

2024 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria
Updated 03/2024

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

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

ANTIULCER AGENTS

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*

Details

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

ARIPIPRAZOLE ODT

Products Affected

Step 2:

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

Details

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

ASENAPINE PATCH

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

Criteria	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, CLOZAPINE TAB, OLANZAPINE, IR QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE WITHIN PAST 365 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.
----------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

BREXPIPRAZOLE

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	CLAIM FOR 2 FORMULARY ORAL GENERIC VERSION: LURASIDONE, RISPERIDONE, OLANZAPINE, QUETIAPINE, ARIPIPRAZOLE, ZIPRASIDONE IN PAST 365 DAYS
-----------------	-----------------------------------------------------------------------------------------------------------------------------------------------

CARIPRAZINE

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

Criteria	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE WITHIN THE PAST 365 DAYS
-----------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

CENOBAMATE

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

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

CLOZAPINE

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

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

DEXTROMETHORPHAN HBR/BUPROPION

Products Affected

Step 2:

- AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE

Details

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

DIHYDROERGOTAMINE MESYLATE

Products Affected

Step 2:

- *dihydroergotamine 0.5 mg/pump act. (4 mg/ml) nasal spray*

Details

Criteria	PRIOR CLAIM FOR 2 FORMULARY GENERIC TRIPTANS (e.g. SUMATRIPTAN and RIZATRIPTAN) WITHIN THE PAST 365 DAYS
-----------------	----------------------------------------------------------------------------------------------------------

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

2024 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria
Updated 03/2024

EPRONTIA

Products Affected

Step 2:

- EPRONTIA 25 MG/ML ORAL SOLUTION

Details

Criteria	PRIOR CLAIM FOR GENERIC TOPIRAMATE IMMEDIATE RELEASE (IR) OR EXTENDED RELEASE (ER) WITHIN THE PAST 120 DAYS.
-----------------	--------------------------------------------------------------------------------------------------------------

ESLICARBAZEPINE ACETATE

Products Affected

Step 2:

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

Details

Criteria	PRIOR CLAIM FOR 2 GENERIC ANTICONVULSANT AGENTS (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE OR LACOSAMIDE), WITHIN THE PAST 365 DAYS.
-----------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

FIBRATES

Products Affected

Step 2:

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

Details

Criteria	PRIOR CLAIM FOR GENERIC FENOFIBRATE IN THE LAST 120 DAY
-----------------	---------------------------------------------------------

ILOPERIDONE

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

Criteria	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, CLOZAPINE TAB, OLANZAPINE, IR QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE WITHIN THE PAST 365 DAYS.
-----------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

KETOCONAZOLE TOPICAL

Products Affected

Step 2:

- *ketoconazole 2 % topical foam*

Details

Criteria	PRIOR CLAIM OF FORMULARY VERSION KETOCONAZOLE CREAM IN THE PAST 120 DAYS
-----------------	--------------------------------------------------------------------------

2024 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria
Updated 03/2024

LEVOMILNACIPRAN

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 1 GENERIC ANTIDEPRESSANT: BUPROPION, CITALOPRAM, ESCITALOPRAM, FLUOXETINE, MIRTAZAPINE, PAROXETINE, SERTRALINE, VENLAFAXINE, or VILAZODONE IN THE PAST 365 DAYS

LUMATEPERONE TOSYLATE

Products Affected

Step 2:

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

Details

Criteria	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE WITHIN 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
-----------------	-------------------------------------------------------------------------------------------------------

NICOTINE OTC

Products Affected

Step 2:

- NICOTROL 10 MG INHALATION CARTRIDGE
- NICOTROL NS 10 MG/ML NASAL SPRAY

Details

Criteria	PRIOR CLAIMS FOR OTC NICOTINE GUM OR LOZENGE AND OTC NICOTINE PATCHES IN THE PAST 365 DAYS
-----------------	--------------------------------------------------------------------------------------------

OPHTHALMIC ALLERGY - OTC

Products Affected

Step 2:

- ALREX 0.2 % EYE DROPS,SUSPENSION
- *loteprednol etabonate 0.2 % eye drops,suspension*

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, OR EPINASTINE WITHIN THE PAST 120 DAYS.
-----------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

PERAMPANEL

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

Criteria	PRIOR CLAIM FOR 2 GENERIC ANTICONVULSANT AGENTS (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE OR LACOSAMIDE), WITHIN THE PAST 365 DAYS.
-----------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

RUFINAMIDE

Products Affected

Step 2:

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

Details

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

2024 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria
Updated 03/2024

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

TENOFOVIR ALAFENAMIDE

Products Affected

Step 2:

- VEMLIDY 25 MG TABLET

Details

Criteria	TRIAL OF GENERIC TENOFOVIR DISOPROXIL FUMARATE WITHIN THE PAST 120 DAYS
-----------------	----------------------------------------------------------------------------

2024 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria
Updated 03/2024

INDEX

A

ALREX 0.2 % EYE DROPS,SUSPENSION	25
APTIOM 200 MG TABLET	16
APTIOM 400 MG TABLET	16
APTIOM 600 MG TABLET	16
APTIOM 800 MG TABLET	16
aripiprazole 10 mg disintegrating tablet	5
aripiprazole 15 mg disintegrating tablet	5
AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE.....	12

C

CAPLYTA 10.5 MG CAPSULE.....	21
CAPLYTA 21 MG CAPSULE.....	21
CAPLYTA 42 MG CAPSULE.....	21
clozapine 100 mg disintegrating tablet	11
clozapine 12.5 mg disintegrating tablet	11
clozapine 150 mg disintegrating tablet	11
clozapine 200 mg disintegrating tablet	11
clozapine 25 mg disintegrating tablet	11
cyclophosphamide 25 mg capsule	7
cyclophosphamide 25 mg tablet.....	7
cyclophosphamide 50 mg capsule	7
cyclophosphamide 50 mg tablet.....	7

D

dihydroergotamine 0.5 mg/pump act. (4 mg/ml) nasal spray	13
DIPENTUM 250 MG CAPSULE.....	3
DRIZALMA SPRINKLE 20 MG CAPSULE,DELAYED RELEASE	14
DRIZALMA SPRINKLE 30 MG CAPSULE,DELAYED RELEASE	14
DRIZALMA SPRINKLE 40 MG CAPSULE,DELAYED RELEASE	14
DRIZALMA SPRINKLE 60 MG CAPSULE,DELAYED RELEASE	14

E

EMSAM 12 MG/24 HR TRANSDERMAL 24 HOUR PATCH	28
EMSAM 6 MG/24 HR TRANSDERMAL 24 HOUR PATCH	28

EMSAM 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH	28
EPRONTIA 25 MG/ML ORAL SOLUTION.....	15
esomeprazole magnesium dr 10 mg granules delayed release for susp	4
esomeprazole magnesium dr 20 mg granules delayed release for susp	4
esomeprazole magnesium dr 40 mg granules delayed release for susp	4

F

FANAPT 1 MG TABLET	18
FANAPT 10 MG TABLET	18
FANAPT 12 MG TABLET	18
FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK. 18	
FANAPT 2 MG TABLET	18
FANAPT 4 MG TABLET	18
FANAPT 6 MG TABLET	18
FANAPT 8 MG TABLET	18
febuxostat 40 mg tablet.....	2
febuxostat 80 mg tablet.....	2
FETZIMA 120 MG CAPSULE,EXTENDED RELEASE	20
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK.....	20
FETZIMA 20 MG CAPSULE,EXTENDED RELEASE.....	20
FETZIMA 40 MG CAPSULE,EXTENDED RELEASE.....	20
FETZIMA 80 MG CAPSULE,EXTENDED RELEASE.....	20
FYCOMPA 0.5 MG/ML ORAL SUSPENSION	26
FYCOMPA 10 MG TABLET	26
FYCOMPA 12 MG TABLET	26
FYCOMPA 2 MG TABLET	26
FYCOMPA 4 MG TABLET	26
FYCOMPA 6 MG TABLET	26
FYCOMPA 8 MG TABLET	26

2024 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria

Updated 03/2024

K	
ketoconazole 2 % topical foam.....	19
L	
loteprednol etabonate 0.2 % eye drops,suspension	25
M	
memantine 14 mg capsule sprinkle,extended release 24hr	22
memantine 21 mg capsule sprinkle,extended release 24hr	22
memantine 28 mg capsule sprinkle,extended release 24hr	22
memantine 7 mg capsule sprinkle,extended release 24hr	22
methotrexate sodium 2.5 mg tablet.....	7
N	
NICOTROL 10 MG INHALATION CARTRIDGE.....	24
NICOTROL NS 10 MG/ML NASAL SPRAY.....	24
O	
omega-3 acid ethyl esters 1 gram capsule.	17
OSMOLEX ER 129 MG TABLET, EXTENDED RELEASE.....	1
OSMOLEX ER 193 MG TABLET, EXTENDED RELEASE.....	1
OSMOLEX ER 258 MG TABLET, EXTENDED RELEASE.....	1
OSMOLEX ER 322 MG/DAY (129 MG AND 193 MG) TABLET, EXTENDED RELEASE.....	1
P	
PROGRAF 0.2 MG ORAL GRANULES IN PACKET.....	30
PROGRAF 1 MG ORAL GRANULES IN PACKET.....	30
R	
REXULTI 0.25 MG TABLET.....	8
REXULTI 0.5 MG TABLET.....	8
REXULTI 1 MG TABLET.....	8
REXULTI 2 MG TABLET.....	8
REXULTI 3 MG TABLET.....	8
REXULTI 4 MG TABLET.....	8
rufinamide 200 mg tablet.....	27
rufinamide 40 mg/ml oral suspension.....	27
rufinamide 400 mg tablet.....	27
S	
SECUADO 3.8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH... 6	
SECUADO 5.7 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH... 6	
SECUADO 7.6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH... 6	
SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION	29
SPRITAM 250 MG TABLET FOR ORAL SUSPENSION	29
SPRITAM 500 MG TABLET FOR ORAL SUSPENSION	29
SPRITAM 750 MG TABLET FOR ORAL SUSPENSION	29
V	
VEMLIDY 25 MG TABLET	31
VERSACLOZ 50 MG/ML ORAL SUSPENSION	11
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK	9
VRAYLAR 1.5 MG CAPSULE.....	9
VRAYLAR 3 MG CAPSULE.....	9
VRAYLAR 4.5 MG CAPSULE.....	9
VRAYLAR 6 MG CAPSULE.....	9
X	
XATMEP 2.5 MG/ML ORAL SOLUTION	7
XCOPRI 100 MG TABLET	10
XCOPRI 150 MG TABLET.....	10
XCOPRI 200 MG TABLET.....	10
XCOPRI 50 MG TABLET.....	10
XCOPRI MAINTENANCE PACK 250MG/DAY (150 MG X 1 AND 100 MG X 1) TABLETS	10
XCOPRI MAINTENANCE PACK 350 MG/DAY (200 MG X 1 AND 150 MG X 1) TABLETS.....	10
XCOPRI TITRATION PACK 12.5 MG (14)-25 MG (14) TABLETS IN A DOSE PACK.....	10

2024 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria

Updated 03/2024

XCOPRI TITRATION PACK 150 MG
(14)-200 MG (14) TABLETS IN A
DOSE PACK 10

XCOPRI TITRATION PACK 50 MG (14)-
100 MG (14) TABLETS IN A DOSE
PACK..... 10
XHANCE 93 MCG/ACTUATION
BREATH ACTIVATED AEROSOL ... 23