

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

Details

Criteria	PRIOR CLAIM FOR AMANTADINE HCL IMMEDIATE RELEASE WITHIN THE PAST 120 DAYS.
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AMLODIPINE ORAL SUSPENSION

Products Affected

Step 2:

- KATERZIA 1 MG/ML ORAL SUSPENSION

Details

Criteria	PRIOR CLAIM FOR GENERIC AMLODIPINE TABLETS WITHIN THE PAST 120 DAYS.
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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.
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ANTIGOUT AGENTS

Products Affected

Step 2:

- *febuxostat 40 mg tablet*
- *febuxostat 80 mg tablet*

Details

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

Products Affected

Step 2:

- *aripiprazole 10 mg disintegrating tablet*
- *aripiprazole 15 mg disintegrating tablet*
- *asenapine 10 mg sublingual tablet*
- *asenapine 2.5 mg sublingual tablet*
- *asenapine 5 mg sublingual 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
- 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

Criteria	PRIOR CLAIM FOR LATUDA AND ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE WITHIN THE PAST 365 DAYS
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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 LATUDA AND ONE FORMULARY ORAL 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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ANTIULCER AGENTS

Products Affected

Step 2:

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

Details

Criteria	PRIOR CLAIM FOR GENERIC FEDERAL LEGEND FORMULARY VERSION OF ORAL LANSOPRAZOLE CAPSULES, ESOMEPRAZOLE MAG, RABEPRAZOLE, OMEPRAZOLE, OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS.
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B VERSUS D ADMINISTRATIVE STEP

Products Affected

Step 2:

- CYCLOPHOSPHAMIDE 25 MG CAPSULE
- *cyclophosphamide 25 mg tablet*
- CYCLOPHOSPHAMIDE 50 MG CAPSULE
- *cyclophosphamide 50 mg tablet*
- *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.
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DULOXETINE SPRINKLE

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

Criteria	PRIOR CLAIM FOR FORMULARY GENERIC DULOXETINE CAPSULE WITHIN THE PAST 120 DAYS.
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ENALAPRIL ORAL SOLUTION

Products Affected

Step 2:

- *enalapril maleate 1 mg/ml oral solution*
- EPANED 1 MG/ML ORAL SOLUTION

Details

Criteria	PRIOR CLAIM FOR GENERIC ENALAPRIL ORAL WITHIN THE PAST 120 DAYS.
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LISINOPRIL ORAL SOLUTION

Products Affected

Step 2:

- QBRELIS 1 MG/ML ORAL SOLUTION

Details

Criteria	PRIOR CLAIM FOR GENERIC LISINOPRIL WITHIN THE PAST 120 DAYS.
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MEMANTINE - DONEPEZIL

Products Affected

Step 2:

- NAMZARIC 14 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE
- NAMZARIC 21 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE
- NAMZARIC 28 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE
- NAMZARIC 7 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE
- NAMZARIC 7/14/21/28 MG-10 MG CAPSULE,SPRINKLE,EXTEND RELEASE,DOSE PACK

Details

Criteria	PRIOR CLAIM FOR GENERIC DONEPEZIL AND MEMANTINE IR IN THE PAST 365 DAYS
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MEMANTINE ER

Products Affected

Step 2:

- *memantine 14 mg capsule sprinkle, extended release 24hr*
- *memantine 21 mg capsule sprinkle, extended release 24hr*
- *memantine 28 mg capsule sprinkle, extended release 24hr*
- *memantine 7 mg capsule sprinkle, extended release 24hr*

Details

Criteria	PRIOR CLAIM FOR FORMULARY VERSION OF MEMANTINE IR WITHIN THE PAST 120 DAYS
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NASAL CORTICOSTEROIDS II

Products Affected

Step 2:

- XHANCE 93 MCG/ACTUATION
BREATH ACTIVATED AEROSOL

Details

Criteria	PRIOR CLAIM FOR A FEDERAL LEGEND FORMULARY VERSION OF MOMETASONE NASAL SPRAY WITHIN THE PAST 120 DAYS
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OPHTHALMIC ALLERGY - OTC

Products Affected

Step 2:

- ALREX 0.2 % EYE DROPS,SUSPENSION
- *bepotastine besilate 1.5 % eye drops*

Details

Criteria	PRIOR CLAIM FOR ONE OF THE FOLLOWING: OTC LORATADINE, OTC LORATADINE D, OTC CETIRIZINE, OTC CETIRIZINE D, OTC FEXOFENADINE, OTC FEXOFENADINE D, OTC LEVOCETIRIZINE, OTC OLOPATADINE, OTC GENERIC KETOTIFEN EYE DROPS 0.025%, LEVOCETIRIZINE, CROMOLYN SODIUM, EPINASTINE, OR FORMULARY OLOPATADINE EYE DROPS WITHIN THE PAST 120 DAYS.
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OPHTHALMIC PROSTAGLANDINS

Products Affected

Step 2:

- XELPROS 0.005 % EYE DROP EMULSION

Details

Criteria	PRIOR CLAIM FOR FORMULARY VERSION OF LATANOPROST (GENERIC XALATAN) OR TRAVOPROST AND ONE OF THE FOLLOWING: ALPHAGAN P 0.1%, FORMULARY VERSION OF BRINZOLAMIDE (AZOPT), COMBIGAN, LUMIGAN 0.01%, SIMBRINZA OR ROCKLATAN WITHIN THE PAST 365 DAYS.
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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

Criteria	PRIOR CLAIM FOR FORMULARY VERSION OF ROSUVASTATIN TABLET IN THE PAST 120 DAYS.
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SELEGILINE PATCH

Products Affected

Step 2:

- EMSAM 12 MG/24 HR TRANSDERMAL 24 HOUR PATCH
- EMSAM 6 MG/24 HR TRANSDERMAL 24 HOUR PATCH
- EMSAM 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH

Details

Criteria	PRIOR CLAIM OF FORMULARY ORAL VERSION OF SSRI (CITALOPRAM, ESCITALOPRAM, FLUOXETINE, PAROXETINE OR SERTRALINE), SNRI (DESVENLAFAXINE, DULOXETINE OR VENLAFAXINE), MIRTAZAPINE, OR BUPROPION IR/SR/XL IN THE PAST 120 DAYS
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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.
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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 GENERIC LEVETIRACETAM SOLUTION IN THE PAST 120 DAYS
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TACROLIMUS PACKETS

Products Affected

Step 2:

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

Details

Criteria	PRIOR CLAIM FOR FORMULARY VERSION OF TACROLIMUS IR CAPSULES WITHIN THE PAST 120 DAYS
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2022 Chinese Community Health Plan Senior Select Program (HMO D-SNP)

Step Therapy Criteria
Updated 10/2021

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