

Medica Central Health Plan
Medica Advantage (HMO-POS)

2025 Step Therapy (ST) Criteria

Please Read

This document contains information about our Step Therapy Criteria.

Step Therapy

In some cases, Medica Central Health Plan requires you to 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 Medica Central Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Medica Central Health Plan will then cover Drug B

Additional Resources to Help

For more recent information or other questions, please contact Medica Central Health Plan Customer Service at **1 (877) 301-3326 (TTY:711)**, 8 am – 8 pm, weekdays (year-round) and weekends (Oct. 1 – Mar. 31), or visit **Central.Medica.Com/Medicare**

This document was updated on 02/01/2025.

Medica Central Health Plan Medicare Part D Plan

Step Therapy Criteria
Last Updated 2/1/2025

Products Affected

febuxostat 40mg tab

Details

Criteria Step Therapy requires trial of generic allopurinol.

Products Affected

febuxostat 80mg tab

Details

Criteria	Step Therapy requires trial of generic allopurinol.
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Products Affected

LEVALBUTEROL 45MCG/ACT INHALER

Details

Criteria	Step Therapy requires trial of a formulary albuterol HFA product.
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Products Affected

PROLIA 60MG/ML SYRINGE

Details

Criteria	Step Therapy requires trial of one (1) formulary bisphosphonate. Step not required for the treatment of: 1) Bone loss in men receiving androgen deprivation therapy for prostate cancer or 2) Bone loss in women receiving adjuvant aromatase inhibitor therapy for breast cancer.
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Products Affected

TRINTELLIX 10MG TAB

Details

Criteria	Step therapy requires trial of one of the following generic antidepressants: escitalopram, sertraline, fluoxetine, citalopram, paroxetine, fluvoxamine, bupropion, venlafaxine, desvenlafaxine, or duloxetine.
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Products Affected

TRINTELLIX 20MG TAB

Details

Criteria	Step therapy requires trial of one of the following generic antidepressants: escitalopram, sertraline, fluoxetine, citalopram, paroxetine, fluvoxamine, bupropion, venlafaxine, desvenlafaxine, or duloxetine.
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Products Affected

TRINTELLIX 5MG TAB

Details

Criteria	Step therapy requires trial of one of the following generic antidepressants: escitalopram, sertraline, fluoxetine, citalopram, paroxetine, fluvoxamine, bupropion, venlafaxine, desvenlafaxine, or duloxetine.
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Medica Customer Services

For more recent information or other questions, please contact Medica Central Health Plan Customer Service.

Local: **1 (608) 828-1978**

Toll-free: **1 (877) 301-3326 (TTY: 711)**

Year-round

8 a.m. – 8 p.m. weekdays

Oct. 1–March 31

8 a.m. – 8 p.m. weekends

Visit: Central.Medica.Com/Medicare



Medica Central Health Plan

Medica Advantage

PO Box 56099

Madison, WI 53705-9399

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