

STEP THERAPY CRITERIA

This list is current as of 4/1/2025 and pertains to Independent Health's 2025 Child Health Plus Formulary.

In some cases, Independent Health requires that you first try certain medications to treat your medical condition before we will cover another medication for that condition. Step therapy is a way to help you get the best quality and value from your prescription medication benefit. This usually means that an equally effective generic medication is prescribed before a more expensive brand-name medication. Step therapy may also ensure that two medications are used together if they are more effective.

Medications that require Step Therapy have an "ST" in the Notes column of the formulary. This document contains the Step Therapy protocols that are associated with our Child Health Plus Formulary.

If you have any questions, please contact our Member Services Department at (716) 250-7183 or 1-833-891-9372, Monday through Friday from 8 a.m. to 8 p.m. TTY users please call 711.

The formulary may change at any time. You will receive notice when necessary.

Airsupra

Products Affected

- AIRSUPRA AEROSOL 90-80 MCG/ACT INHALATION

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that an inhaled corticosteroid or its combination (such as budesonide inhalation suspension or fluticasone-salmeterol inhaler) was filled within the previous 120 days. Prior authorization is required when the pharmacy profile does not meet this criterion.
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Antidiabetic GLP-1 receptor agonists

Products Affected

- MOUNJARO SOLUTION AUTO-INJECTOR 10 MG/0.5ML SUBCUTANEOUS
- MOUNJARO SOLUTION AUTO-INJECTOR 12.5 MG/0.5ML SUBCUTANEOUS
- MOUNJARO SOLUTION AUTO-INJECTOR 15 MG/0.5ML SUBCUTANEOUS
- MOUNJARO SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML SUBCUTANEOUS
- MOUNJARO SOLUTION AUTO-INJECTOR 5 MG/0.5ML SUBCUTANEOUS
- MOUNJARO SOLUTION AUTO-INJECTOR 7.5 MG/0.5ML SUBCUTANEOUS
- OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/3ML SUBCUTANEOUS
- OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 4 MG/3ML SUBCUTANEOUS
- OZEMPIC (2 MG/DOSE) SOLUTION PEN-INJECTOR 8 MG/3ML SUBCUTANEOUS
- RYBELSUS TABLET 14 MG ORAL
- RYBELSUS TABLET 3 MG ORAL
- RYBELSUS TABLET 7 MG ORAL
- TRULICITY SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS
- TRULICITY SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML SUBCUTANEOUS
- TRULICITY SOLUTION AUTO-INJECTOR 3 MG/0.5ML SUBCUTANEOUS
- TRULICITY SOLUTION AUTO-INJECTOR 4.5 MG/0.5ML SUBCUTANEOUS
- VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS

Details

Criteria	A prescription for an antidiabetic GLP-1 medication goes through online if the patient's Independent Health prescription history documents that they have type 2 diabetes or have tried any oral antidiabetic drug, excluding metformin, within the past 130 days. Prior authorization is required when the pharmacy profile does not meet this criterion.
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Comtan (entacapone)

Products Affected

- entacapone tablet 200 mg oral

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents concurrent use of carbidopa/levodopa. Prior authorization is required when the pharmacy profile does not meet this criteria.
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Desonide

Products Affected

- desonide lotion 0.05 % external

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that alclometasone was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criteria.
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Emend

Products Affected

- aprepitant capsule 125 mg oral
- aprepitant capsule 80 & 125 mg oral
- aprepitant capsule 80 mg oral
- EMEND SUSPENSION RECONSTITUTED 125 MG/5ML ORAL

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that at least a five day supply of dexamethasone was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criteria.
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Eucrisa Step Therapy

Products Affected

- EUCRISA OINTMENT 2 % EXTERNAL

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents prior use of a topical corticosteroid or a topical calcineurin inhibitor such as pimecrolimus or tacrolimus within the previous 365 days. Prior authorization is required when the pharmacy profile does not meet this criteria.
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febuxostat

Products Affected

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

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that allopurinol was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion.
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GLP-1 Agonist

Products Affected

- liraglutide solution pen-injector 18 mg/3ml subcutaneous
- MOUNJARO SOLUTION AUTO-INJECTOR 10 MG/0.5ML SUBCUTANEOUS
- MOUNJARO SOLUTION AUTO-INJECTOR 12.5 MG/0.5ML SUBCUTANEOUS
- MOUNJARO SOLUTION AUTO-INJECTOR 15 MG/0.5ML SUBCUTANEOUS
- MOUNJARO SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML SUBCUTANEOUS
- MOUNJARO SOLUTION AUTO-INJECTOR 5 MG/0.5ML SUBCUTANEOUS
- MOUNJARO SOLUTION AUTO-INJECTOR 7.5 MG/0.5ML SUBCUTANEOUS
- OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/3ML SUBCUTANEOUS
- OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 4 MG/3ML SUBCUTANEOUS
- OZEMPIC (2 MG/DOSE) SOLUTION PEN-INJECTOR 8 MG/3ML SUBCUTANEOUS
- RYBELSUS TABLET 14 MG ORAL
- RYBELSUS TABLET 3 MG ORAL
- RYBELSUS TABLET 7 MG ORAL
- TRULICITY SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS
- TRULICITY SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML SUBCUTANEOUS
- TRULICITY SOLUTION AUTO-INJECTOR 3 MG/0.5ML SUBCUTANEOUS
- TRULICITY SOLUTION AUTO-INJECTOR 4.5 MG/0.5ML SUBCUTANEOUS
- VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that concurrent use of metformin, all metformin combination products, a sulfonylurea, SGLT 2 inhibitors (such as Jardiance) or a thiazolidinedione (TZD). Step Therapy is not required when prescribed by an Endocrinologist.
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granisetron/Kytril/Zuplenz

Products Affected

- granisetron hcl tablet 1 mg oral

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that ondansetron was filled within the previous 180 days. Prior authorization is required when the pharmacy profile does not meet this criteria.
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Narcotic

Products Affected

- fentanyl patch 72 hour 100 mcg/hr transdermal
- fentanyl patch 72 hour 12 mcg/hr transdermal
- fentanyl patch 72 hour 25 mcg/hr transdermal
- fentanyl patch 72 hour 50 mcg/hr transdermal
- fentanyl patch 72 hour 75 mcg/hr transdermal
- hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 100 mg oral
- hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 120 mg oral
- hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 20 mg oral
- hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 30 mg oral
- hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 40 mg oral
- hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 60 mg oral
- hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 80 mg oral
- morphine sulfate er capsule extended release 24 hour 100 mg oral
- morphine sulfate er capsule extended release 24 hour 80 mg oral
- morphine sulfate er tablet extended release 100 mg oral
- morphine sulfate er tablet extended release 200 mg oral
- NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL
- NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 150 MG ORAL
- NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL
- NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 250 MG ORAL
- oxymorphone hcl er tablet extended release 12 hour 10 mg oral
- oxymorphone hcl er tablet extended release 12 hour 15 mg oral
- oxymorphone hcl er tablet extended release 12 hour 20 mg oral
- oxymorphone hcl er tablet extended release 12 hour 30 mg oral
- oxymorphone hcl er tablet extended release 12 hour 40 mg oral
- oxymorphone hcl er tablet extended release 12 hour 7.5 mg oral

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that narcotic medications was filled within the previous 120 days. Prior authorization is required when the pharmacy profile does not meet this criteria.
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Renin-Angiotensin Inhibitor

Products Affected

- aliskiren fumarate tablet 150 mg oral
- aliskiren fumarate tablet 300 mg oral

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that an Angiotensin Converting Enzyme Inhibitor (ACE; such as lisinopril, enalapril etc), and an Angiotensin Receptor Blocker (ARB; such as losartan, irbesartan etc) were filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criteria.
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Serevent

Products Affected

- SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED
50 MCG/ACT INHALATION

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents concurrent use of an inhaled corticosteroid or Spiriva. Prior authorization is required when the pharmacy profile does not meet this criteria.
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4.1.2025

Tramadol ER

Products Affected

- tramadol hcl (er biphasic) tablet extended release 24 hour 100 mg oral
- tramadol hcl (er biphasic) tablet extended release 24 hour 200 mg oral
- tramadol hcl (er biphasic) tablet extended release 24 hour 300 mg oral

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that immediate-release tramadol was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criteria.
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Ubrelvy

Products Affected

- UBRELVY TABLET 100 MG ORAL
- UBRELVY TABLET 50 MG ORAL

Details

Criteria	A prescription for Ubrelvy goes through online if the patient's Independent Health prescription history documents that a generic triptan product (such as sumatriptan, naratriptan, rizatriptan, etc) was filled within the previous 120 days. Prior authorization is required when the pharmacy profile does not meet this criteria.
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