

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

ANTIGOUT AGENTS

Products Affected

Step 2:

- *febuxostat tablet 40 mg oral*
- *febuxostat tablet 80 mg oral*

Details

Criteria	PRIOR CLAIM FOR FORMULARY VERSION OF ALLOPURINOL TABLETS WITHIN THE PAST 120 DAYS.
-----------------	--

Formulary ID: 25263 version 9

Last Updated: 11/21/2024

Effective: 01/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

ANTIULCER AGENTS

Products Affected

Step 2:

- *esomeprazole magnesium packet 10 mg oral*
- *esomeprazole magnesium packet 20 mg oral*
- *esomeprazole magnesium packet 40 mg oral*

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

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

ARIPIPRAZOLE ODT

Products Affected

Step 2:

- *aripiprazole tablet dispersible 10 mg oral*
- *aripiprazole tablet dispersible 15 mg oral*

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

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

ASENAPINE PATCH

Products Affected

Step 2:

- 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

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

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

B VERSUS D ADMINISTRATIVE STEP

Products Affected

Step 2:

- CYCLOPHOSPHAMIDE CAPSULE 25 MG ORAL
- *cyclophosphamide capsule 50 mg oral*
- *cyclophosphamide tablet 25 mg oral*
- CYCLOPHOSPHAMIDE TABLET 50 MG ORAL
- JYLAMVO SOLUTION 2 MG/ML ORAL
- *methotrexate sodium tablet 2.5 mg oral*
- XATMEP SOLUTION 2.5 MG/ML ORAL

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

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

BREXPIRAZOLE

Products Affected

Step 2:

- REXULTI TABLET 0.25 MG ORAL
- REXULTI TABLET 0.5 MG ORAL
- REXULTI TABLET 1 MG ORAL
- REXULTI TABLET 2 MG ORAL
- REXULTI TABLET 3 MG ORAL
- REXULTI TABLET 4 MG ORAL

Details

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

Formulary ID: 25263 version 9

Last Updated: 11/11/2024

Effective: 01/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

CARIPRAZINE

Products Affected

Step 2:

- 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

Details

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

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

CENOBAMATE

Products Affected

Step 2:

- XCOPRI (250 MG DAILY DOSE) TABLET THERAPY PACK 100 & 150 MG ORAL
- XCOPRI (350 MG DAILY DOSE) TABLET THERAPY PACK 150 & 200 MG ORAL
- XCOPRI TABLET 100 MG ORAL
- XCOPRI TABLET 150 MG ORAL
- XCOPRI TABLET 200 MG ORAL
- XCOPRI TABLET 25 MG ORAL
- XCOPRI TABLET 50 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X100 MG ORAL

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

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

CLOZAPINE

Products Affected

Step 2:

- *clozapine tablet dispersible 100 mg oral*
- *clozapine tablet dispersible 12.5 mg oral*
- *clozapine tablet dispersible 150 mg oral*
- *clozapine tablet dispersible 200 mg oral*
- *clozapine tablet dispersible 25 mg oral*
- **VERSACLOZ SUSPENSION 50 MG/ML ORAL**

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

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

DEXTROMETHORPHAN HBR/BUPROPION

Products Affected

Step 2:

- AUVELITY TABLET EXTENDED RELEASE 45-105 MG ORAL

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

Formulary ID: 25263 version 9

Last Updated: 11/11/2024

Effective: 01/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

DIHYDROERGOTAMINE MESYLATE

Products Affected

Step 2:

- *dihydroergotamine mesylate solution 4 mg/ml nasal*

Details

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

Formulary ID: 25263 version 9

Last Updated: 11/21/2024

Effective: 01/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

DRIZALMA SPRINKLE

Products Affected

Step 2:

- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20 MG ORAL
- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30 MG ORAL
- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40 MG ORAL
- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60 MG ORAL

Details

Criteria	PRIOR CLAIM FOR FORMULARY GENERIC DULOXETINE CAPSULE WITHIN THE PAST 120 DAYS.
-----------------	--

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

EPRONTIA

Products Affected

Step 2:

- EPRONTIA SOLUTION 25 MG/ML
ORAL

Details

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

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

ESLICARBAZEPINE ACETATE

Products Affected

Step 2:

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

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

Formulary ID: 25263 version 9

Last Updated: 11/11/2024

Effective: 01/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

FIBRATES

Products Affected

Step 2:

- *omega-3-acid ethyl esters capsule 1 gm oral*

Details

Criteria	
	PRIOR CLAIM FOR GENERIC FENOFIBRATE IN THE LAST 120 DAY

Formulary ID: 25263 version 9

Last Updated: 11/21/2024

Effective: 01/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

HIGH INTENSITY STATIN

Products Affected

Step 2:

- NEXLETOL TABLET 180 MG ORAL
- NEXLIZET TABLET 180-10 MG ORAL
- REPATHA PUSHTRONEX SYSTEM SOLUTION CARTRIDGE 420 MG/3.5ML SUBCUTANEOUS
- REPATHA SOLUTION PREFILLED SYRINGE 140 MG/ML SUBCUTANEOUS
- REPATHA SURECLICK SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS

Details

Criteria	PRIOR 25 DAY TRIAL OF GENERIC HIGH INTENSITY STATIN: FORMULARY VERSION OF ATORVASTATIN (40 MG or 80 MG) OR ROSUVASTATIN (20 MG or 40 MG) WITHIN THE PAST 120 DAYS
-----------------	---

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

ILOPERIDONE

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

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

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

INSULIN SUPPLY PAYMENT DETERMINATION ST

Products Affected

Step 2:

- COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML
- CVS GAUZE STERILE PAD 2"X2"
- EXEL COMFORT POINT PEN NEEDLE 29G X 12MM
- GLOBAL ALCOHOL PREP EASE PAD 70 %
- PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML
- QC ALCOHOL 70 % EXTERNAL
- *ra isopropyl alcohol wipes 70 % external*
- RELI-ON INSULIN SYRINGE 29G 0.3 ML

Details

Criteria
IN ORDER TO ASSIST IN PAYMENT DETERMINATION, A PRIOR CLAIM SEEN FOR AN INJECTABLE INSULIN WITHIN THE PAST 120 DAYS WILL QUALIFY FOR PART D PAYMENT.

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

LEVOMILNACIPRAN

Products Affected

Step 2:

- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL
- FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL

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

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

LUMATEPERONE TOSYLATE

Products Affected

Step 2:

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

Details

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

Formulary ID: 25263 version 9

Last Updated: 11/11/2024

Effective: 01/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

MEMANTINE ER

Products Affected

Step 2:

- *memantine hcl er capsule extended release 24 hour 14 mg oral*
- *memantine hcl er capsule extended release 24 hour 21 mg oral*
- *memantine hcl er capsule extended release 24 hour 28 mg oral*
- *memantine hcl er capsule extended release 24 hour 7 mg oral*

Details

Criteria	PRIOR CLAIM FOR FORMULARY VERSION OF MEMANTINE IR WITHIN THE PAST 120 DAYS
-----------------	--

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

METHOTREXATE INJECTOR

Products Affected

Step 2:

- RASUVO SOLUTION AUTO-INJECTOR 10 MG/0.2ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 15 MG/0.3ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 25 MG/0.5ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 30 MG/0.6ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML SUBCUTANEOUS

Details

Criteria	TRIAL OF OR CONTRAINDICATION TO GENERIC ORAL METHOTREXATE TABLET
-----------------	--

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

OPHTHALMIC ALLERGY - NO OTC

Products Affected

Step 2:

- *alrex suspension 0.2 % ophthalmic*
- *loteprednol etabonate suspension 0.2 % ophthalmic*

Details

Criteria	PRIOR CLAIM FOR FEDERAL LEGEND LEVOCETIRIZINE , CROMOLYN SODIUM, OR EPINASTINE WITHIN THE PAST 120 DAYS.
-----------------	--

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

PERAMPANEL

Products Affected

Step 2:

- 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

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

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

RUFINAMIDE

Products Affected

Step 2:

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

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.

Formulary ID: 25263 version 9

Last Updated: 11/21/2024

Effective: 01/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

SELEGILINE PATCH

Products Affected

Step 2:

- EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL

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

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

SPRITAM

Products Affected

Step 2:

- 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

Details

Criteria	PRIOR CLAIM FOR GENERIC LEVETIRACETAM SOLUTION IN THE PAST 120 DAYS
-----------------	---

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

TENOFOVIR ALAFENAMIDE

Products Affected

Step 2:

- VEMLIDY TABLET 25 MG ORAL

Details

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

Formulary ID: 25263 version 9

Last Updated: 11/11/2024

Effective: 01/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

XANOMELINE/TROSPIUM

Products Affected

Step 2:

- COBENFY CAPSULE 100-20 MG ORAL
- COBENFY CAPSULE 125-30 MG ORAL
- COBENFY CAPSULE 50-20 MG ORAL
- COBENFY STARTER PACK CAPSULE THERAPY PACK 50-20 & 100-20 MG ORAL

Details

Criteria	CLAIM FOR ONE FORMULARY ORAL ANTIPSYCHOTIC: LURASIDONE, RISPERIDONE, CLOZAPINE TAB, OLANZAPINE, IR QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIRAZOLE, ASENAPINE, PALIPERIDONE WITHIN THE PAST 120 DAYS
-----------------	---

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

INDEX

A

alrex suspension 0.2 % ophthalmic.....23
 APTIOM TABLET 200 MG ORAL..... 14
 APTIOM TABLET 400 MG ORAL..... 14
 APTIOM TABLET 600 MG ORAL..... 14
 APTIOM TABLET 800 MG ORAL..... 14
 aripiprazole tablet dispersible 10 mg oral ...3
 aripiprazole tablet dispersible 15 mg oral ...3
 AUVELITY TABLET EXTENDED
 RELEASE 45-105 MG ORAL 10

C

CAPLYTA CAPSULE 10.5 MG ORAL ..20
 CAPLYTA CAPSULE 21 MG ORAL20
 CAPLYTA CAPSULE 42 MG ORAL20
 clozapine tablet dispersible 100 mg oral9
 clozapine tablet dispersible 12.5 mg oral9
 clozapine tablet dispersible 150 mg oral9
 clozapine tablet dispersible 200 mg oral9
 clozapine tablet dispersible 25 mg oral9
 COBENFY CAPSULE 100-20 MG ORAL
29
 COBENFY CAPSULE 125-30 MG ORAL
29
 COBENFY CAPSULE 50-20 MG ORAL 29
 COBENFY STARTER PACK CAPSULE
 THERAPY PACK 50-20 & 100-20 MG
 ORAL29
 COMFORT ASSIST INSULIN SYRINGE
 29G X 1/2 18
 CVS GAUZE STERILE PAD 2 18
 CYCLOPHOSPHAMIDE CAPSULE 25
 MG ORAL5
 cyclophosphamide capsule 50 mg oral.....5
 cyclophosphamide tablet 25 mg oral.....5
 CYCLOPHOSPHAMIDE TABLET 50 MG
 ORAL5

D

dihydroergotamine mesylate solution 4
 mg/ml nasal..... 11
 DRIZALMA SPRINKLE CAPSULE
 DELAYED RELEASE SPRINKLE 20
 MG ORAL 12

DRIZALMA SPRINKLE CAPSULE
 DELAYED RELEASE SPRINKLE 30
 MG ORAL12
 DRIZALMA SPRINKLE CAPSULE
 DELAYED RELEASE SPRINKLE 40
 MG ORAL12
 DRIZALMA SPRINKLE CAPSULE
 DELAYED RELEASE SPRINKLE 60
 MG ORAL12

E

EMSAM PATCH 24 HOUR 12 MG/24HR
 TRANSDERMAL26
 EMSAM PATCH 24 HOUR 6 MG/24HR
 TRANSDERMAL26
 EMSAM PATCH 24 HOUR 9 MG/24HR
 TRANSDERMAL26
 EPRONTIA SOLUTION 25 MG/ML
 ORAL13
 esomeprazole magnesium packet 10 mg oral
2
 esomeprazole magnesium packet 20 mg oral
2
 esomeprazole magnesium packet 40 mg oral
2
 EXEL COMFORT POINT PEN NEEDLE
 29G X 12MM.....18

F

FANAPT TABLET 1 MG ORAL.....17
 FANAPT TABLET 10 MG ORAL.....17
 FANAPT TABLET 12 MG ORAL.....17
 FANAPT TABLET 2 MG ORAL.....17
 FANAPT TABLET 4 MG ORAL.....17
 FANAPT TABLET 6 MG ORAL.....17
 FANAPT TABLET 8 MG ORAL.....17
 FANAPT TITRATION PACK TABLET 1
 & 2 & 4 & 6 MG ORAL.....17
 febuxostat tablet 40 mg oral.....1
 febuxostat tablet 80 mg oral.....1
 FETZIMA CAPSULE EXTENDED
 RELEASE 24 HOUR 120 MG ORAL ..19
 FETZIMA CAPSULE EXTENDED
 RELEASE 24 HOUR 20 MG ORAL19

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

FETZIMA CAPSULE EXTENDED
RELEASE 24 HOUR 40 MG ORAL.... 19
FETZIMA CAPSULE EXTENDED
RELEASE 24 HOUR 80 MG ORAL.... 19
FETZIMA TITRATION CAPSULE ER 24
HOUR THERAPY PACK 20 & 40 MG
ORAL 19
FYCOMPA SUSPENSION 0.5 MG/ML
ORAL 24
FYCOMPA TABLET 10 MG ORAL..... 24
FYCOMPA TABLET 12 MG ORAL..... 24
FYCOMPA TABLET 2 MG ORAL..... 24
FYCOMPA TABLET 4 MG ORAL..... 24
FYCOMPA TABLET 6 MG ORAL..... 24
FYCOMPA TABLET 8 MG ORAL..... 24
G
GLOBAL ALCOHOL PREP EASE PAD 70
% 18
J
JYLAMVO SOLUTION 2 MG/ML ORAL 5
L
loteprednol etabonate suspension 0.2 %
ophthalmic 23
M
memantine hcl er capsule extended release
24 hour 14 mg oral 21
memantine hcl er capsule extended release
24 hour 21 mg oral 21
memantine hcl er capsule extended release
24 hour 28 mg oral 21
memantine hcl er capsule extended release
24 hour 7 mg oral 21
methotrexate sodium tablet 2.5 mg oral..... 5
N
NEXLETOL TABLET 180 MG ORAL ... 16
NEXLIZET TABLET 180-10 MG ORAL 16
O
omega-3-acid ethyl esters capsule 1 gm oral
..... 15
P
PREFERRED PLUS INSULIN SYRINGE
28G X 1/2 18
Q
QC ALCOHOL 70 % EXTERNAL..... 18

R
ra isopropyl alcohol wipes 70 % external..18
RASUVO SOLUTION AUTO-INJECTOR
10 MG/0.2ML SUBCUTANEOUS22
RASUVO SOLUTION AUTO-INJECTOR
12.5 MG/0.25ML SUBCUTANEOUS..22
RASUVO SOLUTION AUTO-INJECTOR
15 MG/0.3ML SUBCUTANEOUS22
RASUVO SOLUTION AUTO-INJECTOR
17.5 MG/0.35ML SUBCUTANEOUS..22
RASUVO SOLUTION AUTO-INJECTOR
20 MG/0.4ML SUBCUTANEOUS22
RASUVO SOLUTION AUTO-INJECTOR
22.5 MG/0.45ML SUBCUTANEOUS..22
RASUVO SOLUTION AUTO-INJECTOR
25 MG/0.5ML SUBCUTANEOUS22
RASUVO SOLUTION AUTO-INJECTOR
30 MG/0.6ML SUBCUTANEOUS22
RASUVO SOLUTION AUTO-INJECTOR
7.5 MG/0.15ML SUBCUTANEOUS....22
RELI-ON INSULIN SYRINGE 29G 0.3
ML 18
REPATHA PUSHTRONEX SYSTEM
SOLUTION CARTRIDGE 420
MG/3.5ML SUBCUTANEOUS 16
REPATHA SOLUTION PREFILLED
SYRINGE 140 MG/ML
SUBCUTANEOUS 16
REPATHA SURECLICK SOLUTION
AUTO-INJECTOR 140 MG/ML
SUBCUTANEOUS 16
REXULTI TABLET 0.25 MG ORAL6
REXULTI TABLET 0.5 MG ORAL6
REXULTI TABLET 1 MG ORAL6
REXULTI TABLET 2 MG ORAL6
REXULTI TABLET 3 MG ORAL6
REXULTI TABLET 4 MG ORAL6
rufinamide suspension 40 mg/ml oral25
rufinamide tablet 200 mg oral.....25
rufinamide tablet 400 mg oral.....25
S
SECUADO PATCH 24 HOUR 3.8
MG/24HR TRANSDERMAL.....4

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

SECUADO PATCH 24 HOUR 5.7
 MG/24HR TRANSDERMAL4
 SECUADO PATCH 24 HOUR 7.6
 MG/24HR TRANSDERMAL4
 SPRITAM TABLET DISINTEGRATING
 SOLUBLE 1000 MG ORAL27
 SPRITAM TABLET DISINTEGRATING
 SOLUBLE 250 MG ORAL27
 SPRITAM TABLET DISINTEGRATING
 SOLUBLE 500 MG ORAL27
 SPRITAM TABLET DISINTEGRATING
 SOLUBLE 750 MG ORAL27
V
 VEMLIDY TABLET 25 MG ORAL.....28
 VERSACLOZ SUSPENSION 50 MG/ML
 ORAL9
 VRAYLAR CAPSULE 1.5 MG ORAL7
 VRAYLAR CAPSULE 3 MG ORAL7
 VRAYLAR CAPSULE 4.5 MG ORAL7
 VRAYLAR CAPSULE 6 MG ORAL7

VRAYLAR CAPSULE THERAPY PACK
 1.5 & 3 MG ORAL.....7
X
 XATMEP SOLUTION 2.5 MG/ML ORAL5
 XCOPRI (250 MG DAILY DOSE)
 TABLET THERAPY PACK 100 & 150
 MG ORAL8
 XCOPRI (350 MG DAILY DOSE)
 TABLET THERAPY PACK 150 & 200
 MG ORAL8
 XCOPRI TABLET 100 MG ORAL.....8
 XCOPRI TABLET 150 MG ORAL.....8
 XCOPRI TABLET 200 MG ORAL.....8
 XCOPRI TABLET 25 MG ORAL8
 XCOPRI TABLET 50 MG ORAL8
 XCOPRI TABLET THERAPY PACK 14 X
 12.5 MG & 14 X 25 MG ORAL.....8
 XCOPRI TABLET THERAPY PACK 14 X
 150 MG & 14 X200 MG ORAL8
 XCOPRI TABLET THERAPY PACK 14 X
 50 MG & 14 X100 MG ORAL.....8