STEP THERAPY CRITERIA

This list is current as of 10/1/2025 and pertains to the following formularies:

2026 Independent Health's Medicare Advantage C-SNP 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 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m., April 1st – September 30th: 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

Products Affected

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

Details

Criteria	Requires the use of an angiotensin-II receptor blocker (ARB) first.

10/1/2025

Aripiprazole Step

Products Affected

- *aripiprazole tablet dispersible 10 mg oral*
- *aripiprazole tablet dispersible 15 mg oral*
- OPIPZA FILM 10 MG ORAL
- OPIPZA FILM 2 MG ORAL
- OPIPZA FILM 5 MG ORAL

Details

Criteria	Aripiprazole orally-disintegrating tablet (ODT) requires the use of aripiprazole oral solution first. Aripiprazole oral films require the use of aripiprazole ODT first.

10/1/2025

Eucrisa Step

Products Affected

- EUCRISA OINTMENT 2 % EXTERNAL

Details

Criteria	Requires the use of either a topical corticosteroid or topical calcineurin inhibitor first.

10/1/2025

Febuxostat Step

Products Affected

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

Details

Criteria	Requires the use of allopurinol first.

10/1/2025

Sympazan Step

Products Affected

- SYMPAZAN FILM 10 MG ORAL
- SYMPAZAN FILM 20 MG ORAL
- SYMPAZAN FILM 5 MG ORAL

Details

Criteria	Requires the use of clobazam oral suspension first.

10/1/2025

Trelstar Step

Products Affected

- TRELSTAR MIXJECT SUSPENSION RECONSTITUTED 11.25 MG INTRAMUSCULAR
- TRELSTAR MIXJECT SUSPENSION RECONSTITUTED 22.5 MG INTRAMUSCULAR
- TRELSTAR MIXJECT SUSPENSION RECONSTITUTED 3.75 MG INTRAMUSCULAR

Details

Criteria	Requires the use of Lupron Depot first.

10/1/2025

Versacloz Step

Products Affected

- VERSACLOZ SUSPENSION 50 MG/ML ORAL

Details

Criteria	Requires the use of clozapine orally-disintegrating tablet first.

10/1/2025

Vitamin D Analog Step

Products Affected

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

Details

Criteria	Requires the use of calcitriol first.

10/1/2025

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