ACID PEPTIC

Products Affected

Step 2:

- ACIPHEX 20 MG TABLET,DELAYED RELEASE
- DEXILANT 30 MG CAPSULE, DELAYED RELEASE
- DEXILANT 60 MG CAPSULE, DELAYED RELEASE
- NEXIUM 20 MG CAPSULE,DELAYED RELEASE
- NEXIUM 40 MG CAPSULE,DELAYED RELEASE
- NEXIUM PACKET 10 MG GRANULES DELAYED RELEASE FOR SUSP
- NEXIUM PACKET 2.5 MG GRANULES DELAYED RELEASE FOR SUSP
- NEXIUM PACKET 20 MG GRANULES DELAYED RELEASE FOR SUSP
- NEXIUM PACKET 40 MG GRANULES DELAYED RELEASE FOR SUSP
- NEXIUM PACKET 5 MG GRANULES DELAYED RELEASE FOR SUSP
- PREVACID 15 MG CAPSULE,DELAYED RELEASE
- PREVACID 30 MG CAPSULE,DELAYED RELEASE
- PREVACID SOLUTAB 15 MG DELAYED RELEASE,DISINTEGRATING TABLET
- PREVACID SOLUTAB 30 MG DELAYED RELEASE,DISINTEGRATING TABLET
- PROTONIX 20 MG TABLET,DELAYED RELEASE
- PROTONIX 40 MG GRANULES DELAYED-RELEASE PACKET
- PROTONIX 40 MG TABLET,DELAYED RELEASE

Details

Criteria	PATIENT NEEDS TO HAVE A PAID CLAIM FOR A GENERIC PROTON PUMP INHIBITOR WITHIN THE PAST 180 DAYS.

ADHD STIMULANTS-S

Products Affected

Step 2:

- ADDERALL XR 10 MG CAPSULE,EXTENDED RELEASE
- ADDERALL XR 15 MG CAPSULE,EXTENDED RELEASE
- ADDERALL XR 20 MG CAPSULE,EXTENDED RELEASE
- ADDERALL XR 25 MG CAPSULE,EXTENDED RELEASE
- ADDERALL XR 30 MG CAPSULE,EXTENDED RELEASE
- ADDERALL XR 5 MG CAPSULE,EXTENDED RELEASE
- APTENSIO XR 10 MG CAPSULE,EXTENDED RELEASE SPRINKLE
- APTENSIO XR 15 MG CAPSULE,EXTENDED RELEASE SPRINKLE
- APTENSIO XR 20 MG CAPSULE,EXTENDED RELEASE SPRINKLE
- APTENSIO XR 30 MG CAPSULE,EXTENDED RELEASE SPRINKLE
- APTENSIO XR 40 MG CAPSULE,EXTENDED RELEASE SPRINKLE
- APTENSIO XR 50 MG CAPSULE,EXTENDED RELEASE SPRINKLE
- APTENSIO XR 60 MG CAPSULE,EXTENDED RELEASE SPRINKLE
- CONCERTA 18 MG TABLET,EXTENDED RELEASE
- CONCERTA 27 MG TABLET,EXTENDED RELEASE
- CONCERTA 36 MG TABLET,EXTENDED RELEASE
- CONCERTA 54 MG TABLET,EXTENDED RELEASE
- COTEMPLA XR-ODT 17.3 MG EXTENDED RELEASE DISINTEGRATING TABLET
- COTEMPLA XR-ODT 25.9 MG EXTENDED RELEASE DISINTEGRATING TABLET
- COTEMPLA XR-ODT 8.6 MG EXTENDED RELEASE DISINTEGRATING TABLET
- DAYTRANA 10 MG/9 HR DAILY PATCH
- DAYTRANA 15 MG/9 HR DAILY PATCH
- DAYTRANA 20 MG/9 HR DAILY PATCH
- DAYTRANA 30 MG/9 HR DAILY PATCH
- FOCALIN 10 MG TABLET
- FOCALIN 2.5 MG TABLET
- FOCALIN 5 MG TABLET
- FOCALIN XR 10 MG CAPSULE,EXTENDED RELEASE
- FOCALIN XR 15 MG CAPSULE,EXTENDED RELEASE
- FOCALIN XR 20 MG CAPSULE,EXTENDED RELEASE
- FOCALIN XR 25 MG CAPSULE,EXTENDED RELEASE
- FOCALIN XR 30 MG CAPSULE,EXTENDED RELEASE
- FOCALIN XR 35 MG CAPSULE,EXTENDED RELEASE
- FOCALIN XR 40 MG CAPSULE,EXTENDED RELEASE
- FOCALIN XR 5 MG CAPSULE,EXTENDED RELEASE
- METHYLIN 10 MG/5 ML ORAL SOLUTION
- METHYLIN 5 MG/5 ML ORAL

SOLUTION
- MYDAYIS 12.5 MG CAPSULE EXTENDED RELEASE 24 HR
- MYDAYIS 25 MG CAPSULE EXTENDED RELEASE 24 HR
- MYDAYIS 37.5 MG CAPSULE EXTENDED RELEASE 24 HR
- MYDAYIS 50 MG CAPSULE EXTENDED RELEASE 24 HR
- QUILLICHEW ER 20 MG CHEWABLE TABLET, EXTENDED RELEASE
- QUILLICHEW ER 30 MG CHEWABLE TABLET, EXTENDED RELEASE
- QUILLICHEW ER 40 MG CHEWABLE, EXTENDED RELEASE
TABLET
- QUILLIVANT XR 5 MG/ML (25 MG/5 ML) ORAL SUSPENSION,EXTEND RELEASE 24HR
- RITALIN 10 MG TABLET
- RITALIN 20 MG TABLET
- RITALIN 5 MG TABLET
- RITALIN LA 10 MG CAPSULE,EXTENDED RELEASE
- RITALIN LA 20 MG CAPSULE,EXTENDED RELEASE
- RITALIN LA 30 MG CAPSULE,EXTENDED RELEASE
- RITALIN LA 40 MG CAPSULE,EXTENDED RELEASE

Details

Criteria	PATIENT NEEDS TO HAVE A PAID CLAIM FOR TWO GENERIC FORMULARY ADHD STIMULANT MEDICATIONS WITHIN THE PAST 365 DAYS.

AMANTADINE ER ST

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	PATIENT NEEDS TO HAVE A PAID CLAIM FOR AMANTADINE HCL IMMEDIATE RELEASE WITHIN THE PAST 180 DAYS.

AMLODIPINE ORAL SUSPENSION

Products Affected

Step 2:

- KATERZIA 1 MG/ML ORAL SUSPENSION

Details

Criteria	PATIENT NEEDS TO HAVE A PAID CLAIM FOR GENERIC AMLODIPINE TABLETS WITHIN THE PAST 180 DAYS.

ANTIBACTERIALS (EENT)

Products Affected

Step 2:

- BESIVANCE 0.6 % EYE DROPS,SUSPENSION

Details

Criteria	PATIENT NEEDS TO HAVE A PAID CLAIM FOR GENERIC CIPROFLOXACIN OPHTHALMIC OR OFLOXACIN OPHTHALMIC DROPS WITHIN THE LAST 180 DAYS.

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
- PRISTIQ 100 MG TABLET,EXTENDED RELEASE
- PRISTIQ 25 MG TABLET,EXTENDED RELEASE
- PRISTIQ 50 MG TABLET,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	PATIENT NEEDS TO HAVE A PAID CLAIM FOR ONE OF THE FOLLOWING FORMULARY PRODUCTS WITHIN THE PAST 180 DAYS: BUPROPION, MIRTAZAPINE, GENERIC SSRI, OR GENERIC SNRI.

ATOPIC DERMATITIS

Products Affected

Step 2:

- LOCOID 0.1 % LOTION
- PANDEL 0.1 % TOPICAL CREAM

Details

Criteria	PATIENT NEEDS TO HAVE A PAID CLAIM FOR A FORMULARY GENERIC TOPICAL CORTICOSTEROID WITHIN THE PAST 180 DAYS.

ATYPICAL ANTIPSYCHOTICS-S

Products Affected

Step 2:

- ABILIFY 10 MG TABLET
- ABILIFY 15 MG TABLET
- ABILIFY 2 MG TABLET
- ABILIFY 20 MG TABLET
- ABILIFY 30 MG TABLET
- ABILIFY 5 MG TABLET
- ABILIFY MAINTENA 300 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE
- ABILIFY MAINTENA 300 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE
- ABILIFY MAINTENA 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE
- ABILIFY MAINTENA 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE
- 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
- GEODON 20 MG CAPSULE
- GEODON 40 MG CAPSULE
- GEODON 60 MG CAPSULE
- GEODON 80 MG CAPSULE
- INVEGA 1.5 MG TABLET,EXTENDED RELEASE
- INVEGA 3 MG TABLET,EXTENDED RELEASE
- INVEGA 6 MG TABLET,EXTENDED RELEASE
- INVEGA 9 MG TABLET,EXTENDED RELEASE
- INVEGA SUSTENNA 117 MG/0.75 ML INTRAMUSCULAR SYRINGE
- INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE
- INVEGA SUSTENNA 234 MG/1.5 ML INTRAMUSCULAR SYRINGE
- INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE
- INVEGA SUSTENNA 78 MG/0.5 ML INTRAMUSCULAR SYRINGE
- LATUDA 120 MG TABLET
- LATUDA 20 MG TABLET
- LATUDA 40 MG TABLET
- LATUDA 60 MG TABLET
- LATUDA 80 MG TABLET
- 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
- RISPERDAL 0.5 MG TABLET
- RISPERDAL 1 MG TABLET
- RISPERDAL 1 MG/ML ORAL SOLUTION
- RISPERDAL 2 MG TABLET
- RISPERDAL 3 MG TABLET
- RISPERDAL 4 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
- SEROQUEL 100 MG TABLET

- SEROQUEL 200 MG TABLET
- SEROQUEL 25 MG TABLET
- SEROQUEL 300 MG TABLET
- SEROQUEL 400 MG TABLET
- SEROQUEL 50 MG TABLET
- SEROQUEL XR 150 MG TABLET,EXTENDED RELEASE
- SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE
- SEROQUEL XR 300 MG TABLET,EXTENDED RELEASE
- SEROQUEL XR 400 MG TABLET,EXTENDED RELEASE
- SEROQUEL XR 50 MG TABLET,EXTENDED RELEASE
- 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
- ZYPREXA 10 MG TABLET
- ZYPREXA 15 MG TABLET
- ZYPREXA 2.5 MG TABLET
- ZYPREXA 20 MG TABLET
- ZYPREXA 5 MG TABLET
- ZYPREXA 7.5 MG TABLET
- ZYPREXA ZYDIS 10 MG DISINTEGRATING TABLET
- ZYPREXA ZYDIS 15 MG DISINTEGRATING TABLET
- ZYPREXA ZYDIS 20 MG DISINTEGRATING TABLET
- ZYPREXA ZYDIS 5 MG DISINTEGRATING TABLET

Details

Criteria	PATIENT NEEDS TO HAVE A PAID CLAIM FOR A GENERIC FORMULARY ATYPICAL ANTIPSYCHOTIC AGENT WITHIN THE PAST 180 DAYS.

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.

DIFICID-S

Products Affected

Step 2:

- DIFICID 200 MG TABLET
- DIFICID 40 MG/ML ORAL SUSPENSION

Details

Criteria	PATIENT NEEDS TO HAVE A PAID CLAIM FOR GENERIC ORAL VANCOMYCIN WITHIN THE PAST 180 DAYS.

ENALAPRIL ORAL SOLUTION

Products Affected

Step 2:

- EPANED 1 MG/ML ORAL SOLUTION

Details

Criteria	PATIENT NEEDS TO HAVE A PAID CLAIM FOR GENERIC ENALAPRIL ORAL WITHIN THE PAST 180 DAYS.

GOUT

Products Affected

Step 2:

- DUZALLO 200 MG-200 MG TABLET
- DUZALLO 200 MG-300 MG TABLET
- ULORIC 40 MG TABLET
- ULORIC 80 MG TABLET

Details

Criteria	PATIENT NEEDS TO HAVE A PAID CLAIM FOR GENERIC ALLOPURINOL WITHIN THE PAST 180 DAYS.

LISINOPRIL ORAL SOLUTION

Products Affected

Step 2:

- QBRELIS 1 MG/ML ORAL SOLUTION

Details

Criteria	PATIENT NEEDS TO HAVE A PAID CLAIM FOR GENERIC LISINOPRIL WITHIN THE PAST 180 DAYS.

OPHTHALMIC PROSTAGLANDINS

Products Affected

Step 2:

- LUMIGAN 0.01 % EYE DROPS
- ROCKLATAN 0.02 %-0.005 % EYE DROPS
- TRAVATAN Z 0.004 % EYE DROPS
- VYZULTA 0.024 % EYE DROPS
- XELPROS 0.005 % EYE DROP EMULSION
- ZIOPTAN (PF) 0.0015 % EYE DROPS IN A DROPPERETTE

Details

Criteria	PATIENT NEEDS TO HAVE A PAID CLAIM FOR A GENERIC FORMULARY OPHTHALMIC PROSTAGLANDIN PRODUCT WITHIN THE PAST 180 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	PATIENT NEEDS TO HAVE A PAID CLAIM FOR GENERIC LEVETIRACETAM SOLUTION WITHIN THE PAST 180 DAYS.

TACROLIMUS PACKETS

Products Affected

Step 2:

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

Details

Criteria	PATIENT NEEDS TO HAVE A PAID CLAIM FOR GENERIC TACROLIMUS CAPSULES WITHIN THE PAST 180 DAYS

TRIPTANS-S

Products Affected

Step 2:

- AMERGE 1 MG TABLET
- AMERGE 2.5 MG TABLET
- FROVA 2.5 MG TABLET
- IMITREX 100 MG TABLET
- IMITREX 20 MG/ACTUATION NASAL SPRAY
- IMITREX 25 MG TABLET
- IMITREX 5 MG/ACTUATION NASAL SPRAY
- IMITREX 50 MG TABLET
- IMITREX 6 MG/0.5 ML SUBCUTANEOUS SOLUTION
- IMITREX STATDOSE PEN 4 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR
- IMITREX STATDOSE PEN 6 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR
- IMITREX STATDOSE REFILL 6 MG/0.5 ML SUBCUTANEOUS CARTRIDGE
- MAXALT 10 MG TABLET
- MAXALT-MLT 10 MG DISINTEGRATING TABLET
- RELPAX 20 MG TABLET
- RELPAX 40 MG TABLET
- ZOMIG 2.5 MG NASAL SPRAY
- ZOMIG 2.5 MG TABLET
- ZOMIG 5 MG NASAL SPRAY
- ZOMIG 5 MG TABLET
- ZOMIG ZMT 2.5 MG DISINTEGRATING TABLET
- ZOMIG ZMT 5 MG DISINTEGRATING TABLET

Details

Criteria	PATIENT NEEDS TO HAVE A PAID CLAIM FOR A GENERIC FORMULARY SEROTONIN 5-HT1 RECEPTOR ANTAGONIST (TRIPTANS) WITHIN THE PAST 180 DAYS.

INDEX