

**Provider Partners Health Plan
2024 Formulary – Step Therapy Criteria**

DIFICID

Products Affected

Step 2:

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

Provider Partners Health Plan 2024 Formulary – Step Therapy Criteria

Details

Criteria	
	<p>Claim will pay automatically for Difucid if enrollee has a paid claim for at least a 1 day supply of vancomycin or Firvanq in the past 120 days. Otherwise, Difucid 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.</p>

Y0135_ST24_C
Formulary ID: 24513, Version 18
Last Updated: 11/25/2024
Effective: 12/01/2024

**Provider Partners Health Plan
2024 Formulary – Step Therapy Criteria**

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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RYTARY CAPSULE EXTENDED
RELEASE 36.25-145 MG ORAL 2
RYTARY CAPSULE EXTENDED
RELEASE 48.75-195 MG ORAL 2
RYTARY CAPSULE EXTENDED
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