMA SPRINKLE 60 MG CAPSULE, DELAYED RELEASE

## Details

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<b>Criteria</b>	PRIOR CLAIM FOR FORMULARY GENERIC DULOXETINE CAPSULE WITHIN THE PAST 120 DAYS.
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# ELUXADOLINE

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## Products Affected

### Step 2:

- VIBERZI 100 MG TABLET
- VIBERZI 75 MG TABLET

## Details

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<b>Criteria</b>	PRIOR CLAIM FOR DICYCLOMINE AND XIFAXAN 550MG WITHIN THE PAST 365 DAYS.
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# FIDAXOMICIN

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## Products Affected

### Step 2:

- DIFICID 200 MG TABLET

## Details

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<b>Criteria</b>	PRIOR CLAIM FOR ORAL VANCOMYCIN IN THE PAST 120 DAYS.
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# INSULIN/GLP-1 ANALOG

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## Products Affected

### Step 2:

- SOLIQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN
- XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN

## Details

Criteria	PRIOR CLAIM FOR 2 OF THE FOLLOWING (ONE FROM EACH GROUP): A) LANTUS, LANTUS SOLOSTAR, OZEMPIC, TRESIBA, TRESIBA FLEXTOUCH, TOUJEO MAX SOLOSTAR, TOUJEO SOLOSTAR OR VICTOZA AND B) METFORMIN, METFORMIN ER, SULFONYLUREA AGENT (GLYBURIDE, GLIPIZIDE, GLIMEPIRIDE), COMBO SULFONYLUREA-METFORMIN, OR PIOGLITAZONE IN PAST 365 DAYS.
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# NASAL CORTICOSTEROIDS II

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## Products Affected

### Step 2:

- XHANCE 93 MCG/ACTUATION  
BREATH ACTIVATED AEROSOL

## Details

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<b>Criteria</b>	PRIOR CLAIM FOR A FEDERAL LEGEND FORMULARY VERSION OF MOMETASONE NASAL SPRAY WITHIN THE PAST 120 DAYS
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# NOVEL ORAL ANTICOAGULANTS

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## Products Affected

### Step 2:

- PRADAXA 110 MG CAPSULE
- PRADAXA 150 MG CAPSULE
- PRADAXA 75 MG CAPSULE

## Details

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<b>Criteria</b>	PRIOR CLAIM FOR ELIQUIS AND XARELTO IN THE PAST 365 DAYS.
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# OPHTHALMIC ALLERGY - NO OTC

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## Products Affected

### Step 2:

- ALREX 0.2 % EYE  
DROPS,SUSPENSION

## Details

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<b>Criteria</b>	PRIOR CLAIM FOR FEDERAL LEGEND LEVOCETIRIZINE , CROMOLYN SODIUM, EPINASTINE, OR FORMULARY OLOPATADINE EYE DROPS WITHIN THE PAST 120 DAYS.
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# RENIN ANGIOTENSIN SYSTEM INHIBITORS

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## Products Affected

### Step 2:

- TEKTURNA HCT 150 MG-12.5 MG TABLET
- TEKTURNA HCT 150 MG-25 MG TABLET
- TEKTURNA HCT 300 MG-12.5 MG TABLET
- TEKTURNA HCT 300 MG-25 MG TABLET

## Details

<b>Criteria</b>	PRIOR CLAIM FOR AN ANGIOTENSIN CONVERTING ENZYME INHIBITOR (ACE INHIBITOR), ACE INHIBITOR COMBINATION, GENERIC ANGIOTENSIN RECEPTOR BLOCKER (ARB), GENERIC ARB COMBINATION OR GENERIC DIRECT RENIN INHIBITORS WITHIN THE PAST 120 DAYS.
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# SPRITAM

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## Products Affected

### Step 2:

- SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION
- SPRITAM 250 MG TABLET FOR ORAL SUSPENSION
- SPRITAM 500 MG TABLET FOR ORAL SUSPENSION
- SPRITAM 750 MG TABLET FOR ORAL SUSPENSION

## Details

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<b>Criteria</b>	PRIOR CLAIM FOR LEVETIRACETAM SOLUTION IN THE PAST 120 DAYS
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# TACROLIMUS PACKETS

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## Products Affected

### Step 2:

- PROGRAF 0.2 MG ORAL GRANULES IN PACKET
- PROGRAF 1 MG ORAL GRANULES IN PACKET

## Details

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<b>Criteria</b>	PRIOR CLAIM FOR FORMULARY VERSION OF TACROLIMUS CAPSULES WITHIN THE PAST 120 DAYS
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## INDEX

ALREX 0.2 % EYE		FETZIMA 20 MG (2)-40 MG (26)	
DROPS,SUSPENSION .....	17	CAPSULE,EXTENDED RELEASE,24	
APTIOM 200 MG TABLET .....	2	HR,DOSE PACK.....	3
APTIOM 400 MG TABLET .....	2	FETZIMA 20 MG	
APTIOM 600 MG TABLET .....	2	CAPSULE,EXTENDED RELEASE.....	3
APTIOM 800 MG TABLET .....	2	FETZIMA 40 MG	
<i>aripiprazole 10 mg disintegrating tablet</i> .....	6	CAPSULE,EXTENDED RELEASE.....	3
<i>aripiprazole 15 mg disintegrating tablet</i> .....	6	FETZIMA 80 MG	
BANZEL 200 MG TABLET .....	2	CAPSULE,EXTENDED RELEASE.....	3
BANZEL 40 MG/ML ORAL		FYCOMPA 0.5 MG/ML ORAL	
SUSPENSION .....	2	SUSPENSION .....	2
BANZEL 400 MG TABLET .....	2	FYCOMPA 10 MG TABLET .....	2
CAPLYTA 42 MG CAPSULE .....	6	FYCOMPA 12 MG TABLET .....	2
<i>clozapine 100 mg disintegrating tablet</i> .....	6	FYCOMPA 2 MG TABLET .....	2
<i>clozapine 12.5 mg disintegrating tablet</i> .....	6	FYCOMPA 4 MG TABLET .....	2
<i>clozapine 150 mg disintegrating tablet</i> .....	6	FYCOMPA 6 MG TABLET .....	2
<i>clozapine 200 mg disintegrating tablet</i> .....	6	FYCOMPA 8 MG TABLET .....	2
<i>clozapine 25 mg disintegrating tablet</i> .....	6	GLYXAMBI 10 MG-5 MG TABLET.....	4
CYCLOPHOSPHAMIDE 25 MG		GLYXAMBI 25 MG-5 MG TABLET.....	4
CAPSULE .....	9	JENTADUETO 2.5 MG-1,000 MG	
CYCLOPHOSPHAMIDE 50 MG		TABLET .....	10
CAPSULE .....	9	JENTADUETO 2.5 MG-500 MG	
DIFICID 200 MG TABLET .....	13	TABLET .....	10
DIPENTUM 250 MG CAPSULE.....	5	JENTADUETO 2.5 MG-850 MG	
DRIZALMA SPRINKLE 20 MG		TABLET .....	10
CAPSULE,DELAYED RELEASE.....	11	JENTADUETO XR 2.5 MG-1,000 MG	
DRIZALMA SPRINKLE 30 MG		TABLET, EXTENDED RELEASE.....	10
CAPSULE,DELAYED RELEASE.....	11	JENTADUETO XR 5 MG-1,000 MG	
DRIZALMA SPRINKLE 40 MG		TABLET, EXTENDED RELEASE.....	10
CAPSULE,DELAYED RELEASE.....	11	<i>methotrexate sodium 2.5 mg tablet</i> .....	9
DRIZALMA SPRINKLE 60 MG		<i>omeprazole 20 mg-sodium bicarbonate 1.1</i>	
CAPSULE,DELAYED RELEASE.....	11	<i>gram capsule</i> .....	8
FANAPT 1 MG TABLET .....	6	<i>omeprazole 40 mg-sodium bicarbonate 1.1</i>	
FANAPT 10 MG TABLET .....	6	<i>gram capsule</i> .....	8
FANAPT 12 MG TABLET .....	6	OSMOLEX ER 129 MG TABLET,	
FANAPT 1MG(2)-2 MG(2)-4MG(2)-6		EXTENDED RELEASE.....	1
MG(2) TABLETS IN A DOSE PACK.....	6	OSMOLEX ER 193 MG TABLET,	
FANAPT 2 MG TABLET .....	6	EXTENDED RELEASE.....	1
FANAPT 4 MG TABLET .....	6	OSMOLEX ER 258 MG TABLET,	
FANAPT 6 MG TABLET .....	6	EXTENDED RELEASE.....	1
FANAPT 8 MG TABLET .....	6	OSMOLEX ER 322 MG/DAY (129 MG	
FETZIMA 120 MG		AND 193 MG) TABLET, EXTENDED	
CAPSULE,EXTENDED RELEASE.....	3	RELEASE .....	1

OXTELLAR XR 150 MG TABLET,EXTENDED RELEASE.....	2	TEKTURNA HCT 150 MG-25 MG TABLET.....	18
OXTELLAR XR 300 MG TABLET,EXTENDED RELEASE.....	2	TEKTURNA HCT 300 MG-12.5 MG TABLET.....	18
OXTELLAR XR 600 MG TABLET,EXTENDED RELEASE.....	2	TEKTURNA HCT 300 MG-25 MG TABLET.....	18
PRADAXA 110 MG CAPSULE.....	16	TRADJENTA 5 MG TABLET.....	10
PRADAXA 150 MG CAPSULE.....	16	VERSACLOZ 50 MG/ML ORAL SUSPENSION.....	6
PRADAXA 75 MG CAPSULE.....	16	VIBERZI 100 MG TABLET.....	12
PROGRAF 0.2 MG ORAL GRANULES IN PACKET.....	20	VIBERZI 75 MG TABLET.....	12
PROGRAF 1 MG ORAL GRANULES IN PACKET.....	20	VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK.....	6
REXULTI 0.25 MG TABLET.....	7	VRAYLAR 1.5 MG CAPSULE.....	6
REXULTI 0.5 MG TABLET.....	7	VRAYLAR 3 MG CAPSULE.....	6
REXULTI 1 MG TABLET.....	7	VRAYLAR 4.5 MG CAPSULE.....	6
REXULTI 2 MG TABLET.....	7	VRAYLAR 6 MG CAPSULE.....	6
REXULTI 3 MG TABLET.....	7	XATMEP 2.5 MG/ML ORAL SOLUTION.....	9
REXULTI 4 MG TABLET.....	7	XHANCE 93 MCG/ACTUATION BREATH ACTIVATED AEROSOL.....	15
SAPHRIS 10 MG SUBLINGUAL TABLET.....	6	XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN.....	14
SAPHRIS 2.5 MG SUBLINGUAL TABLET.....	6		
SAPHRIS 5 MG SUBLINGUAL TABLET.....	6		
SECUADO 3.8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH....	6		
SECUADO 5.7 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH....	6		
SECUADO 7.6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH....	6		
SOLIQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN.....	14		
SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION.....	19		
SPRITAM 250 MG TABLET FOR ORAL SUSPENSION.....	19		
SPRITAM 500 MG TABLET FOR ORAL SUSPENSION.....	19		
SPRITAM 750 MG TABLET FOR ORAL SUSPENSION.....	19		
TEKTURNA HCT 150 MG-12.5 MG TABLET.....	18		