

## **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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## ANTIGOUT AGENTS

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### Products Affected

**Step 2:**

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

### Details

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|-----------------|--|
| <b>Criteria</b> | PRIOR CLAIM FOR FORMULARY VERSION OF ALLOPURINOL TABLETS 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 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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## ANTIULCER AGENTS

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### Products Affected

#### Step 2:

- *esomeprazole magnesium dr 10 mg granules delayed release for susp*
- *esomeprazole magnesium dr 20 mg granules delayed release for susp*
- *esomeprazole magnesium dr 40 mg granules delayed release for susp*

### Details

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|                 |   |
|-----------------|---|
| <b>Criteria</b> | PRIOR CLAIM FOR GENERIC FEDERAL LEGEND FORMULARY VERSION OF ORAL LANSOPRAZOLE CAPSULES, ESOMEPRAZOLE MAG CAPSULES, RABEPRAZOLE, OMEPRAZOLE, OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS. |
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## ARIPIPRAZOLE ODT

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### Products Affected

**Step 2:**

- *aripiprazole 10 mg disintegrating tablet*
- *aripiprazole 15 mg disintegrating tablet*

### Details

|                 |  |
|-----------------|--|
| <b>Criteria</b> | PRIOR CLAIM FOR ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE, LURASIDONE WITHIN THE PAST 120 DAYS. |
|-----------------|--|

## ASENAPINE PATCH

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### Products Affected

#### Step 2:

- 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

### Details

|                 |   |
|-----------------|---|
| <b>Criteria</b> | CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS:<br>LURASIDONE, RISPERIDONE, CLOZAPINE TAB, OLANZAPINE,<br>IR QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE,<br>ASENAPINE, PALIPERIDONE WITHIN PAST 365 DAYS |
|-----------------|---|

## B VERSUS D ADMINISTRATIVE STEP

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### 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

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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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# BREXPIPRAZOLE

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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

|                 |   |
|-----------------|---|
| <b>Criteria</b> | CLAIM FOR 2 FORMULARY ORAL GENERIC VERSION:<br>LURASIDONE, RISPERIDONE, OLANZAPINE, QUETIAPINE,<br>ARIPIPRAZOLE, ZIPRASIDONE IN PAST 365 DAYS |
|-----------------|---|



## CARIPRAZINE

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### Products Affected

#### Step 2:

- 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> | CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE WITHIN THE PAST 365 DAYS |
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## CENOBAMATE

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### Products Affected

#### Step 2:

- XCOPRI 100 MG TABLET
- XCOPRI 150 MG TABLET
- XCOPRI 200 MG TABLET
- XCOPRI 50 MG TABLET
- XCOPRI MAINTENANCE PACK 250MG/DAY (150 MG X 1 AND 100 MG X 1) TABLETS
- XCOPRI MAINTENANCE PACK 350 MG/DAY (200 MG X 1 AND 150 MG X 1) TABLETS
- XCOPRI TITRATION PACK 12.5 MG (14)-25 MG (14) TABLETS IN A DOSE PACK
- XCOPRI TITRATION PACK 150 MG (14)-200 MG (14) TABLETS IN A DOSE PACK
- XCOPRI TITRATION PACK 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK

### Details

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

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## CLOZAPINE

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### 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*
- VERSACLOZ 50 MG/ML ORAL SUSPENSION

### Details

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| Criteria |   |
|----------|---|
|          | PRIOR CLAIM FOR LURASIDONE AND ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE WITHIN THE PAST 365 DAYS. |

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## DEXTROMETHORPHAN HBR/BUPROPION

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### Products Affected

**Step 2:**

- AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE

### Details

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|                 |  |
|-----------------|--|
| <b>Criteria</b> | PRIOR CLAIM FOR TRINTELLIX AND ONE GENERIC ANTIDEPRESSANT (CITALOPRAM, ESCITALOPRAM, FLUOXETINE, PAROXETINE, SERTRALINE, DESVENLAFAXINE, DULOXETINE, VENLAFAXINE, MIRTAZAPINE, BUPROPION IR/SR/XL, OR VILAZODONE) WITHIN THE PAST 365 DAYS |
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## DIHYDROERGOTAMINE MESYLATE

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### Products Affected

#### Step 2:

- *dihydroergotamine 0.5 mg/pump act. (4 mg/ml) nasal spray*

### Details

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|                 |  |
|-----------------|--|
| <b>Criteria</b> | PRIOR CLAIM FOR 2 FORMULARY GENERIC TRIPTANS (e.g. SUMATRIPTAN and RIZATRIPTAN) WITHIN THE PAST 365 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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## EPRONTIA

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### Products Affected

**Step 2:**

- EPRONTIA 25 MG/ML ORAL SOLUTION

### Details

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|                 |  |
|-----------------|--|
| <b>Criteria</b> | PRIOR CLAIM FOR GENERIC TOPIRAMATE IMMEDIATE RELEASE (IR) OR EXTENDED RELEASE (ER) WITHIN THE PAST 120 DAYS. |
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## ESLICARBAZEPINE ACETATE

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### Products Affected

#### Step 2:

- APTIOM 200 MG TABLET
- APTIOM 400 MG TABLET
- APTIOM 600 MG TABLET
- APTIOM 800 MG TABLET

### Details

|                 |  |
|-----------------|--|
| <b>Criteria</b> | PRIOR CLAIM FOR 2 GENERIC ANTICONVULSANT AGENTS (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE OR LACOSAMIDE), WITHIN THE PAST 365 DAYS. |
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## FIBRATES

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### Products Affected

**Step 2:**

- *omega-3 acid ethyl esters 1 gram capsule*

### Details

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|                 |   |
|-----------------|---|
| <b>Criteria</b> | PRIOR CLAIM FOR GENERIC FENOFIBRATE IN THE LAST 120 DAY |
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# ILOPERIDONE

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## Products Affected

### Step 2:

- 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

## Details

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|                 |  |
|-----------------|--|
| <b>Criteria</b> | CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, CLOZAPINE TAB, OLANZAPINE, IR QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIRAZOLE, ASENAPINE, PALIPERIDONE WITHIN THE PAST 365 DAYS. |
|-----------------|--|

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## KETOCONAZOLE TOPICAL

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### Products Affected

**Step 2:**

- *ketoconazole 2 % topical foam*

### Details

|                 |  |
|-----------------|--|
| <b>Criteria</b> | PRIOR CLAIM OF FORMULARY VERSION KETOCONAZOLE CREAM IN THE PAST 120 DAYS |
|-----------------|--|

## LEVOMILNACIPRAN

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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 1 GENERIC ANTIDEPRESSANT: BUPROPION, CITALOPRAM, ESCITALOPRAM, FLUOXETINE, MIRTAZAPINE, PAROXETINE, SERTRALINE, VENLAFAXINE, or VILAZODONE IN THE PAST 365 DAYS |

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## LUMATEPERONE TOSYLATE

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### Products Affected

#### Step 2:

- CAPLYTA 10.5 MG CAPSULE
- CAPLYTA 21 MG CAPSULE
- CAPLYTA 42 MG CAPSULE

### Details

|                 |   |
|-----------------|---|
| <b>Criteria</b> | CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS:<br>LURASIDONE, RISPERIDONE, OLANZAPINE, IMMEDIATE<br>RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE,<br>ARIPIPRAZOLE, ASENAPINE WITHIN THE PAST 365 DAYS |
|-----------------|---|

## MEMANTINE ER

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### 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

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|                 |  |
|-----------------|--|
| <b>Criteria</b> | PRIOR CLAIM FOR FORMULARY VERSION OF MEMANTINE IR WITHIN THE PAST 120 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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## **NICOTINE OTC**

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### **Products Affected**

**Step 2:**

- NICOTROL 10 MG INHALATION CARTRIDGE

### **Details**

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|                 |  |
|-----------------|--|
| <b>Criteria</b> | PRIOR CLAIMS FOR OTC NICOTINE GUM OR LOZENGE AND OTC NICOTINE PATCHES IN THE PAST 365 DAYS |
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## NOVEL ORAL ANTICOAGULANTS

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### Products Affected

**Step 2:**

- *dabigatran etexilate 150 mg capsule*
- *dabigatran etexilate 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 - 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 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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## PERAMPANEL

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### Products Affected

#### Step 2:

- 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

### Details

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|                 |  |
|-----------------|--|
| <b>Criteria</b> | PRIOR CLAIM FOR 2 GENERIC ANTICONVULSANT AGENTS (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE OR LACOSAMIDE), WITHIN THE PAST 365 DAYS. |
|-----------------|--|

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## RUFINAMIDE

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### Products Affected

#### Step 2:

- *rufinamide 200 mg tablet*
- *rufinamide 40 mg/ml oral suspension*
- *rufinamide 400 mg tablet*

### 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. |
|-----------------|--|

## SELEGILINE PATCH

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### 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

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| 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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## 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 GENERIC 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 IR CAPSULES WITHIN THE PAST 120 DAYS |
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## TENOFOVIR ALAFENAMIDE

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### Products Affected

**Step 2:**

- VEMLIDY 25 MG TABLET

### Details

|                 |  |
|-----------------|--|
| <b>Criteria</b> | TRIAL OF GENERIC TENOFOVIR DISOPROXIL FUMARATE<br>WITHIN THE PAST 120 DAYS |
|-----------------|--|



# 2024 Chinese Community Health Plan Senior Select Program (HMO D-SNP)

Step Therapy Criteria  
Updated 11/2023

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| cyclophosphamide 50 mg tablet .....           | 7  |

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|   |    |
|---|----|
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### E

|  |    |
|--|----|
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|--|----|

|   |    |
|---|----|
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## 2024 Chinese Community Health Plan Senior Select Program (HMO D-SNP)

Step Therapy Criteria  
Updated 11/2023

FYCOMPA 8 MG TABLET .....27

### K

ketoconazole 2 % topical foam..... 19

### M

memantine 14 mg capsule sprinkle,extended  
release 24hr.....22

memantine 21 mg capsule sprinkle,extended  
release 24hr.....22

memantine 28 mg capsule sprinkle,extended  
release 24hr.....22

memantine 7 mg capsule sprinkle,extended  
release 24hr.....22

methotrexate sodium 2.5 mg tablet ..... 7

### N

NICOTROL 10 MG INHALATION  
CARTRIDGE .....24

### O

omega-3 acid ethyl esters 1 gram capsule .17

OSMOLEX ER 129 MG TABLET,  
EXTENDED RELEASE ..... 1

OSMOLEX ER 193 MG TABLET,  
EXTENDED RELEASE ..... 1

OSMOLEX ER 258 MG TABLET,  
EXTENDED RELEASE ..... 1

OSMOLEX ER 322 MG/DAY (129 MG  
AND 193 MG) TABLET, EXTENDED  
RELEASE..... 1

### P

PROGRAF 0.2 MG ORAL GRANULES IN  
PACKET.....31

PROGRAF 1 MG ORAL GRANULES IN  
PACKET.....31

### R

REXULTI 0.25 MG TABLET .....8

REXULTI 0.5 MG TABLET .....8

REXULTI 1 MG TABLET .....8

REXULTI 2 MG TABLET .....8

REXULTI 3 MG TABLET .....8

REXULTI 4 MG TABLET .....8

rufinamide 200 mg tablet.....28

rufinamide 40 mg/ml oral suspension .....28

rufinamide 400 mg tablet.....28

### S

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

SPRITAM 1,000 MG TABLET FOR ORAL  
SUSPENSION .....30

SPRITAM 250 MG TABLET FOR ORAL  
SUSPENSION .....30

SPRITAM 500 MG TABLET FOR ORAL  
SUSPENSION .....30

SPRITAM 750 MG TABLET FOR ORAL  
SUSPENSION .....30

### V

VEMLIDY 25 MG TABLET .....32

VERSACLOZ 50 MG/ML ORAL  
SUSPENSION ..... 11

VRAYLAR 1.5 MG (1)-3 MG (6)  
CAPSULES IN A DOSE PACK.....9

VRAYLAR 1.5 MG CAPSULE.....9

VRAYLAR 3 MG CAPSULE.....9

VRAYLAR 4.5 MG CAPSULE.....9

VRAYLAR 6 MG CAPSULE.....9

### X

XATMEP 2.5 MG/ML ORAL SOLUTION7

XCOPRI 100 MG TABLET ..... 10

XCOPRI 150 MG TABLET..... 10

XCOPRI 200 MG TABLET..... 10

XCOPRI 50 MG TABLET..... 10

XCOPRI MAINTENANCE PACK  
250MG/DAY (150 MG X 1 AND 100

MG X 1) TABLETS ..... 10

XCOPRI MAINTENANCE PACK 350  
MG/DAY (200 MG X 1 AND 150 MG X

1) TABLETS ..... 10

XCOPRI TITRATION PACK 12.5 MG  
(14)-25 MG (14) TABLETS IN A DOSE

PACK ..... 10

XCOPRI TITRATION PACK 150 MG  
(14)-200 MG (14) TABLETS IN A

DOSE PACK ..... 10

**2024 Chinese Community Health Plan Senior Select Program (HMO D-SNP)**

Step Therapy Criteria  
*Updated 11/2023*

XCOPRI TITRATION PACK 50 MG (14)-  
100 MG (14) TABLETS IN A DOSE  
PACK .....10

XHANCE 93 MCG/ACTUATION  
BREATH ACTIVATED AEROSOL ....23