

ANTI DIABETICS

Products Affected

Step 2:

- BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR
- BYDUREON BCISE 2 MG/0.85 ML SUBCUTANEOUS AUTO-INJECTOR
- BYETTA 10 MCG/DOSE(250 MCG/ML)2.4 ML SUBCUTANEOUS PEN INJECTOR
- BYETTA 5 MCG/DOSE (250 MCG/ML)1.2 ML SUBCUTANEOUS PEN INJECTOR
- 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
- JANUMET 50 MG-1,000 MG TABLET
- JANUMET 50 MG-500 MG TABLET
- JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE
- JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE
- JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE
- JANUVIA 100 MG TABLET
- JANUVIA 25 MG TABLET
- JANUVIA 50 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
- TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR
- TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR

Details

Criteria	STEP 1: TRIAL OF METFORMIN, GLIPIZIDE, GLIMEPIRIDE, OR PIOGLITAZONE. STEP 2: JANUVIA, JANUMET, JANUMET XR, INVOKANA, INVOKAMET, INVOKAMET XR, JARDIANCE, SYNJARDY, SYNJARDY XR, BYETTA, BYDUREON, TRULICITY.
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ANTIDEPRESSANT THERAPY

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
- 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	STEP 1: TRIAL OF TWO FORMULARY GENERIC SSRIS OR SNRIS. STEP 2: FETZIMA, TRINTELLIX, VIIBRYD.
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ASTHMA (CORTICOSTEROID/LABA)

Products Affected

Step 2:

- DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER
- DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER
- DULERA 50 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER

Details

Criteria	STEP 1: TRIAL OF TWO OF THE FOLLOWING: ADVAIR DISKUS, ADVAIR HFA, FLUTICASONE/SALMETEROL, BREO ELLIPTA, SYMBICORT. STEP 2: DULERA
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ATYPICAL ANTIPSYCHOTICS

Products Affected

Step 2:

- *aripiprazole 10 mg disintegrating tablet*
- *aripiprazole 15 mg disintegrating tablet*
- CAPLYTA 42 MG CAPSULE
- 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
- LATUDA 120 MG TABLET
- LATUDA 20 MG TABLET
- LATUDA 40 MG TABLET
- LATUDA 60 MG TABLET
- LATUDA 80 MG TABLET
- SAPHRIS 10 MG SUBLINGUAL TABLET
- SAPHRIS 2.5 MG SUBLINGUAL TABLET
- SAPHRIS 5 MG SUBLINGUAL 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
- 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	STEP 1: TRIAL OF ONE ORAL SINGLE-INGREDIENT GENERIC FORMULARY ATYPICAL ANTIPSYCHOTIC AGENT
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B VS D ADMINISTRATIVE STEP

Products Affected

Step 2:

- CYCLOPHOSPHAMIDE 25 MG CAPSULE
- CYCLOPHOSPHAMIDE 50 MG CAPSULE

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 180 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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CLOMIPRAMINE

Products Affected

Step 2:

- *clomipramine 25 mg capsule*
- *clomipramine 50 mg capsule*
- *clomipramine 75 mg capsule*

Details

Criteria	STEP 1: TRIAL OF TWO FORMULARY GENERIC SSRIS OR TCAS. STEP 2: CLOMIPRAMINE
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LONG ACTING INSULINS

Products Affected

Step 2:

- LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN
- LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION
- LEVEMIR FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN
- LEVEMIR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION
- TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN
- TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) SUBCUTANEOUS PEN
- TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN
- TRESIBA FLEXTOUCH U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS PEN
- TRESIBA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION

Details

Criteria	Step 1: Basaglar
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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	STEP 1: TRIAL OF MEMANTINE IR. STEP 2: MEMANTINE ER.
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REXULTI

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	STEP 1: TRIAL OF GENERIC ORAL ARIPIPRAZOLE, STEP 2: REXULTI
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RYTARY

Products Affected

Step 2:

- RYTARY 23.75 MG-95 MG
CAPSULE,EXTENDED RELEASE
- RYTARY 36.25 MG-145 MG
CAPSULE,EXTENDED RELEASE
- RYTARY 48.75 MG-195 MG
CAPSULE,EXTENDED RELEASE
- RYTARY 61.25 MG-245 MG
CAPSULE,EXTENDED RELEASE

Details

Criteria	STEP 1: TRIAL OF GENERIC IMMEDIATE-RELEASE OR EXTENDED-RELEASE CARBIDOPA/LEVODOPA. STEP 2: RYTARY
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SPIRIVA

Products Affected

Step 2:

- SPIRIVA RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION
- SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES

Details

Criteria	Step 1: Incruse Ellipta
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STEGLATRO

Products Affected

Step 2:

- SEGLUROMET 2.5 MG-1,000 MG TABLET
- SEGLUROMET 2.5 MG-500 MG TABLET
- SEGLUROMET 7.5 MG-1,000 MG TABLET
- SEGLUROMET 7.5 MG-500 MG TABLET
- STEGLATRO 15 MG TABLET
- STEGLATRO 5 MG TABLET

Details

Criteria	STEP 1: TRIAL OF ONE OF THE FOLLOWING: METFORMIN, GLIPIZIDE, GLIMEPIRIDE, PIOGLITAZONE AND A PREFERRED FORMULARY SGLT2 INHIBITOR (INVOKANA, INVOKAMET, INVOKAMET XR, JARDIANCE, SYNJARDY, SYNJARDY XR).
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ULORIC THERAPY

Products Affected

Step 2:

- *febuxostat 40 mg tablet*
- *febuxostat 80 mg tablet*
- ULORIC 40 MG TABLET
- ULORIC 80 MG TABLET

Details

Criteria	STEP 1: TRIAL OF ORAL GENERIC ALLOPURINOL. STEP 2: FEBUXOSTAT
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VITAMIN D ANALOGS

Products Affected

Step 2:

- *doxercalciferol 0.5 mcg capsule*
- *doxercalciferol 1 mcg capsule*
- *doxercalciferol 2.5 mcg capsule*
- *paricalcitol 1 mcg capsule*
- *paricalcitol 2 mcg capsule*
- *paricalcitol 4 mcg capsule*
- RAYALDEE 30 MCG CAPSULE, EXTENDED RELEASE

Details

Criteria	STEP 1: CALCITRIOL. STEP 2: PARICALCITOL, DOXERCALCIFEROL, RAYALDEE
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INDEX

A

aripiprazole 10 mg disintegrating tablet..... 4
 aripiprazole 15 mg disintegrating tablet..... 4

B

BYDUREON 2 MG/0.65 ML SUBCUTANEOUS
 PEN INJECTOR 1
 BYDUREON BCISE 2 MG/0.85 ML
 SUBCUTANEOUS AUTO-INJECTOR 1
 BYETTA 10 MCG/DOSE(250 MCG/ML)2.4 ML
 SUBCUTANEOUS PEN INJECTOR 1
 BYETTA 5 MCG/DOSE (250 MCG/ML)1.2 ML
 SUBCUTANEOUS PEN INJECTOR 1

C

CAPLYTA 42 MG CAPSULE..... 4
 clomipramine 25 mg capsule 6
 clomipramine 50 mg capsule 6
 clomipramine 75 mg capsule 6
 CYCLOPHOSPHAMIDE 25 MG CAPSULE 5
 CYCLOPHOSPHAMIDE 50 MG CAPSULE 5

D

doxercalciferol 0.5 mcg capsule..... 14
 doxercalciferol 1 mcg capsule..... 14
 doxercalciferol 2.5 mcg capsule..... 14
 DULERA 100 MCG-5 MCG/ACTUATION HFA
 AEROSOL INHALER 3
 DULERA 200 MCG-5 MCG/ACTUATION HFA
 AEROSOL INHALER 3
 DULERA 50 MCG-5 MCG/ACTUATION HFA
 AEROSOL INHALER 3

F

FANAPT 1 MG TABLET 4
 FANAPT 10 MG TABLET..... 4
 FANAPT 12 MG TABLET 4
 FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2)
 TABLETS IN A DOSE PACK..... 4
 FANAPT 2 MG TABLET..... 4
 FANAPT 4 MG TABLET 4
 FANAPT 6 MG TABLET 4
 FANAPT 8 MG TABLET..... 4
 febuxostat 40 mg tablet..... 13
 febuxostat 80 mg tablet..... 13

FETZIMA 120 MG CAPSULE,EXTENDED
 RELEASE..... 2
 FETZIMA 20 MG (2)-40 MG (26)
 CAPSULE,EXTENDED RELEASE,24
 HR,DOSE PACK 2
 FETZIMA 20 MG CAPSULE,EXTENDED
 RELEASE..... 2
 FETZIMA 40 MG CAPSULE,EXTENDED
 RELEASE..... 2
 FETZIMA 80 MG CAPSULE,EXTENDED
 RELEASE..... 2

I

INVOKAMET 150 MG-1,000 MG TABLET 1
 INVOKAMET 150 MG-500 MG TABLET 1
 INVOKAMET 50 MG-1,000 MG TABLET 1
 INVOKAMET 50 MG-500 MG TABLET 1
 INVOKAMET XR 150 MG-1,000 MG TABLET,
 EXTENDED RELEASE 1
 INVOKAMET XR 150 MG-500 MG TABLET,
 EXTENDED RELEASE 1
 INVOKAMET XR 50 MG-1,000 MG TABLET,
 EXTENDED RELEASE 1
 INVOKAMET XR 50 MG-500 MG TABLET,
 EXTENDED RELEASE 1
 INVOKANA 100 MG TABLET 1
 INVOKANA 300 MG TABLET 1

J

JANUMET 50 MG-1,000 MG TABLET..... 1
 JANUMET 50 MG-500 MG TABLET..... 1
 JANUMET XR 100 MG-1,000 MG
 TABLET,EXTENDED RELEASE 1
 JANUMET XR 50 MG-1,000 MG
 TABLET,EXTENDED RELEASE 1
 JANUMET XR 50 MG-500 MG
 TABLET,EXTENDED RELEASE 1
 JANUVIA 100 MG TABLET 1
 JANUVIA 25 MG TABLET 1
 JANUVIA 50 MG TABLET 1
 JARDIANCE 10 MG TABLET..... 1
 JARDIANCE 25 MG TABLET..... 1

L

LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN ... 7
 LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION..... 7
 LATUDA 120 MG TABLET 4
 LATUDA 20 MG TABLET 4
 LATUDA 40 MG TABLET 4
 LATUDA 60 MG TABLET 4
 LATUDA 80 MG TABLET 4
 LEVEMIR FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN ... 7
 LEVEMIR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION..... 7

M

memantine 14 mg capsule sprinkle,extended release 24hr 8
 memantine 21 mg capsule sprinkle,extended release 24hr 8
 memantine 28 mg capsule sprinkle,extended release 24hr 8
 memantine 7 mg capsule sprinkle,extended release 24hr 8

P

paricalcitol 1 mcg capsule 14
 paricalcitol 2 mcg capsule 14
 paricalcitol 4 mcg capsule 14

R

RAYALDEE 30 MCG CAPSULE,EXTENDED RELEASE..... 14
 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
 RYTARY 23.75 MG-95 MG CAPSULE,EXTENDED RELEASE..... 10
 RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE..... 10
 RYTARY 48.75 MG-195 MG CAPSULE,EXTENDED RELEASE..... 10

RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE..... 10

S

SAPHRIS 10 MG SUBLINGUAL TABLET 4
 SAPHRIS 2.5 MG SUBLINGUAL TABLET 4
 SAPHRIS 5 MG SUBLINGUAL TABLET 4
 SECUADO 3.8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH..... 4
 SECUADO 5.7 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH..... 4
 SECUADO 7.6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH..... 4
 SEGLUROMET 2.5 MG-1,000 MG TABLET. 12
 SEGLUROMET 2.5 MG-500 MG TABLET 12
 SEGLUROMET 7.5 MG-1,000 MG TABLET. 12
 SEGLUROMET 7.5 MG-500 MG TABLET 12
 SPIRIVA RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION..... 11
 SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES..... 11
 STEGLATRO 15 MG TABLET 12
 STEGLATRO 5 MG TABLET 12
 SYNJARDY 12.5 MG-1,000 MG TABLET 1
 SYNJARDY 12.5 MG-500 MG TABLET 1
 SYNJARDY 5 MG-1,000 MG TABLET 1
 SYNJARDY 5 MG-500 MG TABLET 1
 SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE 1
 SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE 1
 SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE 1
 SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE 1

T

TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN..... 7
 TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) SUBCUTANEOUS PEN 7
 TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN ... 7

TRESIBA FLEXTOUCH U-200 INSULIN 200
UNIT/ML (3 ML) SUBCUTANEOUS PEN... 7

TRESIBA U-100 INSULIN 100 UNIT/ML
SUBCUTANEOUS SOLUTION..... 7

TRINTELLIX 10 MG TABLET..... 2

TRINTELLIX 20 MG TABLET..... 2

TRINTELLIX 5 MG TABLET..... 2

TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS
PEN INJECTOR 1

TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS
PEN INJECTOR 1

U

ULORIC 40 MG TABLET..... 13

ULORIC 80 MG TABLET..... 13

V

VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN
A DOSE PACK..... 2

VIIBRYD 10 MG TABLET..... 2

VIIBRYD 20 MG TABLET..... 2

VIIBRYD 40 MG TABLET..... 2

VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN
A DOSE PACK..... 4

VRAYLAR 1.5 MG CAPSULE 4

VRAYLAR 3 MG CAPSULE 4

VRAYLAR 4.5 MG CAPSULE 4

VRAYLAR 6 MG CAPSULE 4