

# 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

## 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
- TROKENDI XR 200 MG CAPSULE, EXTENDED RELEASE
- VIMPAT 10 MG/ML ORAL SOLUTION
- VIMPAT 100 MG TABLET
- VIMPAT 150 MG TABLET
- VIMPAT 200 MG TABLET
- VIMPAT 200 MG/20 ML INTRAVENOUS SOLUTION
- VIMPAT 50 MG TABLET

## Details

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<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:

- TRINTELLIX 10 MG TABLET
- TRINTELLIX 20 MG TABLET
- TRINTELLIX 5 MG TABLET
- VIIBRYD 10 MG (7)-20 MG (23)
- TABLETS IN A DOSE PACK
- VIIBRYD 10 MG TABLET
- VIIBRYD 20 MG TABLET
- VIIBRYD 40 MG TABLET

## Details

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<b>Criteria</b>	PRIOR CLAIM FOR PAROXETINE, FLUOXETINE, SERTRALINE, DULOXETINE, CITALOPRAM, MIRTAZAPINE, ESCITALOPRAM, OR BUPROPION (IR, SR, XL) WITHIN THE PAST 120 DAYS.
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# ANTIDEPRESSANTS II

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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
- INVOKAMET 150 MG-1,000 MG TABLET
- INVOKAMET 150 MG-500 MG TABLET
- INVOKAMET 50 MG-1,000 MG TABLET
- INVOKAMET 50 MG-500 MG TABLET
- INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE
- INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE
- INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE
- INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE
- INVOKANA 100 MG TABLET
- INVOKANA 300 MG TABLET
- JARDIANCE 10 MG TABLET
- JARDIANCE 25 MG TABLET
- SYNJARDY 12.5 MG-1,000 MG TABLET
- SYNJARDY 12.5 MG-500 MG TABLET
- SYNJARDY 5 MG-1,000 MG TABLET
- SYNJARDY 5 MG-500 MG TABLET
- SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE
- SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE
- SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE
- SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE

## Details

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<b>Criteria</b>	PRIOR CLAIM FOR METFORMIN, METFORMIN ER, A SULFONYLUREA AGENT (GLYBURIDE, GLIPIZIDE, GLIMEPIRIDE, TOLAZAMIDE), PIOGLITAZONE, COMBINATION OF A SULFONYLUREA-METFORMIN, PIOGLITAZONE-METFORMIN, OR PIOGLITAZONE-GLIMEPIRIDE WITHIN THE PAST 120 DAYS.
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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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<b>Criteria</b>	PRIOR CLAIM FOR ANY 1 OF THE FOLLOWING: BALSALAZIDE, APRISO, DELZICOL, MESALAMINE DR 800 MG TAB, OR FORMULARY 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*
- *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 (BLACK CHERRY) 10 MG SUBLINGUAL TABLET
- SAPHRIS (BLACK CHERRY) 2.5 MG SUBLINGUAL TABLET
- SAPHRIS (BLACK CHERRY) 5 MG SUBLINGUAL TABLET
- 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

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<b>Criteria</b>	PRIOR CLAIM FOR FORMULARY VERSIONS OF ANY TWO ORAL ANTIPSYCHOTICS: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE 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 OR ZIPRASIDONE) OR SSRI (CITALOPRAM, ESCITALOPRAM, FLUOXETINE, PAROXETINE OR SERTRALINE) OR SNRI (DESVENLAFAXINE, DULOXETINE OR VENLAFAXINE) WITHIN THE PAST 365 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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<b>Criteria</b>	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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# 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 MG/ML (3 ML) SUBCUTANEOUS  
SUBCUTANEOUS INSULIN PEN INSULIN PEN
- XULTOPHY 100/3.6 100 UNIT-3.6

## Details

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Criteria	PRIOR CLAIM FOR 2 OF THE FOLLOWING (ONE FROM EACH GROUP): A) VICTOZA, LANTUS, TOUJEO, OR OZEMPIC AND B) METFORMIN, METFORMIN ER, SULFONYLUREA AGENT (GLYBURIDE, GLIPIZIDE, GLIMEPIRIDE, TOLAZAMIDE), COMBO SULFONYLUREA-METFORMIN , PIOGLITAZONE, PIOGLITAZONE-METFORMIN, OR PIOGLITAZONE-GLIMEPIRIDE IN PAST 365 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 ANTIHISTAMINES - 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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# 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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## INDEX

ALREX 0.2 % EYE		FYCOMPA 0.5 MG/ML ORAL	
DROPS,SUSPENSION.....	14	SUSPENSION.....	2
APTIOM 200 MG TABLET.....	2	FYCOMPA 10 MG TABLET.....	2
APTIOM 400 MG TABLET.....	2	FYCOMPA 12 MG TABLET.....	2
APTIOM 600 MG TABLET.....	2	FYCOMPA 2 MG TABLET.....	2
APTIOM 800 MG TABLET.....	2	FYCOMPA 4 MG TABLET.....	2
<i>aripiprazole 10 mg disintegrating tablet.....</i>	<i>7</i>	FYCOMPA 6 MG TABLET.....	2
<i>aripiprazole 15 mg disintegrating tablet.....</i>	<i>7</i>	FYCOMPA 8 MG TABLET.....	2
BANZEL 200 MG TABLET.....	2	GLYXAMBI 10 MG-5 MG TABLET.....	5
BANZEL 40 MG/ML ORAL		GLYXAMBI 25 MG-5 MG TABLET.....	5
SUSPENSION.....	2	INVOKAMET 150 MG-1,000 MG	
BANZEL 400 MG TABLET.....	2	TABLET.....	5
<i>clozapine 100 mg disintegrating tablet.....</i>	<i>7</i>	INVOKAMET 150 MG-500 MG	
<i>clozapine 12.5 mg disintegrating tablet.....</i>	<i>7</i>	TABLET.....	5
<i>clozapine 150 mg disintegrating tablet.....</i>	<i>7</i>	INVOKAMET 50 MG-1,000 MG	
<i>clozapine 200 mg disintegrating tablet.....</i>	<i>7</i>	TABLET.....	5
<i>clozapine 25 mg disintegrating tablet.....</i>	<i>7</i>	INVOKAMET 50 MG-500 MG	
CYCLOPHOSPHAMIDE 25 MG		TABLET.....	5
CAPSULE.....	9	INVOKAMET XR 150 MG-1,000 MG	
CYCLOPHOSPHAMIDE 50 MG		TABLET, EXTENDED RELEASE.....	5
CAPSULE.....	9	INVOKAMET XR 150 MG-500 MG	
DIFICID 200 MG TABLET.....	11	TABLET, EXTENDED RELEASE.....	5
DIPENTUM 250 MG CAPSULE.....	6	INVOKAMET XR 50 MG-1,000 MG	
FANAPT 1 MG TABLET.....	7	TABLET, EXTENDED RELEASE.....	5
FANAPT 10 MG TABLET.....	7	INVOKAMET XR 50 MG-500 MG	
FANAPT 12 MG TABLET.....	7	TABLET, EXTENDED RELEASE.....	5
FANAPT 1MG(2)-2 MG(2)-4MG(2)-6		INVOKANA 100 MG TABLET.....	5
MG(2) TABLETS IN A DOSE PACK.....	7	INVOKANA 300 MG TABLET.....	5
FANAPT 2 MG TABLET.....	7	JARDIANCE 10 MG TABLET.....	5
FANAPT 4 MG TABLET.....	7	JARDIANCE 25 MG TABLET.....	5
FANAPT 6 MG TABLET.....	7	<i>methotrexate sodium 2.5 mg tablet.....</i>	<i>9</i>
FANAPT 8 MG TABLET.....	7	OSMOLEX ER 129 MG TABLET,	
FETZIMA 120 MG		EXTENDED RELEASE.....	1
CAPSULE,EXTENDED RELEASE.....	4	OSMOLEX ER 193 MG TABLET,	
FETZIMA 20 MG (2)-40 MG (26)		EXTENDED RELEASE.....	1
CAPSULE,EXTENDED RELEASE,24		OSMOLEX ER 258 MG TABLET,	
HR,DOSE PACK.....	4	EXTENDED RELEASE.....	1
FETZIMA 20 MG		OXTELLAR XR 150 MG	
CAPSULE,EXTENDED RELEASE.....	4	TABLET,EXTENDED RELEASE.....	2
FETZIMA 40 MG		OXTELLAR XR 300 MG	
CAPSULE,EXTENDED RELEASE.....	4	TABLET,EXTENDED RELEASE.....	2
FETZIMA 80 MG		OXTELLAR XR 600 MG	
CAPSULE,EXTENDED RELEASE.....	4	TABLET,EXTENDED RELEASE.....	2
		PRADAXA 110 MG CAPSULE.....	13

PRADAXA 150 MG CAPSULE.....	13	TEKTURNA HCT 150 MG-25 MG	
PRADAXA 75 MG CAPSULE.....	13	TABLET.....	15
REXULTI 0.25 MG TABLET.....	8	TEKTURNA HCT 300 MG-12.5 MG	
REXULTI 0.5 MG TABLET.....	8	TABLET.....	15
REXULTI 1 MG TABLET.....	8	TEKTURNA HCT 300 MG-25 MG	
REXULTI 2 MG TABLET.....	8	TABLET.....	15
REXULTI 3 MG TABLET.....	8	TRINTELLIX 10 MG TABLET.....	3
REXULTI 4 MG TABLET.....	8	TRINTELLIX 20 MG TABLET.....	3
SAPHRIS (BLACK CHERRY) 10 MG		TRINTELLIX 5 MG TABLET.....	3
SUBLINGUAL TABLET.....	7	TROKENDI XR 200 MG CAPSULE,	
SAPHRIS (BLACK CHERRY) 2.5 MG		EXTENDED RELEASE.....	2
SUBLINGUAL TABLET.....	7	VERSACLOZ 50 MG/ML ORAL	
SAPHRIS (BLACK CHERRY) 5 MG		SUSPENSION.....	7
SUBLINGUAL TABLET.....	7	VIBERZI 100 MG TABLET.....	10
SOLIQUA 100/33 100 UNIT-33		VIBERZI 75 MG TABLET.....	10
MCG/ML SUBCUTANEOUS		VIIBRYD 10 MG (7)-20 MG (23)	
INSULIN PEN.....	12	TABLETS IN A DOSE PACK.....	3
SPRITAM 1,000 MG TABLET FOR		VIIBRYD 10 MG TABLET.....	3
ORAL SUSPENSION.....	16	VIIBRYD 20 MG TABLET.....	3
SPRITAM 250 MG TABLET FOR		VIIBRYD 40 MG TABLET.....	3
ORAL SUSPENSION.....	16	VIMPAT 10 MG/ML ORAL	
SPRITAM 500 MG TABLET FOR		SOLUTION.....	2
ORAL SUSPENSION.....	16	VIMPAT 100 MG TABLET.....	2
SPRITAM 750 MG TABLET FOR		VIMPAT 150 MG TABLET.....	2
ORAL SUSPENSION.....	16	VIMPAT 200 MG TABLET.....	2
SYNJARDY 12.5 MG-1,000 MG		VIMPAT 200 MG/20 ML	
TABLET.....	5	INTRAVENOUS SOLUTION.....	2
SYNJARDY 12.5 MG-500 MG		VIMPAT 50 MG TABLET.....	2
TABLET.....	5	VRAYLAR 1.5 MG (1)-3 MG (6)	
SYNJARDY 5 MG-1,000 MG		CAPSULES IN A DOSE PACK.....	7
TABLET.....	5	VRAYLAR 1.5 MG CAPSULE.....	7
SYNJARDY 5 MG-500 MG TABLET....	5	VRAYLAR 3 MG CAPSULE.....	7
SYNJARDY XR 10 MG-1,000 MG		VRAYLAR 4.5 MG CAPSULE.....	7
TABLET, EXTENDED RELEASE.....	5	VRAYLAR 6 MG CAPSULE.....	7
SYNJARDY XR 12.5 MG-1,000 MG		XATMEP 2.5 MG/ML ORAL	
TABLET, EXTENDED RELEASE.....	5	SOLUTION.....	9
SYNJARDY XR 25 MG-1,000 MG		XULTOPHY 100/3.6 100 UNIT-3.6	
TABLET, EXTENDED RELEASE.....	5	MG/ML (3 ML) SUBCUTANEOUS	
SYNJARDY XR 5 MG-1,000 MG		INSULIN PEN.....	12
TABLET, EXTENDED RELEASE.....	5		
TEKTURNA 150 MG TABLET.....	15		
TEKTURNA 300 MG TABLET.....	15		
TEKTURNA HCT 150 MG-12.5 MG			
TABLET.....	15		