ANTICONVULSANTS

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
- Gabitril 12 mg tablet
- Gabitril 16 mg tablet
- Oxtellar XR 150 mg tablet,extended release
- Oxtellar XR 300 mg tablet,extended release
- Oxtellar XR 600 mg tablet,extended release
- Potiga 200 mg tablet
- Potiga 300 mg tablet
- Potiga 400 mg tablet
- Potiga 50 mg tablet
- Trokendi XR 100 mg capsule, extended release
- Trokendi XR 200 mg capsule, extended release
- Trokendi XR 25 mg capsule,extended release
- Trokendi XR 50 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

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

ANTIDEPRESSANTS

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

Criteria	PRIOR CLAIM FOR PAROXETINE, FLUOXETINE, SERTRALINE, DULOXETINE, CITALOPRAM, MIRTAZAPINE, ESCITALOPRAM, OR BUPROPION (IR, SR, XL) WITHIN THE PAST 120 DAYS.

ANTIDEPRESSANTS II

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.

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
- 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

Criteria	PRIOR CLAIM FOR METFORMIN, METFORMIN ER, A SULFONYLUREA AGENT (GLYBURIDE, GLIPIZIDE, GLIMEPIRIDE, TOLAZAMIDE, TOLBUTAMIDE), PIOGLITAZONE, COMBINATION OF A SULFONYLUREA-METFORMIN, PIOGLITAZONE-METFORMIN, OR PIOGLITAZONE-GLIMEPIRIDE WITHIN THE PAST 120 DAYS.

ANTI-INFLAMMATORY AGENTS - GI

Products Affected

Step 2:

- Dipentum 250 mg capsule

Details

Criteria	PRIOR CLAIM FOR ANY 1 OF THE FOLLOWING: BALSALAZIDE, APRISO, DELZICOL, LIALDA, OR MESALAMINE DR 800 MG TAB WITHIN THE PAST 120 DAYS.

ANTIPSYCHOTIC AGENTS

Products Affected

Step 2:

- 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

Criteria	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.

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

Criteria	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

B VERSUS D ADMINISTRATIVE STEP

Products Affected

Step 2:

- cyclophosphamide 25 mg capsule
- cyclophosphamide 50 mg capsule
- methotrexate sodium 2.5 mg tablet
- Trexall 10 mg tablet
- Trexall 15 mg tablet
- Trexall 5 mg tablet
- Trexall 7.5 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.

ELUXADOLINE

Products Affected

Step 2:

- Viberzi 100 mg tablet
- Viberzi 75 mg tablet

Details

Criteria	PRIOR CLAIM FOR DICYCLOMINE AND XIFAXAN 550MG WITHIN THE PAST 365 DAYS.

FIDAXOMICIN

Products Affected

Step 2:

- Dificid 200 mg tablet

Details

Criteria	PRIOR CLAIM FOR 2 OF THE FOLLOWING (ONE FROM EACH GROUP): A) ORAL METRONIDAZOLE TABLETS AND B) VANCOMYCIN CAPSULES IN PAST 365 DAYS.

INSULIN/GLP-1 ANALOG

Products Affected

Step 2:

- 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) VICTOZA, LANTUS, OR TOUJEO AND B) METFORMIN, METFORMIN ER, SULFONYLUREA AGENT (GLYBURIDE, GLIPIZIDE, GLIMEPIRIDE), COMBO SULFONYLUREA- METFORMIN , PIOGLITAZONE, PIOGLITAZONE-METFORMIN, OR PIOGLITAZONE-GLIMEPIRIDE IN PAST 365 DAYS.

LESINURAD

Products Affected

Step 2:

- Zurampic 200 mg tablet

Details

Criteria	PRIOR CLAIM FOR ULORIC OR ALLOPURINOL TABLETS WITHIN THE PAST 120 DAYS.

NOVEL ORAL ANTICOAGULANTS

Products Affected

Step 2:

- Pradaxa 110 mg capsule
- Pradaxa 150 mg capsule
- Pradaxa 75 mg capsule

Details

Criteria	PRIOR CLAIM FOR ELIQUIS AND XARELTO IN THE PAST 365 DAYS.

OPHTHALMIC ANTIHISTAMINES - NO OTC

Products Affected

Step 2:

- Alrex 0.2 % eye drops,suspension

Details

Criteria	PRIOR CLAIM FOR FEDERAL LEGEND LEVOCETIRIZINE , CROMOLYN SODIUM, EPINASTINE, OR FORMULARY OLOPATADINE EYE DROPS WITHIN THE PAST 120 DAYS.

RENIN ANGIOTENSIN SYSTEM INHIBITORS

Products Affected

Step 2:

- Tekamlo 150 mg-10 mg tablet
- Tekamlo 150 mg-5 mg tablet
- Tekamlo 300 mg-10 mg tablet
- Tekamlo 300 mg-5 mg tablet
- Tekturna 150 mg tablet
- Tekturna 300 mg tablet
- 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), OR ACE INHIBITOR COMBINATION OR A GENERIC ANGIOTENSIN RECEPTOR BLOCKER (ARB), OR GENERIC ARB COMBINATION WITHIN THE PAST 120 DAYS.

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

Criteria	PRIOR CLAIM FOR LEVETIRACETAM SOLUTION IN THE PAST 120 DAYS

ZARXIO

Products Affected

Step 2:

- Zarxio 300 mcg/0.5 mL injection syringe
- Zarxio 480 mcg/0.8 mL injection syringe

Details

Criteria	PRIOR CLAIM FOR NEUPOGEN WITHIN THE PAST 120 DAYS.

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