



**CHOICE**<sup>SM</sup>  
Health Plans

# **VNSNY CHOICE Total Step Therapy Requirements**

**Effective: 01/01/2021**

# 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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# ANTIBACTERIALS (EENT)

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## Products Affected

### Step 2:

- BESIVANCE 0.6 % EYE  
DROPS,SUSPENSION

## Details

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<b>Criteria</b>	PRIOR CLAIM FOR FORMULARY VERSION OF CIPROFLOXACIN OPHTHALMIC OR OFLOXACIN OPHTHALMIC DROPS WITHIN THE LAST 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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# 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
- 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
- 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 AND ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE 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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Criteria	PRIOR CLAIM FOR LATUDA AND ONE FORMULARY ORAL ATYPICAL ANTIPSYCHOTICS (RISPERIDONE, CLOZAPINE, OLANZAPINE, QUETIAPINE, ARIPIPRAZOLE OR ZIPRASIDONE) 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:

- DEXILANT 30 MG CAPSULE, DELAYED RELEASE *gram capsule*
- DEXILANT 60 MG CAPSULE, DELAYED RELEASE *omeprazole 40 mg-sodium bicarbonate 1.1 gram capsule*
- *omeprazole 20 mg-sodium bicarbonate 1.1* *rabeprazole 20 mg tablet, delayed release*

## Details

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<b>Criteria</b>	PRIOR CLAIM FOR GENERIC FEDERAL LEGEND FORMULARY VERSION OF ORAL LANSOPRAZOLE CAPSULES, 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 50 MG CAPSULE
- *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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# DENOSUMAB

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## Products Affected

### Step 2:

- PROLIA 60 MG/ML SUBCUTANEOUS SYRINGE

## Details

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<b>Criteria</b>	PRIOR CLAIM FOR FORMULARY VERSION OF ALENDRONATE, IBANDRONATE OR RISEDRONATE WITHIN THE PAST 120 DAYS. PROLIA REQUIRES A STEP THERAPY EXCEPTION REQUEST FOR MEMBERS WITH A DIAGNOSIS OF PROSTATE CANCER AND USED FOR BONE LOSS IN MEN OR DIAGNOSIS OF BREAST CANCER AND USED TO INCREASE BONE MASS IN WOMEN AT HIGH RISK OF FRACTURES RECEIVING AROMATASE INHIBITOR THERAPY
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# DPP-4 INHIBITORS

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## Products Affected

### Step 2:

- JENTADUETO 2.5 MG-1,000 MG TABLET
- JENTADUETO 2.5 MG-500 MG TABLET
- JENTADUETO 2.5 MG-850 MG TABLET
- JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE
- JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE
- TRADJENTA 5 MG TABLET

## Details

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<b>Criteria</b>	PRIOR CLAIM FOR JANUMET, JANUMET XR OR JANUVIA WITHIN THE PAST 120 DAYS
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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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# ELUXADOLINE

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## Products Affected

### Step 2:

- VIBERZI 100 MG TABLET
- VIBERZI 75 MG TABLET

## Details

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

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## Products Affected

### Step 2:

- EPANED 1 MG/ML ORAL SOLUTION

## Details

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<b>Criteria</b>	PRIOR CLAIM FOR GENERIC ENALAPRIL ORAL WITHIN THE PAST 120 DAYS.
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# GABAPENTIN SR

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## Products Affected

### Step 2:

- GRALISE 300 MG TABLET,EXTENDED RELEASE
- GRALISE 30-DAY STARTER PACK 300 MG (9)-600 MG (69) TABLET,EXT.
- GRALISE 600 MG TABLET,EXTENDED RELEASE

## Details

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Criteria	PRIOR CLAIM FOR GABAPENTIN IMMEDIATE RELEASE WITHIN THE PAST 120 DAYS.
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# LESINURAD

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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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# 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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# 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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# NOVEL ORAL ANTICOAGULANTS

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## Products Affected

### Step 2:

- PRADAXA 110 MG CAPSULE
- PRADAXA 150 MG CAPSULE
- PRADAXA 75 MG CAPSULE

## Details

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<b>Criteria</b>	PRIOR CLAIM FOR ELIQUIS AND XARELTO IN THE PAST 365 DAYS.
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# OPHTHALMIC ALLERGY - OTC

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## Products Affected

### Step 2:

- ALREX 0.2 % EYE DROPS,SUSPENSION
- BEPREVE 1.5 % EYE DROPS

## Details

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<b>Criteria</b>	PRIOR CLAIM FOR ONE OF THE FOLLOWING: OTC LORATADINE, OTC LORATADINE D, OTC CETIRIZINE, OTC CETIRIZINE D, OTC FEXOFENADINE, OTC FEXOFENADINE D, OTC LEVOCETIRIZINE, OTC GENERIC KETOTIFEN EYE DROPS 0.025%, 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 XALATAN) OR TRAVOPROST AND ONE OF: ALPHAGAN P 0.1%, 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 GENERIC 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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