Institutional Special Needs Plan

## Part D Step Therapy Criteria

## **DIFICID**

### **Products Affected**

### **Step 2:**

* DIFICID SUSPENSION RECONSTITUTED 40 MG/ML ORAL
* DIFICID TABLET 200 MG ORAL

| **Details** |  |
| --- | --- |
| **Criteria** | Claim will pay automatically for Dificid if enrollee has a paid claim for at least a 1 day supply of vancomycin or Firvanq in the past 120 days. Otherwise, Dificid requires a step therapy exception request indicating: (1) history of inadequate treatment response with vancomycin or Firvanq, OR (2) history of adverse event with vancomycin or Firvanq, OR (3) vancomycin or Firvanq is contraindicated. |

## **RYTARY**

### **Products Affected**

### **Step 2:**

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

| **Details** |  |
| --- | --- |
| **Criteria** | Claim will pay automatically for Rytary if enrollee has a paid claim for at least a 1 day supply of any generic carbidopa, carbidopa/levodopa, or carbidopa/levodopa/entacapone in the past 365 days. Otherwise, Rytary requires a step therapy exception request indicating: (1) history of inadequate treatment response with any generic carbidopa, carbidopa/levodopa, or carbidopa/levodopa/entacapone OR (2) history of adverse event with any generic carbidopa, carbidopa/levodopa, or carbidopa/levodopa/entacapone, OR (3) any generic carbidopa, carbidopa/levodopa, or carbidopa/levodopa/entacapone is contraindicated. |

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DIFICID SUSPENSION RECONSTITUTED 40 MG/ML ORAL 1

DIFICID TABLET 200 MG ORAL 1

R

RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL 2

RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL 2

RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL 2

RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL 2