

Criterio de Terapia Escalonada
Última Actualización: 23 de agosto de 2022
Fecha de Entrada en Vigencia: 1 de octubre de 2022



Criterio de la Terapia Escalonada 2022 *(Lista sobre el Criterio de la Terapia Escalonada)*

POR FAVOR LEA DETALLADAMENTE: IEHP DUALCHOICE CAL MEDICCONNECT PLAN (MEDICARE-MEDICAID PLAN) REQUIERE QUE USTED PRIMERO UTILICE CIERTOS MEDICAMENTOS PARA TRATAR SU CONDICIÓN MÉDICA ANTES DE QUE CUBRAMOS OTRO MEDICAMENTO PARA ESA CONDICIÓN. ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DEL CRITERIO DE LA TERAPIA ESCALONADA (POR PASOS) QUE ES CUBIERTO POR ESTE PLAN.

Aviso para los Miembros existentes: Los beneficiarios deben recurrir a farmacias de la red para acceder al beneficio de medicamentos recetados. Los beneficios, la Lista de Medicamentos Cubiertos, las red de farmacias y de proveedores, así como los copagos podrían cambiar ocasionalmente a lo largo del año y el 1 de enero de cada año.

IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) es un Plan de Salud que tiene un contrato con ambos Medicare y Medi-Cal para proporcionar los beneficios de ambos programas a los afiliados. Usted puede obtener esta información gratis en otros idiomas. Llame al 1-877-273-IEHP (4347), 8am-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.

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.

Grupo de Terapia Escalonada	Algoritmo	Pasos
diabetes	Se debe intentar uno de los medicamentos alternativos de la Lista de Medicamento Cubiertos: 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. Se permiten excepciones a la exigencia de prerrequisitos para beneficiarios con diabetes tipo 2 con múltiples factores de riesgo cardiovascular o enfermedad cardiovascular establecida para dulaglutide o liraglutide.	<p>Paso 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</i></p>

Grupo de Terapia Escalonada	Algoritmo	Pasos
		<p>RELEASE, JANUMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE, JANUMET XR 50 MG-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 625 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>Paso 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>

Grupo de Terapia Escalonada	Algoritmo	Pasos
Myrbetriq	Se debe intentar uno de los medicamentos alternativos de la Lista de Medicamento Cubiertos: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER.	<p>Paso 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>Paso 2: MYRBETRIQ 25 MG TABLET, EXTENDED RELEASE, MYRBETRIQ 50 MG TABLET, EXTENDED RELEASE</p>
Savella	Se debe intentar uno de los medicamentos alternativos de la Lista de Medicamento Cubiertos: duloxetine, gabapentin.	<p>Paso 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>Paso 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	Se debe intentar uno de los medicamentos alternativos de la Lista de Medicamento Cubiertos: allopurinol.	<p>Paso 1: <i>allopurinol 100 mg tablet, allopurinol 300 mg tablet</i></p> <p>Paso 2: <i>febuxostat 40 mg tablet, febuxostat 80 mg tablet</i></p>

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