

Step Therapy Criteria
Last Updated: April 18, 2024
Effective Date: May 1, 2024



DualChoice

2024 Step Therapy Criteria

(List of Step Therapy Criteria)

PLEASE READ CAREFULLY: IEHP DUALCHOICE (HMO D-SNP), A MEDICARE MEDICAL 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 (HMO D-SNP) is a HMO Plan with a Medicare contract. Enrollment in IEHP DualChoice (HMO D-SNP) depends on contract renewal.

You can get this document for free in other formats, such as large print, braille, and/or audio. Call IEHP DualChoice Member Services at 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.

Puede obtener este documento gratis en otros formatos, como letra grande, Braille y/o audio. Llame a Servicios para Miembros de IEHP DualChoice al 1-877-273-IEHP (4347), 8am a 8pm (Hora del Pacífico), los 7 días de la semana, incluidos los días festivos. Los usuarios de TTY deben llamar al 1-800-718-4347. La llamada es gratuita.

您可以免費索取本文件的其他格式，例如大字版、盲文版和/或音訊版。請致電1-877-273-IEHP (4347) 與IEHP DualChoice會員服務處聯絡。服務時間為上午8點至晚上8點（太平洋標準時間），每週7天，包括節假日。TTY使用者應撥打1-800-718-4347。電話服務免費。

Quý vị có thể tải miễn phí tài liệu này ở các định dạng khác, chẳng hạn như bản in cỡ lớn, chữ nổi Braille và/hoặc tệp âm thanh. Hãy gọi Ban Dịch Vụ Hội Viên IEHP DualChoice theo số 1-877-273-IEHP (4347), 8 giờ sáng - 8 giờ tối (Múi giờ PST), 7 ngày trong tuần, kể cả các ngày lễ. Người dùng TTY vui lòng gọi số 1-800-718-4347. Miễn phí cước gọi.

MYRBETRIQ

Products Affected

Step 2:

- MYRBETRIQ 25 MG
TABLET,EXTENDED RELEASE
- MYRBETRIQ 50 MG
TABLET,EXTENDED RELEASE

Details

Criteria	Must try one of the formulary alternatives: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER.
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SAVELLA

Products Affected

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

Details

Criteria	Must try one of the formulary alternatives: duloxetine, gabapentin
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ULORIC

Products Affected

Step 2:

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

Details

Criteria	Must try one of the formulary alternatives: allopurinol
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