

Institutional Special Needs Plan  
Part D Step 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

---

<b>Criteria</b>	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.
-----------------	--

---

**Index**

**D**

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

