

# 2023 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria  
*Updated 8/2023*

## AMANTADINE ER

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### 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

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<b>Criteria</b>	PRIOR CLAIM FOR AMANTADINE HCL IMMEDIATE RELEASE WITHIN THE PAST 120 DAYS.
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## ANTIGOUT AGENTS

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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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## ANTI-INFLAMMATORY AGENTS - GI

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### Products Affected

**Step 2:**

- DIPENTUM 250 MG CAPSULE

### Details

<b>Criteria</b>	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
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## ANTIULCER AGENTS

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### Products Affected

#### Step 2:

- *esomeprazole magnesium dr 10 mg granules delayed release for susp*
- *esomeprazole magnesium dr 20 mg granules delayed release for susp*
- *esomeprazole magnesium dr 40 mg granules delayed release for susp*
- *omeprazole 20 mg-sodium bicarbonate 1.1 gram capsule*
- *omeprazole 40 mg-sodium bicarbonate 1.1 gram capsule*

### Details

<b>Criteria</b>	PRIOR CLAIM FOR GENERIC FEDERAL LEGEND FORMULARY VERSION OF ORAL LANSOPRAZOLE CAPSULES, ESOMEPRAZOLE MAG CAPSULES, RABEPRAZOLE, OMEPRAZOLE, OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS.
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## ARIPIPRAZOLE ODT

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### Products Affected

**Step 2:**

- *aripiprazole 10 mg disintegrating tablet*
- *aripiprazole 15 mg disintegrating tablet*

### Details

<b>Criteria</b>	PRIOR CLAIM FOR ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE, LURASIDONE WITHIN THE PAST 120 DAYS.
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## ASENAPINE PATCH

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### Products Affected

#### Step 2:

- 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

### Details

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<b>Criteria</b>	PRIOR CLAIM FOR LURASIDONE AND ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE TABLET, ASENAPINE, PALIPERIDONE WITHIN THE PAST 365 DAYS.
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## B VERSUS D ADMINISTRATIVE STEP

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### 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

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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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# BREXPIPRAZOLE

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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

<b>Criteria</b>	PRIOR CLAIM FOR LURASIDONE AND 1 ORAL VERSION: RISPERIDONE, OLANZAPINE, QUETIAPINE, ARIPIPRAZOLE, ZIPRASIDONE IN PAST 365 DAYS.
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## CARIPRAZINE

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### Products Affected

**Step 2:**

- 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

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<b>Criteria</b>	PRIOR CLAIM FOR LURASIDONE OR ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE WITHIN THE PAST 120 DAYS.
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## CENOBAMATE

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### Products Affected

#### Step 2:

- XCOPRI 100 MG TABLET
- XCOPRI 150 MG TABLET
- XCOPRI 200 MG TABLET
- XCOPRI 50 MG TABLET
- XCOPRI MAINTENANCE PACK 250MG/DAY (150 MG X 1 AND 100 MG X 1) TABLETS
- XCOPRI MAINTENANCE PACK 350 MG/DAY (200 MG X 1 AND 150 MG X 1) TABLETS
- XCOPRI TITRATION PACK 12.5 MG (14)-25 MG (14) TABLETS IN A DOSE PACK
- XCOPRI TITRATION PACK 150 MG (14)-200 MG (14) TABLETS IN A DOSE PACK
- XCOPRI TITRATION PACK 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK

### Details

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Criteria
PRIOR CLAIM FOR GENERIC ANTICONVULSANT AGENT (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE OR LACOSAMIDE), WITHIN THE PAST 120 DAYS.

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## CLOZAPINE

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### Products Affected

#### Step 2:

- *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*
- VERSACLOZ 50 MG/ML ORAL SUSPENSION

### Details

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Criteria	
	PRIOR CLAIM FOR LURASIDONE AND ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE TABLET, ASENAPINE, PALIPERIDONE WITHIN THE PAST 365 DAYS.

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## DEXTROMETHORPHAN HBR/BUPROPION

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### Products Affected

**Step 2:**

- AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE

### Details

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<b>Criteria</b>	PRIOR CLAIM FOR TRINTELLIX AND ONE GENERIC ANTIDEPRESSANT (CITALOPRAM, ESCITALOPRAM, FLUOXETINE, PAROXETINE, SERTRALINE, DESVENLAFAXINE, DULOXETINE, VENLAFAXINE, MIRTAZAPINE, BUPROPION IR/SR/XL, OR VILAZODONE) WITHIN THE PAST 365 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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# 2023 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria  
*Updated 8/2023*

## EPRONTIA

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### Products Affected

#### Step 2:

- EPRONTIA 25 MG/ML ORAL SOLUTION

### Details

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<b>Criteria</b>	PRIOR CLAIM FOR GENERIC TOPIRAMATE IMMEDIATE RELEASE (IR) OR EXTENDED RELEASE (ER) WITHIN THE PAST 120 DAYS.
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## ESLICARBAZEPINE ACETATE

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### Products Affected

#### Step 2:

- APTIOM 200 MG TABLET
- APTIOM 400 MG TABLET
- APTIOM 600 MG TABLET
- APTIOM 800 MG TABLET

### Details

<b>Criteria</b>	PRIOR CLAIM FOR 2 TO GENERIC ANTICONVULSANT AGENTS (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE OR LACOSAMIDE), WITHIN THE PAST 365 DAYS.
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## FIBRATES

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### Products Affected

**Step 2:**

- *omega-3 acid ethyl esters 1 gram capsule*

### Details

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<b>Criteria</b>	PRIOR CLAIM FOR GENERIC FENOFIBRATE IN THE LAST 120 DAY
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## ILOPERIDONE

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### Products Affected

#### Step 2:

- 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

### Details

<b>Criteria</b>	PRIOR CLAIM FOR LURASIDONE AND ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE TABLET, ASENAPINE, PALIPERIDONE WITHIN THE PAST 365 DAYS.
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## KETOCONAZOLE TOPICAL

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### Products Affected

#### Step 2:

- *ketoconazole 2 % topical foam*

### Details

<b>Criteria</b>	PRIOR CLAIM OF FORMULARY VERSION KETOCONAZOLE CREAM IN THE PAST 120 DAYS
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# 2023 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria  
Updated 8/2023

## LEVOMILNACIPRAN

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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 VILAZODONE WITHIN THE PAST 365 DAYS.

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## LUMATEPERONE TOSYLATE

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### Products Affected

#### Step 2:

- CAPLYTA 10.5 MG CAPSULE
- CAPLYTA 21 MG CAPSULE
- CAPLYTA 42 MG CAPSULE

### Details

<b>Criteria</b>	PRIOR CLAIM FOR LURASIDONE OR ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE WITHIN THE PAST 120 DAYS.
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## MEMANTINE ER

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### 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

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<b>Criteria</b>	PRIOR CLAIM FOR FORMULARY VERSION OF MEMANTINE IR WITHIN THE PAST 120 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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# 2023 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria  
*Updated 8/2023*

## NICOTINE OTC

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### Products Affected

#### Step 2:

- NICOTROL 10 MG INHALATION CARTRIDGE

### Details

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<b>Criteria</b>	PRIOR CLAIMS FOR OTC NICOTINE GUM OR LOZENGE AND OTC NICOTINE PATCHES IN THE PAST 365 DAYS
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## NOVEL ORAL ANTICOAGULANTS

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### Products Affected

**Step 2:**

- *dabigatran etexilate 150 mg capsule*
- *dabigatran etexilate 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

### Details

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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.
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## PERAMPANEL

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### Products Affected

#### Step 2:

- FYCOMPA 0.5 MG/ML ORAL SUSPENSION
- FYCOMPA 10 MG TABLET
- FYCOMPA 12 MG TABLET
- FYCOMPA 2 MG TABLET
- FYCOMPA 4 MG TABLET
- FYCOMPA 6 MG TABLET
- FYCOMPA 8 MG TABLET

### Details

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<b>Criteria</b>	PRIOR CLAIM FOR 2 TO GENERIC ANTICONVULSANT AGENTS (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE OR LACOSAMIDE), WITHIN THE PAST 365 DAYS.
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## RUFINAMIDE

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### Products Affected

#### Step 2:

- *rufinamide 200 mg tablet*
- *rufinamide 40 mg/ml oral suspension*
- *rufinamide 400 mg tablet*

### Details

<b>Criteria</b>	PRIOR CLAIM FOR GENERIC ANTICONVULSANT AGENT (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE), WITHIN 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 6 MG/24 HR TRANSDERMAL 24 HOUR PATCH
- EMSAM 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH

### Details

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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

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# 2023 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria  
*Updated 8/2023*

## SPRITAM

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### 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

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<b>Criteria</b>	PRIOR CLAIM FOR GENERIC LEVETIRACETAM SOLUTION IN THE PAST 120 DAYS
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## TACROLIMUS PACKETS

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### Products Affected

#### Step 2:

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

### Details

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<b>Criteria</b>	PRIOR CLAIM FOR FORMULARY VERSION OF TACROLIMUS IR CAPSULES WITHIN THE PAST 120 DAYS
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## 2023 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria  
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**2023 Chinese Community Health Plan Senior Value Program (HMO)**

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XCOPRI TITRATION PACK 50 MG (14)-  
100 MG (14) TABLETS IN A DOSE  
PACK .....10

XHANCE 93 MCG/ACTUATION  
BREATH ACTIVATED AEROSOL ....22