

## **STEP THERAPY CRITERIA**

This list is current as of 10/1/2024 and pertains to the following formularies:

2025 Independent Health's Medicare Advantage Individual Part D Formulary  
2025 Independent Health's Medicare Advantage Employer Group's Part D Formulary

In some cases, we require that you 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B. This document contains the Step Therapy protocols that are associated with our Medicare Advantage Part D Formularies.

If you have any questions, please contact our Medicare Member Services Department at 1-800-665-1502 or, for TTY users 711, October 1<sup>st</sup> – March 31<sup>st</sup>: Monday through Sunday from 8 a.m. to 8 p.m., April 1<sup>st</sup> – September 30<sup>th</sup>: Monday through Friday from 8 a.m. to 8 p.m.

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

# Aliskiren Step

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## Products Affected

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

## Details

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<b>Criteria</b>	Requires the use of an angiotensin-II receptor blocker (ARB) first.
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10/1/2024

# Eucrisa Step

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## Products Affected

- EUCRISA OINTMENT 2 % EXTERNAL

## Details

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<b>Criteria</b>	Prior prescription history positive for the use of either a topical corticosteroid or topical calcineurin inhibitor.
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10/1/2024

# Febuxostat Step

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## Products Affected

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

## Details

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<b>Criteria</b>	Requires the use of allopurinol first.
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10/1/2024

# Pregabalin ER Step

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## Products Affected

- *pregabalin er tablet extended release 24 hour 165 mg oral*
- *pregabalin er tablet extended release 24 hour 330 mg oral*
- *pregabalin er tablet extended release 24 hour 82.5 mg oral*

## Details

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<b>Criteria</b>	Requires the use of an immediate-release pregabalin product first.
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10/1/2024

# Qelbree Step

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## Products Affected

- QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL
- QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL
- QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL

## Details

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<b>Criteria</b>	Requires the use of generic atomoxetine first.
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10/1/2024

# Talicia Step

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## Products Affected

- TALICIA CAPSULE DELAYED RELEASE 250-12.  
5-10 MG ORAL

## Details

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<b>Criteria</b>	Prior prescription history positive for the use of an empiric (standard first-line) Helicobacter pylori regimen.
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10/1/2024

# Topical Rosacea Step

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## Products Affected

- FINACEA FOAM 15 % EXTERNAL

## Details

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<b>Criteria</b>	Prior prescription history of at least one other topical rosacea medication used for papules/pustules including azelaic acid gel, ivermectin cream, or metronidazole products.
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10/1/2024



# Vitamin D Analog Step

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## Products Affected

- *doxercalciferol capsule 0.5 mcg oral*
- *doxercalciferol capsule 1 mcg oral*
- *doxercalciferol capsule 2.5 mcg oral*

## Details

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<b>Criteria</b>	Prior prescription history includes past use of calcitriol.
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