

**Sonder Health Plans Complete Health Medicare Advantage (HMO), Tiers Medicare Advantage (HMO), and Dual Complete (HMO D-SNP)
2024 Step Therapy (ST) Criteria**

ANTICONVULSANTS

Products Affected

Step 2:

- APTIOM TABLET 200 MG ORAL
- APTIOM TABLET 400 MG ORAL
- APTIOM TABLET 600 MG ORAL
- APTIOM TABLET 800 MG ORAL
- DILANTIN CAPSULE 30 MG ORAL
- FYCOMPA SUSPENSION 0.5 MG/ML ORAL
- FYCOMPA TABLET 10 MG ORAL
- FYCOMPA TABLET 12 MG ORAL
- FYCOMPA TABLET 2 MG ORAL
- FYCOMPA TABLET 4 MG ORAL
- FYCOMPA TABLET 6 MG ORAL
- FYCOMPA TABLET 8 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 1000 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 250 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 500 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 750 MG ORAL
- SYMPAZAN FILM 10 MG ORAL
- SYMPAZAN FILM 20 MG ORAL
- SYMPAZAN FILM 5 MG ORAL
- VALTOCO 10 MG DOSE LIQUID 10 MG/0.1ML NASAL
- VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5 MG/0.1ML NASAL
- VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10 MG/0.1ML NASAL
- VALTOCO 5 MG DOSE LIQUID 5 MG/0.1ML NASAL

Details

Criteria	
	Claim will pay automatically if enrollee has a paid claim for at least a 1 day supply of a generic formulary anticonvulsant in the past 365 days. Otherwise, a step therapy exception request will be required indicating: (1) history of inadequate treatment response with a generic formulary anticonvulsant, (2) history of adverse event with a generic formulary anticonvulsant, or (3) generic formulary anticonvulsants are contraindicated.

**Sonder Health Plans Complete Health Medicare Advantage (HMO), Tiers Medicare Advantage (HMO), and Dual Complete (HMO D-SNP)
2024 Step Therapy (ST) Criteria**

ANTIDEPRESSANTS

Products Affected

Step 2:

- AUVELITY TABLET EXTENDED RELEASE 45-105 MG ORAL
- EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL
- MARPLAN TABLET 10 MG ORAL
- TRINTELLIX TABLET 10 MG ORAL
- TRINTELLIX TABLET 20 MG ORAL
- TRINTELLIX TABLET 5 MG ORAL

Details

Criteria	Claim will pay automatically if enrollee has a paid claim for at least a 1 day supply of any generic formulary antidepressant in the past 365 days. Otherwise, a step therapy exception request will be required indicating: (1) history of inadequate treatment response with a generic formulary antidepressant, (2) history of adverse event with a generic formulary antidepressant, or (3) generic formulary antidepressants are contraindicated.
-----------------	--

Formulary ID: 24457 version 10
Last Updated: 03/19/2024
Effective: 04/01/2024
H1748_MAPDSTCY24_C

**Sonder Health Plans Complete Health Medicare Advantage (HMO), Tiers Medicare Advantage (HMO), and Dual Complete (HMO D-SNP)
2024 Step Therapy (ST) Criteria**

ATYPICALS

Products Affected

Step 2:

- FANAPT TABLET 1 MG ORAL
- FANAPT TABLET 10 MG ORAL
- FANAPT TABLET 12 MG ORAL
- FANAPT TABLET 2 MG ORAL
- FANAPT TABLET 4 MG ORAL
- FANAPT TABLET 6 MG ORAL
- FANAPT TABLET 8 MG ORAL
- FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL
- LYBALVI TABLET 10-10 MG ORAL
- LYBALVI TABLET 15-10 MG ORAL
- LYBALVI TABLET 20-10 MG ORAL
- LYBALVI TABLET 5-10 MG ORAL
- SECUADO PATCH 24 HOUR 3.8 MG/24HR TRANSDERMAL
- SECUADO PATCH 24 HOUR 5.7 MG/24HR TRANSDERMAL
- SECUADO PATCH 24 HOUR 7.6 MG/24HR TRANSDERMAL
- VERSACLOZ SUSPENSION 50 MG/ML ORAL
- VRAYLAR CAPSULE 1.5 MG ORAL
- VRAYLAR CAPSULE 3 MG ORAL
- VRAYLAR CAPSULE 4.5 MG ORAL
- VRAYLAR CAPSULE 6 MG ORAL
- VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL
- ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 210 MG INTRAMUSCULAR

Details

Criteria	Claim will pay automatically if enrollee has a paid claim for at least a 1 day supply of 2 generic formulary agents in the past 365 days. Otherwise, a step therapy exception request will be required indicating: (1) diagnosis that is not covered by 2 generic formulary agents, (2) history of inadequate treatment response with 2 generic formulary agents, (3) history of adverse event with 2 generic formulary agents, or (4) 2 generic formulary agents are contraindicated.
-----------------	--

**Sonder Health Plans Complete Health Medicare Advantage (HMO), Tiers Medicare Advantage (HMO), and Dual Complete (HMO D-SNP)
2024 Step Therapy (ST) 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 if enrollee has a paid claim for at least a 1 day supply of 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 Carbidopa, Carbidopa/Levodopa, or Carbidopa/Levodopa/Entacapone, (2) history of adverse event with Carbidopa, Carbidopa/Levodopa, or Carbidopa/Levodopa/Entacapone, or (3) Carbidopa, Carbidopa/Levodopa, or Carbidopa/Levodopa/Entacapone is contraindicated.

Formulary ID: 24457 version 10
Last Updated: 03/19/2024
Effective: 04/01/2024
H1748_MAPDSTCY24_C

**Sonder Health Plans Complete Health Medicare Advantage (HMO), Tiers Medicare Advantage (HMO), and Dual Complete (HMO D-SNP)
2024 Step Therapy (ST) Criteria**

Index

A

APTIOM TABLET 200 MG ORAL..... 1
 APTIOM TABLET 400 MG ORAL..... 1
 APTIOM TABLET 600 MG ORAL..... 1
 APTIOM TABLET 800 MG ORAL..... 1
 AUVELITY TABLET EXTENDED
 RELEASE 45-105 MG ORAL 2

D

DILANTIN CAPSULE 30 MG ORAL..... 1

E

EMSAM PATCH 24 HOUR 12 MG/24HR
 TRANSDERMAL..... 2
 EMSAM PATCH 24 HOUR 6 MG/24HR
 TRANSDERMAL..... 2
 EMSAM PATCH 24 HOUR 9 MG/24HR
 TRANSDERMAL..... 2

F

FANAPT TABLET 1 MG ORAL 3
 FANAPT TABLET 10 MG ORAL 3
 FANAPT TABLET 12 MG ORAL 3
 FANAPT TABLET 2 MG ORAL 3
 FANAPT TABLET 4 MG ORAL 3
 FANAPT TABLET 6 MG ORAL 3
 FANAPT TABLET 8 MG ORAL 3
 FANAPT TITRATION PACK TABLET 1
 & 2 & 4 & 6 MG ORAL 3
 FYCOMPA SUSPENSION 0.5 MG/ML
 ORAL 1
 FYCOMPA TABLET 10 MG ORAL..... 1
 FYCOMPA TABLET 12 MG ORAL..... 1
 FYCOMPA TABLET 2 MG ORAL..... 1
 FYCOMPA TABLET 4 MG ORAL..... 1
 FYCOMPA TABLET 6 MG ORAL..... 1
 FYCOMPA TABLET 8 MG ORAL..... 1

L

LYBALVI TABLET 10-10 MG ORAL 3
 LYBALVI TABLET 15-10 MG ORAL 3
 LYBALVI TABLET 20-10 MG ORAL 3
 LYBALVI TABLET 5-10 MG ORAL 3

M

MARPLAN TABLET 10 MG ORAL..... 2

R

RYTARY CAPSULE EXTENDED
 RELEASE 23.75-95 MG ORAL..... 4
 RYTARY CAPSULE EXTENDED
 RELEASE 36.25-145 MG ORAL..... 4
 RYTARY CAPSULE EXTENDED
 RELEASE 48.75-195 MG ORAL..... 4
 RYTARY CAPSULE EXTENDED
 RELEASE 61.25-245 MG ORAL..... 4

S

SECUADO PATCH 24 HOUR 3.8
 MG/24HR TRANSDERMAL..... 3
 SECUADO PATCH 24 HOUR 5.7
 MG/24HR TRANSDERMAL..... 3
 SECUADO PATCH 24 HOUR 7.6
 MG/24HR TRANSDERMAL..... 3
 SPRITAM TABLET DISINTEGRATING
 SOLUBLE 1000 MG ORAL 1
 SPRITAM TABLET DISINTEGRATING
 SOLUBLE 250 MG ORAL 1
 SPRITAM TABLET DISINTEGRATING
 SOLUBLE 500 MG ORAL 1
 SPRITAM TABLET DISINTEGRATING
 SOLUBLE 750 MG ORAL 1
 SYMPAZAN FILM 10 MG ORAL..... 1
 SYMPAZAN FILM 20 MG ORAL..... 1
 SYMPAZAN FILM 5 MG ORAL..... 1

T

TRINTELLIX TABLET 10 MG ORAL 2
 TRINTELLIX TABLET 20 MG ORAL 2
 TRINTELLIX TABLET 5 MG ORAL 2

V

VALTOCO 10 MG DOSE LIQUID 10
 MG/0.1ML NASAL 1
 VALTOCO 15 MG DOSE LIQUID
 THERAPY PACK 7.5 MG/0.1ML
 NASAL 1

Formulary ID: 24457 version
 Last Updated:
 Effective: 04/01/2024

**Sonder Health Plans Complete Health Medicare Advantage (HMO), Tiers Medicare Advantage (HMO), and Dual Complete (HMO D-SNP)
2024 Step Therapy (ST) Criteria**

VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10 MG/0.1ML NASAL.....	1	VRAYLAR CAPSULE 4.5 MG ORAL.....	3
VALTOCO 5 MG DOSE LIQUID 5 MG/0.1ML NASAL	1	VRAYLAR CAPSULE 6 MG ORAL.....	3
VERSACLOZ SUSPENSION 50 MG/ML ORAL	3	VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL.....	3
VRAYLAR CAPSULE 1.5 MG ORAL	3	Z	
VRAYLAR CAPSULE 3 MG ORAL	3	ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 210 MG INTRAMUSCULAR.....	3

Formulary ID: 24457 version
Last Updated:
Effective: 04/01/2024