

2024 Chinese Community Health Plan Senior Program (HMO)

Step Therapy Criteria
Updated 04/2024

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. |
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ANTI-INFLAMMATORY AGENTS - GI

Products Affected

Step 2:

- DIPENTUM 250 MG CAPSULE

Details

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|-----------------|--|
| 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. |
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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 |
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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. |
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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. |
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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, ARIPIRAZOLE, ASENAPINE, PALIPERIDONE WITHIN THE PAST 365 DAYS. |
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KETOCONAZOLE TOPICAL

Products Affected

Step 2:

- *ketoconazole 2 % topical foam*

Details

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

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 |
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NICOTINE OTC

Products Affected

Step 2:

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

Details

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|-----------------|--|
| 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:

- *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. |
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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 |

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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 |
|-----------------|--|

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INDEX

A

| | |
|---|----|
| 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 |

K

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

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XCOPRI TITRATION PACK 50 MG (14)-
100 MG (14) TABLETS IN A DOSE
PACK10

XHANCE 93 MCG/ACTUATION
BREATH ACTIVATED AEROSOL....23