IMPERIAL HEALTH PLAN
OF CALIFORNIA



2027

STEP THERAPY PROTOCOLS

Imperial Senior Value (HMO C-SNP) 005

Imperial Dynamic Plan (HMO) 012

Imperial Flex (HMO C-SNP) 017

Step Therapy Criteria

HPMS Approved Formulary File Submission ID: 00027430 Version **7**

This formulary was updated on 10/01/2026. For more recent information or other questions, please contact Member Service at 1-866-906-9992 (TTY users should call 711), 24 hours / 7 days a week, or visit https://imperialhealthplan.com/.

Imperial Health Plan of California (HMO) (HMO SNP) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Imperial Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Imperial Health Plan will then cover Drug B.

This listing provides the drugs that are subject to step therapy on our formulary and the criteria for the step therapy protocol.

For information on obtaining a coverage determination or an exception to a coverage determination please call Member Services at 1-866-906-9992 or, for TTY/ TDD users 711. Our hours are 24 hours a day / 7 days a week or visit https://imperialhealthplan.com/.

Step Therapy Criteria

Step Therapy Group	ARIPIPRAZOLE FILM
Drug Names	OPIPZA
Step Therapy Criteria	TRIAL OF GENERIC ARIPIPRAZOLE TABLETS IN THE PAST 120 DAYS
Step Therapy Group	ARIPIPRAZOLE ODT
Drug Names	ARIPIPRAZOLE ODT
Step Therapy Criteria	PRIOR CLAIM FOR ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE (TAB, FILM, SOLN) ASENAPINE, PALIPERIDONE, LURASIDONE WITHIN THE PAST 120 DAYS.
Step Therapy Group	ASENAPINE PATCH
Drug Names	SECUADO
Step Therapy Criteria	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, CLOZAPINE TAB, OLANZAPINE, IR QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE WITHIN PAST 365 DAYS
Step Therapy Group	B VERSUS D ADMINISTRATIVE STEP
Drug Names	CYCLOPHOSPHAMIDE, JYLAMVO, METHOTREXATE SODIUM, XATMEP
Step Therapy 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.
Step Therapy Group	CLOZAPINE
Drug Names	CLOZAPINE ODT, VERSACLOZ
Step Therapy 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.
Step Therapy Group	DEXTROMETHORPHAN HBR/BUPROPION - PENDING CMS REVIEW
Drug Names	AUVELITY
Step Therapy Criteria	-
Step Therapy Group	DIHYDROERGOTAMINE MESYLATE
Drug Names	DIHYDROERGOTAMINE MESYLAT
Step Therapy Criteria	PRIOR CLAIM FOR 2 FORMULARY GENERIC TRIPTANS (e.g. SUMATRIPTAN and RIZATRIPTAN) WITHIN THE PAST 365 DAYS

Step Therapy Group	DRIZALMA SPRINKLE
Drug Names	DRIZALMA SPRINKLE
Step Therapy Criteria	PRIOR CLAIM FOR FORMULARY GENERIC DULOXETINE CAPSULE WITHIN THE PAST 120 DAYS.
Step Therapy Group	ESLICARBAZEPINE ACETATE
Drug Names	ESLICARBAZEPINE ACETATE
Step Therapy 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.
Step Therapy Group	FIBRATES
Drug Names	OMEGA-3-ACID ETHYL ESTERS
Step Therapy Criteria	PRIOR CLAIM FOR GENERIC FENOFIBRATE IN THE LAST 120 DAY
Step Therapy Group	ILOPERIDONE
Drug Names	FANAPT, FANAPT TITRATION PACK A
Step Therapy Criteria	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, CLOZAPINE TAB, OLANZAPINE, IR QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE WITHIN THE PAST 365 DAYS.
Step Therapy Group	INSULIN SUPPLY PAYMENT DETERMINATION ST
Drug Names	-
Step Therapy 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.
Step Therapy Group	IVABRADINE
Drug Names	IVABRADINE HYDROCHLORIDE
Step Therapy Criteria	PRIOR CLAIM FOR GENERIC METOPROLOL, CARVEDILOL, OR BISOPROLOL IN THE PAST 120 DAYS
Step Therapy Group	KLISYRI
Drug Names	KLISYRI
Step Therapy Criteria	PRIOR CLAIM FOR GENERIC TOPICAL FLUOROURACIL IN THE LAST 120 DAYS.
Step Therapy Group	LEVOMILNACIPRAN - PENDING CMS REVIEW
Drug Names	FETZIMA, FETZIMA TITRATION PACK
Step Therapy Criteria	-

Step Therapy Group	LIPFENDRA
Drug Names	LIPFENDRA
Step Therapy Criteria	PRIOR CLAIM FOR 1 GENERIC EZETIMIBE, ATORVASTATIN 40MG, ATORVASTATIN 80MG, ROSUVASTATIN 20MG OR ROSUVASTATIN 40MG IN THE PAST 120 DAYS
Step Therapy Group	LUMATEPERONE TOSYLATE
Drug Names	CAPLYTA
Step Therapy Criteria	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE WITHIN THE PAST 365 DAYS
Step Therapy Group	MEMANTINE ER
Drug Names	MEMANTINE HYDROCHLORIDE E
Step Therapy Criteria	PRIOR CLAIM FOR FORMULARY VERSION OF MEMANTINE IR WITHIN THE PAST 120 DAYS
Step Therapy Group	PERAMPANEL
Drug Names	PERAMPANEL
Step Therapy 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.
Step Therapy Group	RUFINAMIDE - PENDING CMS REVIEW
Drug Names	RUFINAMIDE
Step Therapy Criteria	-
Step Therapy Group	SELEGILINE PATCH
Drug Names	EMSAM
Step Therapy 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
Step Therapy Group	SPRITAM
Drug Names	LEVETIRACETAM, SPRITAM
Step Therapy Criteria	PRIOR CLAIM FOR GENERIC LEVETIRACETAM SOLUTION IN THE PAST 120 DAYS

Step Therapy Group	XANOMELINE/TROSPIUM
Drug Names	COBENFY, COBENFY STARTER PACK
Step Therapy Criteria	CLAIM FOR ONE FORMULARY ORAL ANTIPSYCHOTIC: LURASIDONE, RISPERIDONE, CLOZAPINE TAB, OLANZAPINE, IR QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE WITHIN THE PAST 120 DAYS