STEP THERAPY CRITERIA

This list is current as of October 1, 2025, and pertains to the following formularies:

2026 Pharmacy Benefit Dimensions Prescription Drug Plan (PDP) Part D 3 Tier 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 the formularies listed above.

If you have any questions, please contact our Medicare Member Services Department at 1-800-667-5936 or, for TTY users 711, October 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m. ET, April 1st – September 30th: Monday through Friday from 8 a.m. to 8 p.m. ET.

Pharmacy Benefit Dimensions is a subsidiary of Independent Health. Independent Health is a PDP with a Medicare contract. Enrollment in Pharmacy Benefit Dimensions PDP depends on contract renewal between Independent Health and CMS.

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	Prior prescription history of an ARB to obtain any products containing aliskiren.

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.

Eucrisa Step

Products Affected

- EUCRISA OINTMENT 2 % EXTERNAL

Details

Criteria	Prior prescription history positive for the use of either a topical corticosteroid or topical calcineurin inhibitor.

Febuxostat Step

Products Affected

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

Details

Criteria	Requires allopurinol prior to use.

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.

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.

Versacloz Step

Products Affected

- VERSACLOZ SUSPENSION 50 MG/ML ORAL

Details

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

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	Prior Prescription history includes past use of calcitriol.

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