

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

# ANTICONVULSANTS

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## 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
- MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL
- MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL
- MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 200 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

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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.

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2024 Step Therapy (ST) Criteria**

# **ANTIDEPRESSANTS**

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## **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**

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<b>Criteria</b>	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.
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2024 Step Therapy (ST) Criteria**

# ATYPICALS

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## 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

<b>Criteria</b>	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.
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2024 Step Therapy (ST) Criteria**

# **RYTARY**

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## **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**

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<b>Criteria</b>	
	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.

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2024 Step Therapy (ST) Criteria**

**Index**

<b>A</b>		MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL ....1
APTIOM TABLET 200 MG ORAL.....1		MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL ....1
APTIOM TABLET 400 MG ORAL.....1		MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL ....1
APTIOM TABLET 600 MG ORAL.....1		<b>R</b>
APTIOM TABLET 800 MG ORAL.....1		RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL.....4
AUVELITY TABLET EXTENDED RELEASE 45-105 MG ORAL .....2		RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL.....4
<b>D</b>		RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL.....4
DILANTIN CAPSULE 30 MG ORAL.....1		RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL.....4
<b>E</b>		<b>S</b>
EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL.....2		SECUADO PATCH 24 HOUR 3.8 MG/24HR TRANSDERMAL.....3
EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL.....2		SECUADO PATCH 24 HOUR 5.7 MG/24HR TRANSDERMAL.....3
EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL.....2		SECUADO PATCH 24 HOUR 7.6 MG/24HR TRANSDERMAL.....3
<b>F</b>		SPRITAM TABLET DISINTEGRATING SOLUBLE 1000 MG ORAL .....1
FANAPT TABLET 1 MG ORAL .....3		SPRITAM TABLET DISINTEGRATING SOLUBLE 250 MG ORAL .....1
FANAPT TABLET 10 MG ORAL .....3		SPRITAM TABLET DISINTEGRATING SOLUBLE 500 MG ORAL .....1
FANAPT TABLET 12 MG ORAL .....3		SPRITAM TABLET DISINTEGRATING SOLUBLE 750 MG ORAL .....1
FANAPT TABLET 2 MG ORAL .....3		SYMPAZAN FILM 10 MG ORAL.....1
FANAPT TABLET 4 MG ORAL .....3		SYMPAZAN FILM 20 MG ORAL.....1
FANAPT TABLET 6 MG ORAL .....3		SYMPAZAN FILM 5 MG ORAL.....1
FANAPT TABLET 8 MG ORAL .....3		<b>T</b>
FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL .....3		TRINTELLIX TABLET 10 MG ORAL ....2
FYCOMPA SUSPENSION 0.5 MG/ML ORAL .....1		TRINTELLIX TABLET 20 MG ORAL ....2
FYCOMPA TABLET 10 MG ORAL.....1		TRINTELLIX TABLET 5 MG ORAL.....2
FYCOMPA TABLET 12 MG ORAL.....1		<b>V</b>
FYCOMPA TABLET 2 MG ORAL.....1		VALTOCO 10 MG DOSE LIQUID 10 MG/0.1ML NASAL .....1
FYCOMPA TABLET 4 MG ORAL.....1		
FYCOMPA TABLET 6 MG ORAL.....1		
FYCOMPA TABLET 8 MG ORAL.....1		
<b>L</b>		
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		
<b>M</b>		
MARPLAN TABLET 10 MG ORAL.....2		

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**Sonder Health Plans Complete Health Medicare Advantage (HMO), Tiers Medicare Advantage (HMO), and Dual Complete (HMO D-SNP)**

**2024 Step Therapy (ST) Criteria**

VALTOCO 15 MG DOSE LIQUID	VRAYLAR CAPSULE 1.5 MG ORAL.....3
THERAPY PACK 7.5 MG/0.1ML	VRAYLAR CAPSULE 3 MG ORAL.....3
NASAL.....1	VRAYLAR CAPSULE 4.5 MG ORAL.....3
VALTOCO 20 MG DOSE LIQUID	VRAYLAR CAPSULE 6 MG ORAL.....3
THERAPY PACK 10 MG/0.1ML	VRAYLAR CAPSULE THERAPY PACK
NASAL.....1	1.5 & 3 MG ORAL.....3
VALTOCO 5 MG DOSE LIQUID 5	<b>Z</b>
MG/0.1ML NASAL.....1	ZYPREXA RELPREVV SUSPENSION
VERSACLOZ SUSPENSION 50 MG/ML	RECONSTITUTED 210 MG
ORAL .....3	INTRAMUSCULAR.....3

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