



**GOLD KIDNEY HEALTH PLAN**

# **Step Therapy Requirements 1/1/2024**

# 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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# AMLODIPINE ORAL SUSPENSION

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## Products Affected

### Step 2:

- KATERZIA 1 MG/ML ORAL SUSPENSION

## Details

<b>Criteria</b>	PRIOR CLAIM FOR GENERIC AMLODIPINE TABLETS 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

<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

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

## 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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# ARIPIPIRAZOLE 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, ARIPIPIRAZOLE, ASENAPINE, PALIPERIDONE, LURASIDONE WITHIN THE PAST 120 DAYS.
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# 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: LURASIDONE, RISPERIDONE, CLOZAPINE TAB, OLANZAPINE, IR QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE WITHIN 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 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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# BREXPIRAZOLE

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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>	CLAIM FOR 2 FORMULARY ORAL GENERIC VERSION: LURASIDONE, RISPERIDONE, OLANZAPINE, QUETIAPINE, ARIPIPRAZOLE, ZIPRASIDONE IN PAST 365 DAYS
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# 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

<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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# CENOAMATE

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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

<b>Criteria</b>	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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<b>Criteria</b>	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

<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

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

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## Products Affected

### Step 2:

- TRULICITY 0.75 MG/0.5 ML  
SUBCUTANEOUS PEN INJECTOR
- TRULICITY 1.5 MG/0.5 ML  
SUBCUTANEOUS PEN INJECTOR
- TRULICITY 3 MG/0.5 ML  
SUBCUTANEOUS PEN INJECTOR
- TRULICITY 4.5 MG/0.5 ML  
SUBCUTANEOUS PEN INJECTOR

## Details

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Criteria	ST Criteria: Pending CMS Approval
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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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# ENALAPRIL ORAL SOLUTION

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## Products Affected

### Step 2:

- *enalapril maleate 1 mg/ml oral solution*

## Details

<b>Criteria</b>	PRIOR CLAIM FOR GENERIC ENALAPRIL ORAL TABLETS 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

<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

<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, ARIPIPRAZOLE, 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
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# 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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<b>Criteria</b>	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: LURASIDONE, RISPERIDONE, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE WITHIN THE PAST 365 DAYS
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# MEMANTINE - DONEPEZIL

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## 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

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<b>Criteria</b>	PRIOR CLAIM FOR GENERIC DONEPEZIL AND MEMANTINE IR IN THE PAST 365 DAYS
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# 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

<b>Criteria</b>	PRIOR CLAIM FOR A FEDERAL LEGEND FORMULARY VERSION OF MOMETASONE NASAL SPRAY WITHIN THE PAST 120 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

<b>Criteria</b>	PRIOR CLAIM FOR ELIQUIS AND XARELTO IN THE PAST 365 DAYS.
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# OPHTHALMIC ALLERGY - NO OTC

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## Products Affected

### Step 2:

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

## Details

<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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# 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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Criteria
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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# ROSUVASTATIN SPRINKLE

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## 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

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<b>Criteria</b>	PRIOR CLAIM FOR FORMULARY VERSION OF ROSUVASTATIN TABLET IN THE PAST 120 DAYS.
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# ROTIGOTINE PATCH

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## Products Affected

### Step 2:

- NEUPRO 1 MG/24 HOUR  
TRANSDERMAL 24 HOUR PATCH
- NEUPRO 2 MG/24 HOUR  
TRANSDERMAL 24 HOUR PATCH
- NEUPRO 3 MG/24 HOUR  
TRANSDERMAL 24 HOUR PATCH
- NEUPRO 4 MG/24 HOUR  
TRANSDERMAL 24 HOUR PATCH
- NEUPRO 6 MG/24 HOUR  
TRANSDERMAL 24 HOUR PATCH
- NEUPRO 8 MG/24 HOUR  
TRANSDERMAL 24 HOUR PATCH

## Details

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<b>Criteria</b>	TRIAL OF PRAMIPEXOLE IMMEDIATE-RELEASE (IR) OR ROPINIROLE IR WITHIN THE PAST 120 DAYS
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# 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

<b>Criteria</b>	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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# SEMAGLUTIDE

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## Products Affected

### Step 2:

- OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR
- OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR
- OZEMPIC 1 MG/DOSE (4 MG/3 ML) SUBCUTANEOUS PEN INJECTOR
- OZEMPIC 2 MG/DOSE (8 MG/3 ML) SUBCUTANEOUS PEN INJECTOR
- RYBELSUS 14 MG TABLET
- RYBELSUS 3 MG TABLET
- RYBELSUS 7 MG TABLET

## Details

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Criteria	ST Criteria: Pending CMS Approval
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# SPIRONOLACTONE ORAL SUSPENSION

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## Products Affected

### Step 2:

- CAROSPIR 25 MG/5 ML ORAL SUSPENSION

## Details

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<b>Criteria</b>	PRIOR CLAIM FOR GENERIC SPIRONOLACTONE 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 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 WITHIN THE PAST 120 DAYS
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# TIRZEPATIDE-MOUNJARO

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## Products Affected

### Step 2:

- MOUNJARO 10 MG/0.5 ML  
SUBCUTANEOUS PEN INJECTOR
- MOUNJARO 12.5 MG/0.5 ML  
SUBCUTANEOUS PEN INJECTOR
- MOUNJARO 15 MG/0.5 ML  
SUBCUTANEOUS PEN INJECTOR
- MOUNJARO 2.5 MG/0.5 ML  
SUBCUTANEOUS PEN INJECTOR
- MOUNJARO 5 MG/0.5 ML  
SUBCUTANEOUS PEN INJECTOR
- MOUNJARO 7.5 MG/0.5 ML  
SUBCUTANEOUS PEN INJECTOR

## Details

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<b>Criteria</b>	TRIAL OF METFORMIN, GLIMEPIRIDE, GLYBURIDE, GLIPIZIDE, PIOGLITAZONE OR A COMBINATION PRODUCT CONTAINING ANY OF THE AFOREMENTIONED AGENTS WITHIN THE PAST 120 DAYS
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 SUSPENSION ..... 30  
 FYCOMPA 10 MG TABLET ..... 30  
 FYCOMPA 12 MG TABLET ..... 30  
 FYCOMPA 2 MG TABLET ..... 30  
 FYCOMPA 4 MG TABLET ..... 30  
 FYCOMPA 6 MG TABLET ..... 30  
 FYCOMPA 8 MG TABLET ..... 30

**K**

KATERZIA 1 MG/ML ORAL  
 SUSPENSION ..... 2  
 ketoconazole 2 % topical foam..... 22

**M**

memantine 14 mg capsule sprinkle,extended  
 release 24hr ..... 26  
 memantine 21 mg capsule sprinkle,extended  
 release 24hr ..... 26  
 memantine 28 mg capsule sprinkle,extended  
 release 24hr ..... 26  
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**N**

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NAMZARIC 7/14/21/28 MG-10 MG  
 CAPSULE,SPRINKLE,EXTEND  
 RELEASE,DOSE PACK..... 25  
 NEUPRO 1 MG/24 HOUR  
 TRANSDERMAL 24 HOUR PATCH. 32  
 NEUPRO 2 MG/24 HOUR  
 TRANSDERMAL 24 HOUR PATCH. 32  
 NEUPRO 3 MG/24 HOUR  
 TRANSDERMAL 24 HOUR PATCH. 32  
 NEUPRO 4 MG/24 HOUR  
 TRANSDERMAL 24 HOUR PATCH. 32  
 NEUPRO 6 MG/24 HOUR  
 TRANSDERMAL 24 HOUR PATCH. 32  
 NEUPRO 8 MG/24 HOUR  
 TRANSDERMAL 24 HOUR PATCH. 32

**O**

omega-3 acid ethyl esters 1 gram capsule. 20  
 omeprazole 20 mg-sodium bicarbonate 1.1  
 gram capsule ..... 5  
 omeprazole 40 mg-sodium bicarbonate 1.1  
 gram capsule ..... 5  
 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  
 OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5  
 ML) SUBCUTANEOUS PEN  
 INJECTOR..... 34  
 OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3  
 ML) SUBCUTANEOUS PEN  
 INJECTOR..... 34  
 OZEMPIC 1 MG/DOSE (4 MG/3 ML)  
 SUBCUTANEOUS PEN INJECTOR .. 34  
 OZEMPIC 2 MG/DOSE (8 MG/3 ML)  
 SUBCUTANEOUS PEN INJECTOR .. 34

**P**

PROGRAF 0.2 MG ORAL GRANULES IN  
 PACKET ..... 37  
 PROGRAF 1 MG ORAL GRANULES IN  
 PACKET ..... 37

**R**

REXULTI 0.25 MG TABLET.....	9
REXULTI 0.5 MG TABLET.....	9
REXULTI 1 MG TABLET.....	9
REXULTI 2 MG TABLET.....	9
REXULTI 3 MG TABLET.....	9
REXULTI 4 MG TABLET.....	9
RYBELSUS 14 MG TABLET .....	34
RYBELSUS 3 MG TABLET .....	34
RYBELSUS 7 MG TABLET .....	34

**S**

SECUADO 3.8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH... 7	
SECUADO 5.7 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH... 7	
SECUADO 7.6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH... 7	
SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION .....	36
SPRITAM 250 MG TABLET FOR ORAL SUSPENSION .....	36
SPRITAM 500 MG TABLET FOR ORAL SUSPENSION .....	36
SPRITAM 750 MG TABLET FOR ORAL SUSPENSION .....	36

**T**

TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR .. 15	
TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR .. 15	
TRULICITY 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR .. 15	
TRULICITY 4.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR .. 15	

**V**

VEMLIDY 25 MG TABLET .....	38
VERSACLOZ 50 MG/ML ORAL SUSPENSION .....	12
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK .....	10
VRAYLAR 1.5 MG CAPSULE.....	10
VRAYLAR 3 MG CAPSULE .....	10
VRAYLAR 4.5 MG CAPSULE.....	10
VRAYLAR 6 MG CAPSULE.....	10

**X**

XATMEP 2.5 MG/ML ORAL SOLUTION	8
XCOPRI 100 MG TABLET .....	11
XCOPRI 150 MG TABLET .....	11
XCOPRI 200 MG TABLET .....	11
XCOPRI 50 MG TABLET .....	11
XCOPRI MAINTENANCE PACK 250MG/DAY (150 MG X 1 AND 100 MG X 1) TABLETS .....	11
XCOPRI MAINTENANCE PACK 350 MG/DAY (200 MG X 1 AND 150 MG X 1) TABLETS.....	11
XCOPRI TITRATION PACK 12.5 MG (14)-25 MG (14) TABLETS IN A DOSE PACK.....	11
XCOPRI TITRATION PACK 150 MG (14)-200 MG (14) TABLETS IN A DOSE PACK .....	11
XCOPRI TITRATION PACK 50 MG (14)- 100 MG (14) TABLETS IN A DOSE PACK.....	11
XHANCE 93 MCG/ACTUATION BREATH ACTIVATED AEROSOL ...	27