



Step Therapy Criteria

MEDIEXTRA
MEDIMORE

2024

January 1st - December 31st

Leon Health is an HMO plan with a Medicare Contract.
Enrollment in Leon Health, Inc. depends on contract renewal.

H4286_2024STEP THERAPY001003_C

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.
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AMLODIPINE ORAL SUSPENSION

Products Affected

Step 2:

- KATERZIA 1 MG/ML ORAL SUSPENSION

Details

Criteria	PRIOR CLAIM FOR GENERIC AMLODIPINE TABLETS WITHIN THE PAST 120 DAYS.
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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

Criteria	PRIOR CLAIM FOR FORMULARY VERSION OF 1 OF THE FOLLOWING: BALSALAZIDE, MESALAMINE 400 MG CAP(DRTAB), MESALAMINE ER 500MG, MESALAMINE DR 800 MG TAB, MESALAMINE 0.375G ER CAP, OR MESALAMINE 1.2G DR TAB WITHIN THE PAST 120 DAYS
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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	PRIOR CLAIM FOR GENERIC FEDERAL LEGEND FORMULARY VERSION OF ORAL LANSOPRAZOLE CAPSULES, ESOMEPRAZOLE MAG CAPSULES, RABEPRAZOLE, OMEPRAZOLE, OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS.
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ARIPIPIRAZOLE 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, ARIPIPIRAZOLE, ASENAPINE, PALIPERIDONE, LURASIDONE WITHIN THE PAST 120 DAYS.
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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	PRIOR CLAIM FOR LURASIDONE AND ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE TABLET, ASENAPINE, PALIPERIDONE WITHIN THE PAST 365 DAYS.
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B VERSUS D ADMINISTRATIVE STEP

Products Affected

Step 2:

- *azathioprine 100 mg solution for injection*
- *cyclophosphamide 25 mg tablet*
- *cyclophosphamide 50 mg capsule*
- *cyclophosphamide 50 mg tablet*
- *cyclosporine 250 mg/5 ml intravenous solution*
- *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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CARIPRAZINE

Products Affected

Step 2:

- VRAYLAR 1.5 MG CAPSULE
- VRAYLAR 3 MG CAPSULE
- VRAYLAR 4.5 MG CAPSULE
- VRAYLAR 6 MG CAPSULE

Details

Criteria	PRIOR CLAIM FOR LURASIDONE OR ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE WITHIN THE PAST 120 DAYS.
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CENOAMATE

Products Affected

Step 2:

- XCOPRI 100 MG TABLET MG/DAY (200 MG X 1 AND 150 MG X 1)
- XCOPRI 150 MG TABLET TABLETS
- XCOPRI 200 MG TABLET • XCOPRI TITRATION PACK 12.5 MG (14)
- XCOPRI 25 MG TABLET -25 MG (14) TABLETS IN A DOSE PACK
- XCOPRI 50 MG TABLET • XCOPRI TITRATION PACK 150 MG (14)-
- XCOPRI MAINTENANCE PACK 200 MG (14) TABLETS IN A DOSE PACK
- XCOPRI MAINTENANCE PACK 250MG/DAY (150 MG X 1 AND 100 MG X 1) TABLETS • XCOPRI TITRATION PACK 50 MG (14)-
- XCOPRI MAINTENANCE PACK 350 100 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.
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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 TABLET, 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, VENLAFAXINE, MIRTAZAPINE, BUPROPION IR/SR/XL, OR VILAZODONE) WITHIN THE PAST 365 DAYS
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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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ENALAPRIL ORAL SOLUTION

Products Affected

Step 2:

- *enalapril maleate 1 mg/ml oral solution*

Details

Criteria	PRIOR CLAIM FOR GENERIC ENALAPRIL ORAL TABLETS 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.
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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 TO GENERIC ANTICONVULSANT AGENTS (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE OR LACOSAMIDE), WITHIN THE PAST 365 DAYS.
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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	PRIOR CLAIM FOR LURASIDONE AND ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE TABLET, 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
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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 VILAZODONE WITHIN THE PAST 365 DAYS.
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LUMATEPERONE TOSYLATE

Products Affected

Step 2:

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

Details

Criteria	PRIOR CLAIM FOR LURASIDONE OR ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE WITHIN THE PAST 120 DAYS.
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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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OPHTHALMIC ALLERGY - NO OTC

Products Affected

Step 2:

- ALREX 0.2 % EYE DROPS,SUSPENSION • *bepotastine besilate 1.5 % eye drops*

Details

Criteria	PRIOR CLAIM FOR FEDERAL LEGEND LEVOCETIRIZINE , CROMOLYN SODIUM, OR EPINASTINE WITHIN THE PAST 120 DAYS.
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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 TO GENERIC ANTICONVULSANT AGENTS (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE OR LACOSAMIDE), WITHIN THE PAST 365 DAYS.
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ROSUVASTATIN SPRINKLE

Products Affected

Step 2:

- EZALLOR SPRINKLE 10 MG CAPSULE
- EZALLOR SPRINKLE 20 MG CAPSULE
- EZALLOR SPRINKLE 40 MG CAPSULE
- EZALLOR SPRINKLE 5 MG CAPSULE

Details

Criteria	PRIOR CLAIM FOR FORMULARY VERSION OF ROSUVASTATIN TABLET IN 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 OR VENLAFAXINE), MIRTAZAPINE, OR BUPROPION IR/SR/XL IN THE PAST 120 DAYS
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SPIRONOLACTONE ORAL SUSPENSION

Products Affected

Step 2:

- CAROSPIR 25 MG/5 ML ORAL SUSPENSION

Details

Criteria	PRIOR CLAIM FOR GENERIC SPIRONOLACTONE WITHIN 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
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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
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INDEX

ALREX 0.2 % EYE DROPS,SUSPENSION.....	22	<i>esomeprazole magnesium dr 10 mg granules delayed release for susp.....</i>	5
APTIOM 200 MG TABLET.....	16	<i>esomeprazole magnesium dr 20 mg granules delayed release for susp.....</i>	5
APTIOM 400 MG TABLET.....	16	<i>esomeprazole magnesium dr 40 mg granules delayed release for susp.....</i>	5
APTIOM 600 MG TABLET.....	16	EZALLOR SPRINKLE 10 MG CAPSULE.....	24
APTIOM 800 MG TABLET.....	16	EZALLOR SPRINKLE 20 MG CAPSULE.....	24
<i>aripiprazole 10 mg disintegrating tablet.....</i>	6	EZALLOR SPRINKLE 40 MG CAPSULE.....	24
<i>aripiprazole 15 mg disintegrating tablet.....</i>	6	EZALLOR SPRINKLE 5 MG CAPSULE.....	24
AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE.....	12	FANAPT 1 MG TABLET.....	17
<i>azathioprine 100 mg solution for injection....</i>	8	FANAPT 10 MG TABLET.....	17
<i>bepotastine besilate 1.5 % eye drops.....</i>	22	FANAPT 12 MG TABLET.....	17
CAPLYTA 10.5 MG CAPSULE.....	20	FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK.....	17
CAPLYTA 21 MG CAPSULE.....	20	FANAPT 2 MG TABLET.....	17
CAPLYTA 42 MG CAPSULE.....	20	FANAPT 4 MG TABLET.....	17
CAROSPIR 25 MG/5 ML ORAL SUSPENSION.....	26	FANAPT 6 MG TABLET.....	17
<i>clozapine 100 mg disintegrating tablet.....</i>	11	FANAPT 8 MG TABLET.....	17
<i>clozapine 12.5 mg disintegrating tablet.....</i>	11	<i>febuxostat 40 mg tablet.....</i>	3
<i>clozapine 150 mg disintegrating tablet.....</i>	11	<i>febuxostat 80 mg tablet.....</i>	3
<i>clozapine 200 mg disintegrating tablet.....</i>	11	FETZIMA 120 MG CAPSULE,EXTENDED RELEASE.....	19
<i>clozapine 25 mg disintegrating tablet.....</i>	11	FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK.....	19
<i>cyclophosphamide 25 mg tablet.....</i>	8	FETZIMA 20 MG CAPSULE,EXTENDED RELEASE.....	19
<i>cyclophosphamide 50 mg capsule.....</i>	8	FETZIMA 40 MG CAPSULE,EXTENDED RELEASE.....	19
<i>cyclophosphamide 50 mg tablet.....</i>	8	FETZIMA 80 MG CAPSULE,EXTENDED RELEASE.....	19
<i>cyclosporine 250 mg/5 ml intravenous solution.....</i>	8	FYCOMPA 0.5 MG/ML ORAL SUSPENSION.....	23
DIPENTUM 250 MG CAPSULE.....	4	FYCOMPA 10 MG TABLET.....	23
DRIZALMA SPRINKLE 20 MG CAPSULE,DELAYED RELEASE.....	13	FYCOMPA 12 MG TABLET.....	23
DRIZALMA SPRINKLE 30 MG CAPSULE,DELAYED RELEASE.....	13	FYCOMPA 2 MG TABLET.....	23
DRIZALMA SPRINKLE 40 MG CAPSULE,DELAYED RELEASE.....	13	FYCOMPA 4 MG TABLET.....	23
DRIZALMA SPRINKLE 60 MG CAPSULE,DELAYED RELEASE.....	13	FYCOMPA 6 MG TABLET.....	23
EMSAM 12 MG/24 HR TRANSDERMAL 24 HOUR PATCH.....	25	FYCOMPA 8 MG TABLET.....	23
EMSAM 6 MG/24 HR TRANSDERMAL 24 HOUR PATCH.....	25	KATERZIA 1 MG/ML ORAL SUSPENSION.....	2
EMSAM 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH.....	25	<i>ketoconazole 2 % topical foam.....</i>	18
<i>enalapril maleate 1 mg/ml oral solution.....</i>	14	<i>methotrexate sodium 2.5 mg tablet.....</i>	8
EPRONTIA 25 MG/ML ORAL SOLUTION.....	15	<i>omeprazole 20 mg-sodium bicarbonate 1.1 gram capsule.....</i>	5

<i>omeprazole 40 mg-sodium bicarbonate 1.1 gram capsule</i>	5	XCOPRI TITRATION PACK 12.5 MG (14)-25 MG (14) TABLETS IN A DOSE PACK.....	10
OSMOLEX ER 129 MG TABLET, EXTENDED RELEASE.....	1	XCOPRI TITRATION PACK 150 MG (14)-200 MG (14) TABLETS IN A DOSE PACK.....	10
OSMOLEX ER 193 MG TABLET, EXTENDED RELEASE.....	1	XCOPRI TITRATION PACK 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK.....	10
OSMOLEX ER 258 MG TABLET, EXTENDED RELEASE.....	1	XHANCE 93 MCG/ACTUATION BREATH ACTIVATED AEROSOL.....	21
OSMOLEX ER 322 MG/DAY (129 MG AND 193 MG) TABLET, EXTENDED RELEASE.....	1		
PROGRAF 0.2 MG ORAL GRANULES IN PACKET.....	28		
PROGRAF 1 MG ORAL GRANULES IN PACKET.....	28		
SECUADO 3.8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH.....	7		
SECUADO 5.7 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH.....	7		
SECUADO 7.6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH.....	7		
SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION.....	27		
SPRITAM 250 MG TABLET FOR ORAL SUSPENSION.....	27		
SPRITAM 500 MG TABLET FOR ORAL SUSPENSION.....	27		
SPRITAM 750 MG TABLET FOR ORAL SUSPENSION.....	27		
VERSACLOZ 50 MG/ML ORAL SUSPENSION.....	11		
VRAYLAR 1.5 MG CAPSULE.....	9		
VRAYLAR 3 MG CAPSULE.....	9		
VRAYLAR 4.5 MG CAPSULE.....	9		
VRAYLAR 6 MG CAPSULE.....	9		
XATMEP 2.5 MG/ML ORAL SOLUTION..	8		
XCOPRI 100 MG TABLET.....	10		
XCOPRI 150 MG TABLET.....	10		
XCOPRI 200 MG TABLET.....	10		
XCOPRI 25 MG TABLET.....	10		
XCOPRI 50 MG TABLET.....	10		
XCOPRI MAINTENANCE PACK 250MG/DAY (150 MG X 1 AND 100 MG X 1) TABLETS.....	10		
XCOPRI MAINTENANCE PACK 350 MG/DAY (200 MG X 1 AND 150 MG X 1) TABLETS.....	10		

