

# 2022

## STEP THERAPY REQUIREMENTS

Effective: 05/01/2022  
Last updated: 04/18/2022

**BayCarePlus Complete (HMO)**  
**BayCarePlus Rewards (HMO)**  
**BayCarePlus Premier (HMO)**

Serving  
Hillsborough, Pasco,  
Pinellas and Polk Counties

# 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

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<b>Criteria</b>	PRIOR CLAIM FOR GENERIC AMLODIPINE TABLETS WITHIN THE PAST 120 DAYS.
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# ANTIDEPRESSANTS

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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 VIIBRYD WITHIN THE PAST 365 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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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
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# ANTIPSYCHOTIC AGENTS

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## Products Affected

### Step 2:

- *aripiprazole 10 mg disintegrating tablet*
- *aripiprazole 15 mg disintegrating tablet*
- CAPLYTA 42 MG CAPSULE
- *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*
- 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
- 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
- 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

## Details

<b>Criteria</b>	PRIOR CLAIM FOR LATUDA OR 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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# ANTIPSYCHOTIC AGENTS II

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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>	PRIOR CLAIM FOR LATUDA AND ONE FORMULARY ORAL ATYPICAL ANTIPSYCHOTICS (RISPERIDONE, CLOZAPINE, OLANZAPINE, QUETIAPINE, ARIPIPRAZOLE, ZIPRASIDONE, ASENAPINE OR PALIPERIDONE) OR SSRI (CITALOPRAM, ESCITALOPRAM, FLUOXETINE, PAROXETINE OR SERTRALINE) OR SNRI (DESVENLAFAXINE, DULOXETINE OR VENLAFAXINE) WITHIN THE PAST 365 DAYS
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# ANTIULCER AGENTS

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## Products Affected

### Step 2:

- *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, RABEPRAZOLE, OMEPRAZOLE, OR PANTOPRAZOLE WITHIN THE PAST 120 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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<b>Criteria</b>	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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# 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

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<b>Criteria</b>	PRIOR CLAIM FOR GENERIC ENALAPRIL ORAL TABLETS WITHIN THE PAST 120 DAYS.
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# LISINOPRIL ORAL SOLUTION

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## Products Affected

### Step 2:

- QBRELIS 1 MG/ML ORAL SOLUTION

## Details

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<b>Criteria</b>	PRIOR CLAIM FOR GENERIC LISINOPRIL WITHIN THE PAST 120 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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Criteria	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

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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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# 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

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<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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# OPHTHALMIC PROSTAGLANDINS

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## Products Affected

### Step 2:

- XELPROS 0.005 % EYE DROP EMULSION

## Details

<b>Criteria</b>	PRIOR CLAIM FOR FORMULARY VERSION OF LATANOPROST (GENERIC XALATAN) OR TRAVOPROST AND ONE OF THE FOLLOWING: ALPHAGAN P 0.1%, FORMULARY VERSION OF BRINZOLAMIDE (AZOPT), COMBIGAN, LUMIGAN 0.01%, SIMBRINZA OR ROCKLATAN 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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# SELEGILINE PATCH

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## Products Affected

### Step 2:

- EMSAM 12 MG/24 HR TRANSDERMAL 24 HOUR PATCH
- EMSAM 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH
- EMSAM 6 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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# 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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