

Valor Health Plan 2025 Formulary
Step Therapy Criteria

ANALGESICS, NARCOTICS

Products Affected

Step 2:

- *morphine sulfate er capsule extended release 24 hour 10 mg oral*
- *morphine sulfate er capsule extended release 24 hour 100 mg oral*
- *morphine sulfate er capsule extended release 24 hour 20 mg oral*
- *morphine sulfate er capsule extended release 24 hour 30 mg oral*
- *morphine sulfate er capsule extended release 24 hour 50 mg oral*
- *morphine sulfate er capsule extended release 24 hour 60 mg oral*
- *morphine sulfate er capsule extended release 24 hour 80 mg oral*

Valor Health Plan 2025 Formulary
Step Therapy Criteria

Details

Criteria	
	PRIOR CLAIM FOR MORPHINE SULFATE SUSTAINED ACTION TABLET (MS CONTIN) WITHIN THE PAST 120 DAYS.

Valor Health Plan 2025 Formulary
Step Therapy 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.
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Valor Health Plan 2025 Formulary
Step Therapy 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*
- *lansoprazole tablet delayed release dispersible 15 mg oral*
- *lansoprazole tablet delayed release dispersible 30 mg oral*
- *pantoprazole sodium 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.

Valor Health Plan 2025 Formulary
Step Therapy Criteria

ARIPIPIRAZOLE 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, ARIPIPIRAZOLE, ASENAPINE, PALIPERIDONE, LURASIDONE WITHIN THE PAST 120 DAYS.
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Valor Health Plan 2025 Formulary
Step Therapy 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

Valor Health Plan 2025 Formulary
Step Therapy 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.
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Valor Health Plan 2025 Formulary
Step Therapy 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

Valor Health Plan 2025 Formulary
Step Therapy 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

Valor Health Plan 2025 Formulary
Step Therapy 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.

Valor Health Plan 2025 Formulary
Step Therapy 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.

Valor Health Plan 2025 Formulary
Step Therapy 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

Valor Health Plan 2025 Formulary
Step Therapy 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
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Valor Health Plan 2025 Formulary
Step Therapy 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.
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Valor Health Plan 2025 Formulary
Step Therapy 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.
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Valor Health Plan 2025 Formulary
Step Therapy 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.
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Valor Health Plan 2025 Formulary
Step Therapy 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
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Valor Health Plan 2025 Formulary
Step Therapy Criteria

GLUCAGON

Products Affected

Step 2:

- *glucagon emergency kit 1 mg injection*

Details

Criteria	PRIOR CLAIM FOR GVOKE OR ZEGALOGUE IN THE PAST 120 DAYS
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Valor Health Plan 2025 Formulary
Step Therapy 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
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Valor Health Plan 2025 Formulary
Step Therapy 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.
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Valor Health Plan 2025 Formulary
Step Therapy Criteria

INSULIN SUPPLY PAYMENT DETERMINATION ST

Products Affected

Step 2:

- ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML
- BD INSULIN SYRINGE 27.5G X 5/8" 2 ML
- 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.

Valor Health Plan 2025 Formulary
Step Therapy 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
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Valor Health Plan 2025 Formulary
Step Therapy 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, ARIPRAZOLE, ASENAPINE WITHIN THE PAST 365 DAYS
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Valor Health Plan 2025 Formulary
Step Therapy 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

Valor Health Plan 2025 Formulary
Step Therapy 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
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Valor Health Plan 2025 Formulary
Step Therapy 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.
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Valor Health Plan 2025 Formulary
Step Therapy 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.
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Valor Health Plan 2025 Formulary
Step Therapy 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.

Valor Health Plan 2025 Formulary
Step Therapy 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

Valor Health Plan 2025 Formulary
Step Therapy 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
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Valor Health Plan 2025 Formulary
Step Therapy 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
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Valor Health Plan 2025 Formulary
Step Therapy 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
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Valor Health Plan 2025 Formulary

Step Therapy Criteria

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Valor Health Plan 2025 Formulary Step Therapy Criteria

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Valor Health Plan 2025 Formulary Step Therapy Criteria

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REXULTI TABLET 3 MG ORAL.....	7	VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL	8
REXULTI TABLET 4 MG ORAL.....	7	X XATMEP SOLUTION 2.5 MG/ML ORAL	6
rufinamide suspension 40 mg/ml oral.....	27	XCOPRI (250 MG DAILY DOSE) TABLET THERAPY PACK 100 & 150 MG ORAL	9
rufinamide tablet 200 mg oral.....	27	XCOPRI (350 MG DAILY DOSE) TABLET THERAPY PACK 150 & 200 MG ORAL	9
rufinamide tablet 400 mg oral.....	27	XCOPRI TABLET 100 MG ORAL	9
S		XCOPRI TABLET 150 MG ORAL	9
SECUADO PATCH 24 HOUR 3.8 MG/24HR TRANSDERMAL	5	XCOPRI TABLET 200 MG ORAL	9
SECUADO PATCH 24 HOUR 5.7 MG/24HR TRANSDERMAL	5	XCOPRI TABLET 25 MG ORAL	9
SECUADO PATCH 24 HOUR 7.6 MG/24HR TRANSDERMAL	5	XCOPRI TABLET 50 MG ORAL	9
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000 MG ORAL	29	XCOPRI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL.....	9
SPRITAM TABLET DISINTEGRATING SOLUBLE 250 MG ORAL	29	XCOPRI TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG ORAL.....	9
SPRITAM TABLET DISINTEGRATING SOLUBLE 500 MG ORAL	29	XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X100 MG ORAL.....	9