

Step Therapy Criteria
Last Updated: April 18, 2022
Effective Date: June 1, 2022



2022 Step Therapy Criteria

(List of Step Therapy Criteria)

PLEASE READ CAREFULLY: IEHP DUALCHOICE CAL MEDICCONNECT PLAN (MEDICARE-MEDICAID PLAN) REQUIRES YOU TO FIRST TRY CERTAIN DRUGS TO TREAT YOUR MEDICAL CONDITION BEFORE WE WILL COVER ANOTHER DRUG FOR THAT CONDITION. THIS DOCUMENT CONTAINS INFORMATION ABOUT THE STEP THERAPY CRITERIA THAT WE COVER IN THIS PLAN.

Note to existing members: Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, List of Covered Drugs, pharmacy and provider networks and copayments may change from time to time throughout the year and on January 1 of each year.

IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) is a Health Plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. You can get this information for free in other languages. Call 1-877-273-IEHP (4347), 8am – 8pm (PST) 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free.

Usted puede obtener esta información gratis en otros idiomas. Llame al 1-877-273-IEHP (4347), 8 am-8pm (Hora del Pacífico), los 7 días de la semana, incluidos días festivos. Los usuarios de TTY deben llamar al 1-800-718-4347. La llamada es gratuita.

| Step Therapy Group | Algorithm | Steps |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| diabetes | <p>Must try one of the formulary alternatives: alogliptin, alogliptin-metformin, Basaglar, glimepiride, glimepiride-pioglitazone, glipizide, glipizide ER, glipizide-metformin, glyburide, glyburide-metformin, Humalog Mix, Humulin, Humulin N, Humulin R, insulin lispro, Januvia, Janumet, Lantus, Toujeo, metformin, metformin ER, Novolin, Novolin N, Novolin R. Exceptions to requiring prerequisites permitted for beneficiaries with type 2 diabetes with multiple cardiovascular risk factors or established cardiovascular disease for dulaglutide or liraglutide.</p> | <p>Step 1: <i>alogliptin 12.5 mg tablet, alogliptin 12.5 mg-metformin 1,000 mg tablet, alogliptin 12.5 mg-metformin 500 mg tablet, alogliptin 25 mg tablet, alogliptin 6.25 mg tablet, BASAGLAR KWIKPEN U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS, glimepiride 1 mg tablet, glimepiride 2 mg tablet, glimepiride 4 mg tablet, glipizide 10 mg tablet, glipizide 2.5 mg-metformin 250 mg tablet, glipizide 2.5 mg-metformin 500 mg tablet, glipizide 5 mg tablet, glipizide 5 mg-metformin 500 mg tablet, glipizide er 10 mg tablet, extended release 24 hr, glipizide er 2.5 mg tablet, extended release 24 hr, glipizide er 5 mg tablet, extended release 24 hr, glyburide 1.25 mg tablet, glyburide 1.25 mg-metformin 250 mg tablet, glyburide 2.5 mg tablet, glyburide 2.5 mg-metformin 500 mg tablet, glyburide 5 mg tablet, glyburide 5 mg-metformin 500 mg tablet, glyburide micronized 1.5 mg tablet, glyburide micronized 3 mg tablet, glyburide micronized 6 mg tablet, HUMALOG MIX 50-50 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION, HUMALOG MIX 75-25 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION, HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION, HUMULIN N NPH U-100 INSULIN (ISOPHANE SUSP) 100 UNIT/ML SUBCUTANEOUS, HUMULIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION, HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN, insulin lispro (u-100) 100 unit/ml subcutaneous half-unit pen, insulin lispro (u-100) 100 unit/ml subcutaneous pen, insulin lispro (u-100) 100 unit/ml subcutaneous solution, insulin lispro protamine-lispro 100 unit/ml (75-25) subcutaneous pen, JANUMET 50 MG-1,000 MG TABLET, JANUMET 50 MG-500 MG TABLET, JANUMET XR 100 MG-1,000 MG TABLET, EXTENDED RELEASE, JANUMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE, JANUMET XR 50 MG-</i></p> |

| Step Therapy Group | Algorithm | Steps |
|--------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | <p>500 MG TABLET,EXTENDED RELEASE, JANUVIA 100 MG TABLET, JANUVIA 25 MG TABLET, JANUVIA 50 MG TABLET, LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN, LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION, <i>metformin 1,000 mg tablet, metformin 500 mg tablet, metformin 850 mg tablet, metformin er 500 mg tablet,extended release 24 hr, metformin er 750 mg tablet,extended release 24 hr</i>, NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION, NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP, NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION, <i>pioglitazone 30 mg-glimepiride 2 mg tablet, pioglitazone 30 mg-glimepiride 4 mg tablet</i>, TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN, TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) SUBCUTANEOUS PEN</p> <p>Step 2: TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR, TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR, TRULICITY 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR, TRULICITY 4.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR, VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR</p> |

| Step Therapy Group | Algorithm | Steps |
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| Myrbetriq | Must try one of the formulary alternatives: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER | <p>Step 1: <i>oxybutynin chloride 5 mg tablet, oxybutynin chloride 5 mg/5 ml oral syrup, oxybutynin chloride er 10 mg tablet, extended release 24 hr, oxybutynin chloride er 15 mg tablet, extended release 24 hr, oxybutynin chloride er 5 mg tablet, extended release 24 hr, tolterodine 1 mg tablet, tolterodine 2 mg tablet, tolterodine er 2 mg capsule, extended release 24 hr, tolterodine er 4 mg capsule, extended release 24 hr</i></p> <p>Step 2: MYRBETRIQ 25 MG TABLET, EXTENDED RELEASE, MYRBETRIQ 50 MG TABLET, EXTENDED RELEASE</p> |
| Savella | Must try one of the formulary alternatives: duloxetine, gabapentin | <p>Step 1: <i>duloxetine 20 mg capsule, delayed release, duloxetine 30 mg capsule, delayed release, duloxetine 40 mg capsule, delayed release, duloxetine 60 mg capsule, delayed release, gabapentin 100 mg capsule, gabapentin 250 mg/5 ml oral solution, gabapentin 300 mg capsule, gabapentin 400 mg capsule, gabapentin 600 mg tablet, gabapentin 800 mg tablet</i></p> <p>Step 2: SAVELLA 100 MG TABLET, SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK, SAVELLA 12.5 MG TABLET, SAVELLA 25 MG TABLET, SAVELLA 50 MG TABLET</p> |
| Uloric | Must try one of the formulary alternatives: allopurinol | <p>Step 1: <i>allopurinol 100 mg tablet, allopurinol 300 mg tablet</i></p> <p>Step 2: <i>febuxostat 40 mg tablet, febuxostat 80 mg tablet</i></p> |

Index of Drugs**A**

| | |
|------------------------------------------------------|---|
| allopurinol 100 mg tablet | 3 |
| allopurinol 300 mg tablet | 3 |
| alogliptin 12.5 mg tablet..... | 1 |
| alogliptin 12.5 mg-metformin 1,000 mg tablet..... | 1 |
| alogliptin 12.5 mg-metformin 500 mg tablet | 1 |
| alogliptin 25 mg tablet..... | 1 |
| alogliptin 6.25 mg tablet..... | 1 |

B

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|----------------------------------------------------------------------------|---|
| BASAGLAR KWIKPEN U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS | 1 |
|----------------------------------------------------------------------------|---|

D

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|----------------------------------------------|---|
| duloxetine 20 mg capsule,delayed release ... | 3 |
| duloxetine 30 mg capsule,delayed release ... | 3 |
| duloxetine 40 mg capsule,delayed release ... | 3 |
| duloxetine 60 mg capsule,delayed release ... | 3 |

F

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|-------------------------------|---|
| febuxostat 40 mg tablet | 3 |
| febuxostat 80 mg tablet | 3 |

G

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|---------------------------------------------|---|
| gabapentin 100 mg capsule | 3 |
| gabapentin 250 mg/5 ml oral solution..... | 3 |
| gabapentin 300 mg capsule | 3 |
| gabapentin 400 mg capsule | 3 |
| gabapentin 600 mg tablet | 3 |
| gabapentin 800 mg tablet | 3 |
| glimepiride 1 mg tablet | 1 |
| glimepiride 2 mg tablet | 1 |
| glimepiride 4 mg tablet | 1 |
| glipizide 10 mg tablet..... | 1 |
| glipizide 2.5 mg-metformin 250 mg tablet.. | 1 |
| glipizide 2.5 mg-metformin 500 mg tablet... | 1 |
| glipizide 5 mg tablet..... | 1 |
| glipizide 5 mg-metformin 500 mg tablet..... | 1 |

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|------------------------------------------------------------|---|
| glipizide er 10 mg tablet, extended release 24 hr..... | 1 |
| glipizide er 2.5 mg tablet, extended release 24 hr..... | 1 |
| glipizide er 5 mg tablet, extended release 24 hr..... | 1 |
| glyburide 1.25 mg tablet..... | 1 |
| glyburide 1.25 mg-metformin 250 mg tablet | 1 |
| glyburide 2.5 mg tablet..... | 1 |
| glyburide 2.5 mg-metformin 500 mg tablet . | 1 |
| glyburide 5 mg tablet..... | 1 |
| glyburide 5 mg-metformin 500 mg tablet | 1 |
| glyburide micronized 1.5 mg tablet..... | 1 |
| glyburide micronized 3 mg tablet..... | 1 |
| glyburide micronized 6 mg tablet..... | 1 |

H

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|----------------------------------------------------------------------------------|---|
| HUMALOG MIX 50-50 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION..... | 1 |
| HUMALOG MIX 75-25 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION..... | 1 |
| HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION..... | 1 |
| HUMULIN N NPH U-100 INSULIN (ISOPHANE SUSP) 100 UNIT/ML SUBCUTANEOUS | 1 |
| HUMULIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION | 1 |
| HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN..... | 1 |

I

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|-----------------------------------------------------------------------|---|
| insulin lispro (u-100) 100 unit/ml subcutaneous half-unit pen..... | 1 |
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|------------------------------------------------------------------------------|---|
| insulin lispro (u-100) 100 unit/ml subcutaneous pen..... | 1 |
| insulin lispro (u-100) 100 unit/ml subcutaneous solution..... | 1 |
| insulin lispro protamine-lispro 100 unit/ml (75-25) subcutaneous pen..... | 1 |

J

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|-------------------------------------------------------------|---|
| JANUMET 50 MG-1,000 MG TABLET | 1 |
| JANUMET 50 MG-500 MG TABLET | 1 |
| JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE | 1 |
| JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE | 1 |
| JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE | 1 |
| JANUVIA 100 MG TABLET | 1 |
| JANUVIA 25 MG TABLET | 1 |
| JANUVIA 50 MG TABLET | 1 |

L

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|------------------------------------------------------------------------------|---|
| LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN..... | 1 |
| LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION | 1 |

M

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|-----------------------------------------------------------|---|
| metformin 1,000 mg tablet | 1 |
| metformin 500 mg tablet | 1 |
| metformin 850 mg tablet | 1 |
| metformin er 500 mg tablet,extended release 24 hr..... | 1 |
| metformin er 750 mg tablet,extended release 24 hr..... | 1 |
| MYRBETRIQ 25 MG TABLET,EXTENDED RELEASE | 3 |
| MYRBETRIQ 50 MG TABLET,EXTENDED RELEASE | 3 |

N

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|--------------------------------------------------------------------------------|---|
| NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION..... | 1 |
| NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP | 1 |
| NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION | 1 |

O

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|---------------------------------------------------------------------|---|
| oxybutynin chloride 5 mg tablet..... | 3 |
| oxybutynin chloride 5 mg/5 ml oral syrup ... | 3 |
| oxybutynin chloride er 10 mg tablet,extended release 24 hr | 3 |
| oxybutynin chloride er 15 mg tablet,extended release 24 hr | 3 |
| oxybutynin chloride er 5 mg tablet,extended release 24 hr | 3 |

P

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|--------------------------------------------|---|
| pioglitazone 30 mg-glimepiride 2 mg tablet | 1 |
| pioglitazone 30 mg-glimepiride 4 mg tablet | 1 |

S

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|---------------------------------------------------------------------------|---|
| SAVELLA 100 MG TABLET | 3 |
| SAVELLA 12.5 MG (5)-25 MG(8)- 50MG(42) TABLETS IN A DOSE PACK | 3 |
| SAVELLA 12.5 MG TABLET | 3 |
| SAVELLA 25 MG TABLET | 3 |
| SAVELLA 50 MG TABLET | 3 |

T

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|------------------------------------------------------------|---|
| tolterodine 1 mg tablet..... | 3 |
| tolterodine 2 mg tablet..... | 3 |
| tolterodine er 2 mg capsule,extended release 24 hr..... | 3 |
| tolterodine er 4 mg capsule,extended release 24 hr..... | 3 |

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|----------------------------------------------------------------------------------|---|
| TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN..... | 1 |
| TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) SUBCUTANEOUS PEN..... | 1 |
| TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR..... | 1 |
| TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR..... | 1 |
| TRULICITY 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR..... | 1 |
| TRULICITY 4.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR..... | 1 |

V

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|--------------------------------------------------------------------------------|---|
| VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR | 1 |
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