

2022 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria
Updated 10/2022

AMANTADINE ER

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

Criteria	
	PRIOR CLAIM FOR AMANTADINE HCL IMMEDIATE RELEASE WITHIN THE PAST 120 DAYS.

AMLODIPINE ORAL SUSPENSION

Products Affected

Step 2:

- KATERZIA 1 MG/ML ORAL SUSPENSION

Details

Criteria	PRIOR CLAIM FOR GENERIC AMLODIPINE TABLETS WITHIN THE PAST 120 DAYS.
-----------------	--

2022 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria
Updated 10/2022

ANTIDEPRESSANTS

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

Criteria	PRIOR CLAIM FOR TRINTELLIX AND VILAZODONE WITHIN THE PAST 365 DAYS.
-----------------	---

ANTIGOUT AGENTS

Products Affected

Step 2:

- *febuxostat 40 mg tablet*
- *febuxostat 80 mg tablet*

Details

Criteria	PRIOR CLAIM FOR FORMULARY VERSION OF ALLOPURINOL TABLETS WITHIN THE PAST 120 DAYS.
-----------------	--

ANTI-INFLAMMATORY AGENTS - GI

Products Affected

Step 2:

- DIPENTUM 250 MG CAPSULE

Details

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
-----------------	--

ANTIPSYCHOTIC AGENTS

Products Affected

Step 2:

- *aripiprazole 10 mg disintegrating tablet*
- *aripiprazole 15 mg disintegrating tablet*
- CAPLYTA 10.5 MG CAPSULE
- CAPLYTA 21 MG CAPSULE
- 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

Criteria	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
-----------------	---

ANTIPSYCHOTIC AGENTS II

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

Criteria	
	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

ANTIULCER AGENTS

Products Affected

Step 2:

- *omeprazole 20 mg-sodium bicarbonate 1.1 gram capsule*
- *omeprazole 40 mg-sodium bicarbonate 1.1 gram capsule*

Details

Criteria	PRIOR CLAIM FOR GENERIC FEDERAL LEGEND FORMULARY VERSION OF ORAL LANSOPRAZOLE CAPSULES, ESOMEPRAZOLE MAG, RABEPRAZOLE, OMEPRAZOLE, OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS.
-----------------	--

B VERSUS D ADMINISTRATIVE STEP

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

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.
-----------------	--

DULOXETINE SPRINKLE

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

Criteria	PRIOR CLAIM FOR FORMULARY GENERIC DULOXETINE CAPSULE WITHIN THE PAST 120 DAYS.
-----------------	--

ENALAPRIL ORAL SOLUTION

Products Affected

Step 2:

- *enalapril maleate 1 mg/ml oral solution*

Details

Criteria	PRIOR CLAIM FOR GENERIC ENALAPRIL ORAL TABLETS WITHIN THE PAST 120 DAYS.
-----------------	--

LISINOPRIL ORAL SOLUTION

Products Affected

Step 2:

- QBRELIS 1 MG/ML ORAL SOLUTION

Details

Criteria	PRIOR CLAIM FOR GENERIC LISINOPRIL WITHIN THE PAST 120 DAYS.
-----------------	--

MEMANTINE - DONEPEZIL

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

Criteria	PRIOR CLAIM FOR GENERIC DONEPEZIL AND MEMANTINE IR IN THE PAST 365 DAYS
----------	---

MEMANTINE ER

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

Criteria	PRIOR CLAIM FOR FORMULARY VERSION OF MEMANTINE IR WITHIN THE PAST 120 DAYS
-----------------	--

NASAL CORTICOSTEROIDS II

Products Affected

Step 2:

- XHANCE 93 MCG/ACTUATION
BREATH ACTIVATED AEROSOL

Details

Criteria	PRIOR CLAIM FOR A FEDERAL LEGEND FORMULARY VERSION OF MOMETASONE NASAL SPRAY WITHIN THE PAST 120 DAYS
-----------------	---

OPHTHALMIC ALLERGY - OTC

Products Affected

Step 2:

- ALREX 0.2 % EYE DROPS,SUSPENSION
- *bepotastine besilate 1.5 % eye drops*

Details

Criteria	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 OLOPATADINE, OTC GENERIC KETOTIFEN EYE DROPS 0.025%, LEVOCETIRIZINE, CROMOLYN SODIUM, EPINASTINE, OR FORMULARY OLOPATADINE EYE DROPS WITHIN THE PAST 120 DAYS.
----------	--

OPHTHALMIC PROSTAGLANDINS

Products Affected

Step 2:

- XELPROS 0.005 % EYE DROP EMULSION

Details

Criteria	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.
-----------------	--

ROSUVASTATIN SPRINKLE

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

Criteria	PRIOR CLAIM FOR FORMULARY VERSION OF ROSUVASTATIN TABLET IN THE PAST 120 DAYS.
-----------------	--

SELEGILINE PATCH

Products Affected

Step 2:

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

Details

Criteria	
	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

SPIRONOLACTONE ORAL SUSPENSION

Products Affected

Step 2:

- CAROSPIR 25 MG/5 ML ORAL SUSPENSION

Details

Criteria	PRIOR CLAIM FOR GENERIC SPIRONOLACTONE WITHIN THE PAST 120 DAYS.
-----------------	--

2022 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria
Updated 10/2022

SPRITAM

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

Criteria	PRIOR CLAIM FOR GENERIC LEVETIRACETAM SOLUTION IN THE PAST 120 DAYS
-----------------	---

TACROLIMUS PACKETS

Products Affected

Step 2:

- PROGRAF 0.2 MG ORAL GRANULES IN PACKET
- PROGRAF 1 MG ORAL GRANULES IN PACKET

Details

Criteria	PRIOR CLAIM FOR FORMULARY VERSION OF TACROLIMUS IR CAPSULES WITHIN THE PAST 120 DAYS
-----------------	--

2022 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria
Updated 10/2022

INDEX

A

ALREX 0.2 % EYE DROPS,SUSPENSION16

aripiprazole 10 mg disintegrating tablet6

aripiprazole 15 mg disintegrating tablet6

B

bepotastine besilate 1.5 % eye drops16

C

CAPLYTA 10.5 MG CAPSULE6

CAPLYTA 21 MG CAPSULE6

CAPLYTA 42 MG CAPSULE6

CAROSPIR 25 MG/5 ML ORAL
SUSPENSION20

clozapine 100 mg disintegrating tablet6

clozapine 12.5 mg disintegrating tablet6

clozapine 150 mg disintegrating tablet6

clozapine 200 mg disintegrating tablet6

clozapine 25 mg disintegrating tablet6

CYCLOPHOSPHAMIDE 25 MG
CAPSULE9

cyclophosphamide 25 mg tablet9

CYCLOPHOSPHAMIDE 50 MG
CAPSULE9

cyclophosphamide 50 mg tablet9

D

DIPENTUM 250 MG CAPSULE5

DRIZALMA SPRINKLE 20 MG
CAPSULE,DELAYED RELEASE10

DRIZALMA SPRINKLE 30 MG
CAPSULE,DELAYED RELEASE10

DRIZALMA SPRINKLE 40 MG
CAPSULE,DELAYED RELEASE10

DRIZALMA SPRINKLE 60 MG
CAPSULE,DELAYED RELEASE10

E

EMSAM 12 MG/24 HR TRANSDERMAL
24 HOUR PATCH19

EMSAM 6 MG/24 HR TRANSDERMAL
24 HOUR PATCH19

EMSAM 9 MG/24 HR TRANSDERMAL
24 HOUR PATCH19

enalapril maleate 1 mg/ml oral solution11

EZALLOR SPRINKLE 10 MG CAPSULE
.....18

EZALLOR SPRINKLE 20 MG CAPSULE
.....18

EZALLOR SPRINKLE 40 MG CAPSULE
.....18

EZALLOR SPRINKLE 5 MG CAPSULE 18

F

FANAPT 1 MG TABLET6

FANAPT 10 MG TABLET6

FANAPT 12 MG TABLET6

FANAPT 1MG(2)-2 MG(2)-4MG(2)-6
MG(2) TABLETS IN A DOSE PACK ...6

FANAPT 2 MG TABLET6

FANAPT 4 MG TABLET6

FANAPT 6 MG TABLET6

FANAPT 8 MG TABLET6

febuxostat 40 mg tablet4

febuxostat 80 mg tablet4

FETZIMA 120 MG
CAPSULE,EXTENDED RELEASE3

FETZIMA 20 MG (2)-40 MG (26)
CAPSULE,EXTENDED RELEASE,24
HR,DOSE PACK3

FETZIMA 20 MG CAPSULE,EXTENDED
RELEASE.....3

FETZIMA 40 MG CAPSULE,EXTENDED
RELEASE.....3

FETZIMA 80 MG CAPSULE,EXTENDED
RELEASE.....3

K

KATERZIA 1 MG/ML ORAL
SUSPENSION2

M

memantine 14 mg capsule sprinkle,extended
release 24hr14

memantine 21 mg capsule sprinkle,extended
release 24hr14

memantine 28 mg capsule sprinkle,extended
release 24hr14

memantine 7 mg capsule sprinkle,extended
release 24hr14

2022 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria

Updated 10/2022

methotrexate sodium 2.5 mg tablet9	REXULTI 0.5 MG TABLET7
N	REXULTI 1 MG TABLET7
NAMZARIC 14 MG-10 MG CAPSULE	REXULTI 2 MG TABLET7
SPRINKLE,EXTENDED RELEASE ...13	REXULTI 3 MG TABLET7
NAMZARIC 21 MG-10 MG CAPSULE	REXULTI 4 MG TABLET7
SPRINKLE,EXTENDED RELEASE ...13	S
NAMZARIC 28 MG-10 MG CAPSULE	SECUADO 3.8 MG/24 HOUR
SPRINKLE,EXTENDED RELEASE ...13	TRANSDERMAL 24 HOUR PATCH...6
NAMZARIC 7 MG-10 MG CAPSULE	SECUADO 5.7 MG/24 HOUR
SPRINKLE,EXTENDED RELEASE ...13	TRANSDERMAL 24 HOUR PATCH...6
NAMZARIC 7/14/21/28 MG-10 MG	SECUADO 7.6 MG/24 HOUR
CAPSULE,SPRINKLE,EXTEND	TRANSDERMAL 24 HOUR PATCH...6
RELEASE,DOSE PACK13	SPRITAM 1,000 MG TABLET FOR ORAL
O	SUSPENSION21
omeprazole 20 mg-sodium bicarbonate 1.1	SPRITAM 250 MG TABLET FOR ORAL
gram capsule8	SUSPENSION21
omeprazole 40 mg-sodium bicarbonate 1.1	SPRITAM 500 MG TABLET FOR ORAL
gram capsule8	SUSPENSION21
OSMOLEX ER 129 MG TABLET,	SPRITAM 750 MG TABLET FOR ORAL
EXTENDED RELEASE1	SUSPENSION21
OSMOLEX ER 193 MG TABLET,	V
EXTENDED RELEASE1	VERSACLOZ 50 MG/ML ORAL
OSMOLEX ER 258 MG TABLET,	SUSPENSION6
EXTENDED RELEASE1	VRAYLAR 1.5 MG (1)-3 MG (6)
OSMOLEX ER 322 MG/DAY (129 MG	CAPSULES IN A DOSE PACK6
AND 193 MG) TABLET, EXTENDED	VRAYLAR 1.5 MG CAPSULE.....6
RELEASE.....1	VRAYLAR 3 MG CAPSULE.....6
P	VRAYLAR 4.5 MG CAPSULE.....6
PROGRAF 0.2 MG ORAL GRANULES IN	VRAYLAR 6 MG CAPSULE.....6
PACKET.....22	X
PROGRAF 1 MG ORAL GRANULES IN	XATMEP 2.5 MG/ML ORAL SOLUTION9
PACKET.....22	XELPROS 0.005 % EYE DROP
Q	EMULSION17
QBRELIS 1 MG/ML ORAL SOLUTION 12	XHANCE 93 MCG/ACTUATION
R	BREATH ACTIVATED AEROSOL15
REXULTI 0.25 MG TABLET7	