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**Affected Drugs (also known as Step-2-Drugs):**

Dipentum

**Step Therapy 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

**Step 1 Drugs:**BALSALAZIDE, MESALAMINE 400 MG CAP(DRTAB), MESALAMINE DR 800 MG TAB, MESALAMINE 0.375G ER CAP,OR MESALAMINE 1.2G DR TAB

**Number of days for claims review for select or first line drugs:**120

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**Affected Drugs (also known as Step-2-Drugs):**

Eliquis

Eliquis DVT/PE Starter Pack

**Step Therapy Criteria:**PRIOR CLAIM FOR XARELTO IN THE PAST 120 DAYS

**Step 1 Drugs:**XARELTO

**Number of days for claims review for select or first line drugs:**120

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**Affected Drugs (also known as Step-2-Drugs):**

Eslicarbazepine Acetate

Fycompa

Perampanel

Rufinamide

Xcopri

Xcopri (250 MG Daily Dose)

Xcopri (350 MG Daily Dose)

**Step Therapy Criteria:** PRIOR CLAIM FOR EPRONTIA, ZONISADE, OR GENERIC ANTICONVULSANT AGENT (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE), WITHIN THE PAST 120 DAYS.

**Step 1 Drugs:** EPRONTIA, ZONISADE, CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE

**Number of days for claims review for select or first line drugs:** 120

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**Affected Drugs (also known as Step-2-Drugs):**

Auvelity

Fetzima

Fetzima Titration

**Step Therapy Criteria:**PRIOR CLAIM FOR TRINTELLIX AND VILAZODONE HCL WITHIN THE PAST 365 DAYS

**Step 1 Drugs:**TRINTELLIX, VILAZODONE HCL

**Number of days for claims review for select or first line drugs:**365

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**Affected Drugs (also known as Step-2-Drugs):**

Febuxostat

**Step Therapy Criteria:**PRIOR CLAIM FOR FORMULARY VERSION OF ALLOPURINOL TABLETS  
WITHIN THE PAST 120 DAYS

**Step 1 Drugs:**ALLOPURINOL

**Number of days for claims review for select or first line drugs:**120

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**Affected Drugs (also known as Step-2-Drugs):**

ARIPiprazole

Caplyta

cloZAPine

Fanapt

Fanapt Titration Pack A

Secuado

Versacloz

**Step Therapy Criteria:**PRIOR CLAIM FOR LURASIDONE HCL OR ONE FORMULARY ORAL ANTIPSYCHOTIC RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE TABLET, ARIPIPRAZOLE SOLUTION, ASENAPINE, PALIPERIDONE WITHIN THE PAST 365 DAYS

**Step 1 Drugs:**LURASIDONE HCL, ORAL RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE TABLET, ARIPIPRAZOLE SOLUTION, ASENAPINE, PALIPERIDONE

**Number of days for claims review for select or first line drugs:**365

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**Affected Drugs (also known as Step-2-Drugs):**

Omeprazole-Sodium Bicarbonate

**Step Therapy Criteria:** PRIOR CLAIM FOR GENERIC FEDERAL LEGEND FORMULARY VERSION OF ORAL LANSOPRAZOLE CAPSULES, ESOMEPRAZOLE MAG, RABEPRAZOLE, OMEPRAZOLE, OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS.

**Step 1 Drugs:** LANSOPRAZOLE, ESOMEPRAZOLE MAG, RABEPRAZOLE, OMEPRAZOLE, PANTOPRAZOLE

**Number of days for claims review for select or first line drugs:** 120

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**Affected Drugs (also known as Step-2-Drugs):**

cycloPHOSphamide  
Methotrexate Sodium  
Xatmep

**Step Therapy 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.

**Step 1 Drugs:**

**Number of days for claims review for select or first line drugs:120**

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**Affected Drugs (also known as Step-2-Drugs):**

Breyna

**Step Therapy Criteria:**Trial or failure of Symbicort

**Step 1 Drugs:**Symbicort

**Number of days for claims review for select or first line drugs:**120

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**Affected Drugs (also known as Step-2-Drugs):**

Drizalma Sprinkle

**Step Therapy Criteria:**PRIOR CLAIM FOR FORMULARY GENERIC DULOXETINE CAPSULE WITHIN THE PAST 120 DAYS.

**Step 1 Drugs:**GENERIC DULOXETINE CAPSULE

**Number of days for claims review for select or first line drugs:**120

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**Affected Drugs (also known as Step-2-Drugs):**

Jardiance

**Step Therapy Criteria:**PRIOR CLAIM FOR FARXIGA OR GENERIC DAPAGLIFLOZIN IN THE PAST 120 DAYS

**Step 1 Drugs:**FARXIGA, DAPAGLIFLOZIN

**Number of days for claims review for select or first line drugs:**120

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**Affected Drugs (also known as Step-2-Drugs):**

Rhopressa

Rocklatan

**Step Therapy Criteria:** PRIOR CLAIM FOR FORMULARY VERSION OF 1 OF THE FOLLOWING BRIMONIDINE, BRINZOLAMIDE, CARTEOLOL, DORZOLAMIDE, DORZOLAMIDE/TIMOLOL, LATANOPROST, LEVOBUNOLOL, PILOCARPINE, AND TIMOLOL WITHIN THE PAST 120 DAYS.

**Step 1 Drugs:** BRIMONIDINE, BRINZOLAMIDE, CARTEOLOL, DORZOLAMIDE, DORZOLAMIDE/TIMOLOL, LATANOPROST, LEVOBUNOLOL, PILOCARPINE, TIMOLOL

**Number of days for claims review for select or first line drugs:** 120

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**Affected Drugs (also known as Step-2-Drugs):**

Namzaric

**Step Therapy Criteria:**PRIOR CLAIM FOR GENERIC DONEPEZIL AND MEMANTINE IR IN THE PAST 365 DAYS

**Step 1 Drugs:**DONEPEZIL, MEMANTINE IR

**Number of days for claims review for select or first line drugs:**365

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**Affected Drugs (also known as Step-2-Drugs):**

Memantine HCl ER

**Step Therapy Criteria:** PRIOR CLAIM FOR FORMULARY VERSION OF MEMANTINE IR WITHIN THE PAST 120 DAYS

**Step 1 Drugs:** MEMANTINE IR

**Number of days for claims review for select or first line drugs:** 120

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**Affected Drugs (also known as Step-2-Drugs):**

Xhance

**Step Therapy Criteria:**CHRONIC RHINOSINUSITIS WITH NASAL POLYPS (CRSwNP): PRIOR CLAIM FOR A FEDERAL LEGEND FORMULARY VERSION OF MOMETASONE NASAL SPRAY WITHIN THE PAST 120 DAYS. CHRONIC RHINOSINUSITIS WITHOUT NASAL POLYPS (CRSsNP): DOES NOT REQUIRE A PREVIOUS CLAIM FOR MOMETASONE OR OTHER INTRANASAL STEROIDS.

**Step 1 Drugs:**MOMETASONE NASAL SPRAY

**Number of days for claims review for select or first line drugs:**120

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**Affected Drugs (also known as Step-2-Drugs):**

Loteprednol Etabonate

**Step Therapy Criteria:** PRIOR CLAIM FOR FEDERAL LEGEND LEVOCETIRIZINE , CROMOLYN SODIUM, OR EPINASTINE DROPS WITHIN THE PAST 120 DAYS.

**Step 1 Drugs:** LEVOCETIRIZINE OPTH , CROMOLYN SODIUM OPTH, EPINASTINE OPTH

**Number of days for claims review for select or first line drugs:** 120

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**Affected Drugs (also known as Step-2-Drugs):**

Emsam

**Step Therapy 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

**Step 1 Drugs:**CITALOPRAM, ESCITALOPRAM, FLUOXETINE, PAROXETINE, SERTRALINE, DESVENLAFAXINE, DULOXETINE, VENLAFAXINE, MIRTAZAPINE, BUPROPION IR/SR/XL

**Number of days for claims review for select or first line drugs:**120

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**Affected Drugs (also known as Step-2-Drugs):**

Spritam

**Step Therapy Criteria:**PRIOR CLAIM FOR GENERIC LEVETIRACETAM SOLUTION IN THE PAST 120 DAYS

**Step 1 Drugs:**GENERIC LEVETIRACETAM SOLUTION

**Number of days for claims review for select or first line drugs:**120

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**Affected Drugs (also known as Step-2-Drugs):**

Uzedy

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**\*Pending CMS Review**



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