AMANTADINE ER

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

<table>
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<tr>
<th>Criteria</th>
<th>PRIOR CLAIM FOR AMANTADINE HCL IMMEDIATE RELEASE WITHIN THE PAST 120 DAYS.</th>
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Date last updated: 01/24/2020
AMLODIPINE ORAL SUSPENSION

Products Affected
Step 2:
- KATERZIA 1 MG/ML ORAL SUSPENSION

Details

<table>
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<tr>
<th>Criteria</th>
<th>PRIOR CLAIM FOR GENERIC AMLODIPINE TABLETS WITHIN THE PAST 120 DAYS.</th>
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Date last updated: 01/24/2020
ANTIDEPRESSANTS

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

| Criteria | PRIOR CLAIM FOR TRINTELLIX AND VIIBRYD WITHIN THE PAST 365 DAYS. |

Date last updated: 01/24/2020
## ANTIDIABETIC AGENTS - MISCELLANEOUS

### 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
- JARDIANE 10 MG TABLET
- JARDIANE 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
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### Details

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<tr>
<td>PRIOR CLAIM FOR METFORMIN, METFORMIN ER, A SULFONYLUREA AGENT (GLYBURIDE, GLIPIZIDE, GLIMEPIRIDE), PIOGLITAZONE, OR COMBINATION OF A SULFONYLUREA-METFORMIN WITHIN THE PAST 120 DAYS.</td>
<td></td>
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# ANTI-INFLAMMATORY AGENTS - GI

## Products Affected

**Step 2:**
- DIPENTUM 250 MG CAPSULE

## Details

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

Date last updated: 01/24/2020
# ANTIPSYCHOTIC AGENTS

## 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 10 MG SUBLINGUAL TABLET
- SAPHRIS 2.5 MG SUBLINGUAL TABLET
- SAPHRIS 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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<tr>
<th>Criteria</th>
<th>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.</th>
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Date last updated: 01/24/2020
ANTIPSYCHOTIC AGENTS II

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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<td>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</td>
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ANTIULCER AGENTS

Products Affected

Step 2:
- DEXILANT 30 MG CAPSULE, DELAYED RELEASE
- DEXILANT 60 MG CAPSULE, DELAYED RELEASE
- omeprazole 20 mg-sodium bicarbonate 1.1 gram capsule
- omeprazole 40 mg-sodium bicarbonate 1.1 gram capsule
- rabeprazole 20 mg tablet, delayed release

Details

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

## 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

| 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. |
DPP-4 INHIBITORS

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

| Criteria | PRIOR CLAIM FOR JANUMET, JANUMET XR OR JANUVIA WITHIN THE PAST 120 DAYS |

Date last updated: 01/24/2020
ELUXADOLINE

Products Affected
Step 2:
• VIBERZI 100 MG TABLET
• VIBERZI 75 MG TABLET

Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>PRIOR CLAIM FOR DICYCLOMINE AND XIFAXAN 550MG WITHIN THE PAST 365 DAYS.</th>
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Date last updated: 01/24/2020
ENALAPRIL ORAL SOLUTION

Products Affected

Step 2:
- EPANED 1 MG/ML ORAL SOLUTION

Details

<table>
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<tr>
<th>Criteria</th>
<th>PRIOR CLAIM FOR GENERIC ENALAPRIL ORAL WITHIN THE PAST 120 DAYS.</th>
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FIDAXOMICIN

Products Affected
Step 2:
- DIFICID 200 MG TABLET

Details

<table>
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<tr>
<th>Criteria</th>
<th>PRIOR CLAIM FOR ORAL VANCOMYCIN IN THE PAST 120 DAYS.</th>
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Date last updated: 01/24/2020
GABAPENTIN SR

Products Affected

Step 2:

- GRALISE 300 MG TABLET, EXTENDED RELEASE
- GRALISE 30-DAY STARTER PACK 300 MG (9)-600 MG (69) TABLET, EXT. RELEASE
- GRALISE 600 MG TABLET, EXTENDED RELEASE

Details

<table>
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<tr>
<th>Criteria</th>
<th>Prior Claim for Gabapentin Immediate Release Within the Past 120 Days.</th>
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Date last updated: 01/24/2020
INSULIN/GLP-1 ANALOG

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

<table>
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<tr>
<td>PRIOR CLAIM FOR 2 OF THE FOLLOWING (ONE FROM EACH GROUP): A) LANTUS, LANTUS SOLOSTAR, OZEMPIC, TRESIBA, TRESIBA FLEXTOUCH, TOUJE MAX SOLOSTAR, TOUJE SOLOSTAR OR VICTOZA AND B) METFORMIN, METFORMIN ER, SULFONYLUREA AGENT (GLYBURIDE, GLIPIZIDE, GLIMEPIRIDE), COMBO SULFONYLUREA- METFORMIN, OR PIOGLITAZONE IN PAST 365 DAYS.</td>
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# LISINOPRIL ORAL SOLUTION

## Products Affected

**Step 2:**
- QBRELIS 1 MG/ML ORAL SOLUTION

## Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>PRIOR CLAIM FOR GENERIC LISINOPRIL WITHIN THE PAST 120 DAYS.</th>
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Date last updated: 01/24/2020
NASAL CORTICOSTEROIDS II

Products Affected
Step 2:
- XHANCE 93 MCG/ACTUATION BREATH ACTIVATED AEROSOL

Details

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

Products Affected
Step 2:
- PRADAXA 110 MG CAPSULE
- PRADAXA 150 MG CAPSULE
- PRADAXA 75 MG CAPSULE

Details

<table>
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<tr>
<th>Criteria</th>
<th>PRIOR CLAIM FOR ELIQUIS AND XARELTO IN THE PAST 365 DAYS.</th>
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</thead>
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Date last updated: 01/24/2020
# Ophthalmic Allergy - NO OTC

## Products Affected

### Step 2:
- ALREX 0.2 % EYE DROPS, SUSPENSION
- BEPREVE 1.5 % EYE DROPS

## Details

<table>
<thead>
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<th>Criteria</th>
<th>Details</th>
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<tbody>
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<td>PRIOR CLAIM FOR FEDERAL LEGEND LEVOCETIRIZINE, CROMOLYN SODIUM, EPINASTINE, OR FORMULARY OLOPATADINE EYE DROPS WITHIN THE PAST 120 DAYS.</td>
<td></td>
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</tbody>
</table>
### OPHTHALMIC PROSTAGLANDINS

**Products Affected**

**Step 2:**
- ROCKLATAN 0.02 %–0.005 % EYE DROPS
- XELPROS 0.005 % EYE DROP EMULSION

**Details**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>PRIOR CLAIM FOR FORMULARY VERSION OF LATANOPROST (GENERIC XALATAN OR XALATAN) AND ONE OF THE FOLLOWING: LUMIGAN 0.01%, TRAVATAN Z, ALPHAGAN P 0.1%, COMBIGAN, SIMBRINZA OR AZOPT WITHIN THE PAST 365 DAYS.</th>
</tr>
</thead>
</table>
RENIN ANGIOTENSIN SYSTEM INHIBITORS

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

| Criteria | 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. |

Date last updated: 01/24/2020
# ROSUVASTATIN SPRINKLE

## Products Affected
### Step 2:
- EZALLOR SPRINKLE 10 MG CAPSULE
- EZALLOR SPRINKLE 20 MG CAPSULE
- EZALLOR SPRINKLE 40 MG CAPSULE
- EZALLOR SPRINKLE 5 MG CAPSULE

## Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>PRIOR CLAIM FOR GENERIC ROSUVASTATIN TABLET IN THE PAST 120 DAYS.</th>
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</table>
**SIMVASTATIN ORAL SUSPENSION**

**Products Affected**

Step 2:
- FLOLIPID 20 MG/5 ML (4 MG/ML) ORAL SUSPENSION
- FLOLIPID 40 MG/5 ML (8 MG/ML) ORAL SUSPENSION

**Details**

| Criteria | PRIOR CLAIM FOR GENERIC SIMVASTATIN ORAL TABLETS WITHIN THE PAST 120 DAYS. |

Date last updated: 01/24/2020
SPIRONOLACTONE ORAL SUSPENSION

Products Affected
Step 2:
- CAROSPIR 25 MG/5 ML ORAL SUSPENSION

Details

| Criteria | PRIOR CLAIM FOR GENERIC SPIRONOLACTONE WITHIN THE PAST 120 DAYS. |

Date last updated: 01/24/2020
SPRITAM

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

<table>
<thead>
<tr>
<th>Criteria</th>
<th>PRIOR CLAIM FOR LEVETIRACETAM SOLUTION IN THE PAST 120 DAYS</th>
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</thead>
</table>

Date last updated: 01/24/2020
# TACROLIMUS PACKETS

## Products Affected

**Step 2:**

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

## Details

<table>
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<tr>
<th>Criteria</th>
<th>PRIOR CLAIM FOR FORMULARY VERSION OF TACROLIMUS CAPSULES WITHIN THE PAST 120 DAYS</th>
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