

Santa Clara Family Health Plan  
Cal MediConnect Plan Formulary

**List of Step Therapy Requirements**  
Effective: 12/01/2022



# 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

---

<b>Criteria</b>	PRIOR CLAIM FOR AMANTADINE HCL IMMEDIATE RELEASE WITHIN THE PAST 120 DAYS.
-----------------	--

---

# ANTICONVULSANTS

---

## Products Affected

### Step 2:

- APTIOM 200 MG TABLET
- APTIOM 400 MG TABLET
- APTIOM 600 MG TABLET
- APTIOM 800 MG TABLET
- 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
- OXTELLAR XR 150 MG TABLET,EXTENDED RELEASE
- OXTELLAR XR 300 MG TABLET,EXTENDED RELEASE
- OXTELLAR XR 600 MG TABLET,EXTENDED RELEASE
- *rufinamide 200 mg tablet*
- *rufinamide 40 mg/ml oral suspension*
- *rufinamide 400 mg tablet*
- XCOPRI 100 MG TABLET
- XCOPRI 150 MG TABLET
- XCOPRI 200 MG TABLET
- XCOPRI 50 MG TABLET
- XCOPRI MAINTENANCE PACK 250 MG/DAY (200 MG X 1 AND 50 MG X 1) TABLETS
- 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

---

<b>Criteria</b>	PRIOR CLAIM FOR EPRONTIA OR GENERIC ANTICONVULSANT AGENT (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE), WITHIN THE PAST 120 DAYS.
-----------------	--

---

# ANTIDEPRESSANTS

---

## 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 VILAZODONE WITHIN THE PAST 365 DAYS.
----------	---

---

# ANTIGOUT AGENTS

---

## Products Affected

### Step 2:

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

## Details

---

<b>Criteria</b>	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
----------	--

---

# ANTIPSYCHOTIC AGENTS

---

## Products Affected

### Step 2:

- *aripiprazole 10 mg disintegrating tablet*
- *aripiprazole 15 mg disintegrating tablet*
- CAPLYTA 10.5 MG CAPSULE
- CAPLYTA 21 MG CAPSULE
- CAPLYTA 42 MG CAPSULE
- *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*
- 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
- 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
- VERSACLOZ 50 MG/ML ORAL SUSPENSION
- 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

<b>Criteria</b>	PRIOR CLAIM FOR LATUDA OR ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE WITHIN THE PAST 365 DAYS
-----------------	---

# ANTIPSYCHOTIC AGENTS II

---

## 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

---

<b>Criteria</b>	PRIOR CLAIM FOR LATUDA AND ONE FORMULARY ORAL ATYPICAL ANTIPSYCHOTICS (RISPERIDONE, CLOZAPINE, OLANZAPINE, QUETIAPINE, ARIPIPRAZOLE, ZIPRASIDONE, ASENAPINE OR PALIPERIDONE) OR SSRI (CITALOPRAM, ESCITALOPRAM, FLUOXETINE, PAROXETINE OR SERTRALINE) OR SNRI (DESVENLAFAXINE, DULOXETINE OR VENLAFAXINE) WITHIN THE PAST 365 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*
- *omeprazole 20 mg-sodium bicarbonate 1.1 gram capsule*
- *omeprazole 40 mg-sodium bicarbonate 1.1 gram capsule*

## Details

---

Criteria	ST Criteria: Pending CMS Approval
----------	-----------------------------------

---

# 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

---

<b>Criteria</b>	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.
-----------------	--

---

# DEXTROMETHORPHAN HBR/BUPROPION

---

## Products Affected

### Step 2:

- AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE

## Details

---

<b>Criteria</b>	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
-----------------	--

---

# 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

---

<b>Criteria</b>	PRIOR CLAIM FOR FORMULARY GENERIC DULOXETINE CAPSULE WITHIN THE PAST 120 DAYS.
-----------------	--

---

# MEMANTINE - DONEPEZIL

---

## Products Affected

### Step 2:

- NAMZARIC 14 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE
- NAMZARIC 21 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE
- NAMZARIC 28 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE
- NAMZARIC 7 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE
- NAMZARIC 7/14/21/28 MG-10 MG CAPSULE,SPRINKLE,EXTEND RELEASE,DOSE PACK

## Details

---

Criteria	PRIOR CLAIM FOR GENERIC DONEPEZIL AND MEMANTINE IR IN 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

---

<b>Criteria</b>	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

---

<b>Criteria</b>	PRIOR CLAIM FOR A FEDERAL LEGEND FORMULARY VERSION OF MOMETASONE NASAL SPRAY WITHIN THE PAST 120 DAYS
-----------------	---

---

# OPHTHALMIC ALLERGY - NO OTC

---

## Products Affected

### Step 2:

- ALREX 0.2 % EYE  
DROPS,SUSPENSION

## Details

---

<b>Criteria</b>	PRIOR CLAIM FOR FEDERAL LEGEND LEVOCETIRIZINE , CROMOLYN SODIUM, EPINASTINE, OR FORMULARY OLOPATADINE EYE DROPS WITHIN THE PAST 120 DAYS.
-----------------	---

---



# SELEGILINE PATCH

---

## Products Affected

### Step 2:

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

## Details

<b>Criteria</b>	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
-----------------	---

# 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

---

<b>Criteria</b>	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

---

<b>Criteria</b>	PRIOR CLAIM FOR FORMULARY VERSION OF TACROLIMUS IR CAPSULES WITHIN THE PAST 120 DAYS
-----------------	--

---

## INDEX

ALREX 0.2 % EYE		<i>esomeprazole magnesium dr 40 mg</i>	
DROPS,SUSPENSION.....	15	<i>granules delayed release for susp.....</i>	8
APTIOM 200 MG TABLET.....	2	FANAPT 1 MG TABLET.....	6
APTIOM 400 MG TABLET.....	2	FANAPT 10 MG TABLET.....	6
APTIOM 600 MG TABLET.....	2	FANAPT 12 MG TABLET.....	6
APTIOM 800 MG TABLET.....	2	FANAPT 1MG(2)-2 MG(2)-4MG(2)-6	
<i>aripiprazole 10 mg disintegrating tablet.....</i>	6	MG(2) TABLETS IN A DOSE PACK.....	6
<i>aripiprazole 15 mg disintegrating tablet.....</i>	6	FANAPT 2 MG TABLET.....	6
AUVELITY 45 MG-105 MG TABLET,		FANAPT 4 MG TABLET.....	6
EXTENDED RELEASE.....	10	FANAPT 6 MG TABLET.....	6
CAPLYTA 10.5 MG CAPSULE.....	6	FANAPT 8 MG TABLET.....	6
CAPLYTA 21 MG CAPSULE.....	6	<i>febuxostat 40 mg tablet.....</i>	4
CAPLYTA 42 MG CAPSULE.....	6	<i>febuxostat 80 mg tablet.....</i>	4
<i>clozapine 100 mg disintegrating tablet.....</i>	6	FETZIMA 120 MG	
<i>clozapine 12.5 mg disintegrating tablet.....</i>	6	CAPSULE,EXTENDED RELEASE.....	3
<i>clozapine 150 mg disintegrating tablet.....</i>	6	FETZIMA 20 MG (2)-40 MG (26)	
<i>clozapine 200 mg disintegrating tablet.....</i>	6	CAPSULE,EXTENDED RELEASE,24	
<i>clozapine 25 mg disintegrating tablet.....</i>	6	HR,DOSE PACK.....	3
CYCLOPHOSPHAMIDE 25 MG		FETZIMA 20 MG	
CAPSULE.....	9	CAPSULE,EXTENDED RELEASE.....	3
<i>cyclophosphamide 25 mg tablet.....</i>	9	FETZIMA 40 MG	
CYCLOPHOSPHAMIDE 50 MG		CAPSULE,EXTENDED RELEASE.....	3
CAPSULE.....	9	FETZIMA 80 MG	
<i>cyclophosphamide 50 mg tablet.....</i>	9	CAPSULE,EXTENDED RELEASE.....	3
DIPENTUM 250 MG CAPSULE.....	5	FYCOMPA 0.5 MG/ML ORAL	
DRIZALMA SPRINKLE 20 MG		SUSPENSION.....	2
CAPSULE,DELAYED RELEASE.....	11	FYCOMPA 10 MG TABLET.....	2
DRIZALMA SPRINKLE 30 MG		FYCOMPA 12 MG TABLET.....	2
CAPSULE,DELAYED RELEASE.....	11	FYCOMPA 2 MG TABLET.....	2
DRIZALMA SPRINKLE 40 MG		FYCOMPA 4 MG TABLET.....	2
CAPSULE,DELAYED RELEASE.....	11	FYCOMPA 6 MG TABLET.....	2
DRIZALMA SPRINKLE 60 MG		FYCOMPA 8 MG TABLET.....	2
CAPSULE,DELAYED RELEASE.....	11	<i>memantine 14 mg capsule</i>	
EMSAM 12 MG/24 HR		<i>sprinkle,extended release 24hr.....</i>	13
TRANSDERMAL 24 HOUR PATCH...16		<i>memantine 21 mg capsule</i>	
EMSAM 6 MG/24 HR		<i>sprinkle,extended release 24hr.....</i>	13
TRANSDERMAL 24 HOUR PATCH...16		<i>memantine 28 mg capsule</i>	
EMSAM 9 MG/24 HR		<i>sprinkle,extended release 24hr.....</i>	13
TRANSDERMAL 24 HOUR PATCH...16		<i>memantine 7 mg capsule</i>	
<i>esomeprazole magnesium dr 10 mg</i>		<i>sprinkle,extended release 24hr.....</i>	13
<i>granules delayed release for susp.....</i>	8	<i>methotrexate sodium 2.5 mg tablet.....</i>	9
<i>esomeprazole magnesium dr 20 mg</i>		NAMZARIC 14 MG-10 MG	
<i>granules delayed release for susp.....</i>	8	CAPSULE SPRINKLE,EXTENDED	
		RELEASE.....	12

NAMZARIC 21 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE.....	12	SECUADO 5.7 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH....	6
NAMZARIC 28 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE.....	12	SECUADO 7.6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH....	6
NAMZARIC 7 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE....	12	SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION.....	17
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE,SPRINKLE,EXTEND RELEASE,DOSE PACK.....	12	SPRITAM 250 MG TABLET FOR ORAL SUSPENSION.....	17
<i>omeprazole 20 mg-sodium bicarbonate 1.1 gram capsule.....</i>	8	SPRITAM 500 MG TABLET FOR ORAL SUSPENSION.....	17
<i>omeprazole 40 mg-sodium bicarbonate 1.1 gram capsule.....</i>	8	SPRITAM 750 MG TABLET FOR ORAL SUSPENSION.....	17
OSMOLEX ER 129 MG TABLET, EXTENDED RELEASE.....	1	VERSACLOZ 50 MG/ML ORAL SUSPENSION.....	6
OSMOLEX ER 193 MG TABLET, EXTENDED RELEASE.....	1	VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK.....	6
OSMOLEX ER 258 MG TABLET, EXTENDED RELEASE.....	1	VRAYLAR 1.5 MG CAPSULE.....	6
OSMOLEX ER 322 MG/DAY (129 MG AND 193 MG) TABLET, EXTENDED RELEASE.....	1	VRAYLAR 3 MG CAPSULE.....	6
OXTELLAR XR 150 MG TABLET,EXTENDED RELEASE.....	2	VRAYLAR 4.5 MG CAPSULE.....	6
OXTELLAR XR 300 MG TABLET,EXTENDED RELEASE.....	2	VRAYLAR 6 MG CAPSULE.....	6
OXTELLAR XR 600 MG TABLET,EXTENDED RELEASE.....	2	XATMEP 2.5 MG/ML ORAL SOLUTION.....	9
PROGRAF 0.2 MG ORAL GRANULES IN PACKET.....	18	XCOPRI 100 MG TABLET.....	2
PROGRAF 1 MG ORAL GRANULES IN PACKET.....	18	XCOPRI 150 MG TABLET.....	2
REXULTI 0.25 MG TABLET.....	7	XCOPRI 200 MG TABLET.....	2
REXULTI 0.5 MG TABLET.....	7	XCOPRI 50 MG TABLET.....	2
REXULTI 1 MG TABLET.....	7	XCOPRI MAINTENANCE PACK 250 MG/DAY (200 MG X 1 AND 50 MG X 1) TABLETS.....	2
REXULTI 2 MG TABLET.....	7	XCOPRI MAINTENANCE PACK 250MG/DAY (150 MG X 1 AND 100 MG X 1) TABLETS.....	2
REXULTI 3 MG TABLET.....	7	XCOPRI MAINTENANCE PACK 350 MG/DAY (200 MG X 1 AND 150 MG X 1) TABLETS.....	2
REXULTI 4 MG TABLET.....	7	XCOPRI TITRATION PACK 12.5 MG (14)-25 MG (14) TABLETS IN A DOSE PACK.....	2
<i>rufinamide 200 mg tablet.....</i>	2	XCOPRI TITRATION PACK 150 MG (14)-200 MG (14) TABLETS IN A DOSE PACK.....	2
<i>rufinamide 40 mg/ml oral suspension.....</i>	2	XCOPRI TITRATION PACK 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK.....	2
<i>rufinamide 400 mg tablet.....</i>	2		
SECUADO 3.8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH....	6		

XHANCE 93 MCG/ACTUATION  
BREATH ACTIVATED AEROSOL..... 14