

## STEP THERAPY CRITERIA

This list is current as of 11/01/2016 and pertains to the following formularies:

2016 Pharmacy Benefit Dimensions Prescription Drug Plan (PDP) Part D Formulary	Version 21
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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 our Pharmacy Benefit Dimensions Prescription Drug Plan (PDP) Part D Formulary.

If you have any questions, please contact Medicare Member Services Department at 1-800-665-1502 or, for TTY users, 1-800-432-1110, October 1<sup>st</sup> – February 14<sup>th</sup>: Monday through Sunday from 8 a.m. to 8 p.m., February 15<sup>th</sup> – September 30<sup>th</sup>: Monday through Friday from 8 a.m. to 8 p.m.

*Pharmacy Benefit Dimensions is a subsidiary of Independent Health. Independent Health is a PDP plan 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.*

*Verbal translation of written materials is available via free interpreter services. For those with special needs, accessibility to benefit information or alternate formats of written materials are available upon request. If you have any questions, we are able to help. Please call Member Services at the number above.*

# ARB Step Therapy

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## Products Affected

- TEKTURNA HCT TABLET 150-12.5 MG ORAL
- TEKTURNA HCT TABLET 150-25 MG ORAL
- TEKTURNA HCT TABLET 300-12.5 MG ORAL
- TEKTURNA HCT TABLET 300-25 MG ORAL
- TEKTURNA TABLET 150 MG ORAL
- TEKTURNA TABLET 300 MG ORAL

## Details

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<b>Criteria</b>	Prior Prescription history of an ARB to obtain Tekturna, or Tekturna HCT
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# GLP-1 Step Therapy

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## Products Affected

- BYDUREON 2 MG SUBCUTANEOUS\*
- BYDUREON SUSPENSION RECONSTITUTED 2 MG SUBCUTANEOUS\*
- BYETTA 10 MCG PEN 10 MCG/0.04ML SUBCUTANEOUS\*
- BYETTA 5 MCG PEN 5 MCG/0.02ML SUBCUTANEOUS\*
- TANZEUM 30 MG SUBCUTANEOUS\*
- TANZEUM 50 MG SUBCUTANEOUS\*
- TRULICITY 0.75 MG/0.5ML SUBCUTANEOUS\*
- TRULICITY 1.5 MG/0.5ML SUBCUTANEOUS\*
- VICTOZA 18 MG/3ML SUBCUTANEOUS\*

## Details

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<b>Criteria</b>	Prior Prescription history includes concurrent use of metformin, or a sulfonylurea, DPP-4 or a TZD before Byetta or Bydureon or Victoza or Tanzeum or Trulicity. Step Therapy does not apply when written by endocrinologist.
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# GLYXAMBI

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## Products Affected

- GLYXAMBI TABLET 10-5 MG ORAL
- GLYXAMBI TABLET 25-5 MG ORAL

## Details

<b>Criteria</b>	Requires either linagliptin or empagliflozin prior to use.
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# Hectoral Step Therapy

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## Products Affected

- *doxercalciferol capsule 0.5 mcg oral*
- *doxercalciferol capsule 1 mcg oral*
- *doxercalciferol capsule 2.5 mcg oral*
- HECTOROL CAPSULE 0.5 MCG ORAL
- HECTOROL CAPSULE 1 MCG ORAL
- HECTOROL CAPSULE 2.5 MCG ORAL

## Details

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<b>Criteria</b>	Prior Prescription history includes past use of calcitriol.
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# Tramadol ER

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## Products Affected

- CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL
- CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL
- CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL
- *tramadol hcl er (biphasic) tablet extended release 24 hr\* 100 mg oral*
- *tramadol hcl er (biphasic) tablet extended release 24 hr\* 200 mg oral*
- *tramadol hcl er (biphasic) tablet extended release 24 hr\* 300 mg oral*
- *tramadol hcl er capsule extended release 24 hour 100 mg oral*
- *tramadol hcl er capsule extended release 24 hour 150 mg oral*
- *tramadol hcl er capsule extended release 24 hour 200 mg oral*
- *tramadol hcl er capsule extended release 24 hour 300 mg oral*
- *tramadol hcl er tablet extended release 24 hr\* 100 mg oral*
- *tramadol hcl er tablet extended release 24 hr\* 200 mg oral*
- *tramadol hcl er tablet extended release 24 hr\* 300 mg oral*
- ULTRAM ER TABLET EXTENDED RELEASE 24 HR\* 100 MG ORAL
- ULTRAM ER TABLET EXTENDED RELEASE 24 HR\* 200 MG ORAL
- ULTRAM ER TABLET EXTENDED RELEASE 24 HR\* 300 MG ORAL

## Details

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Criteria	Requires the use of tramadol immediate release first
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# ZEMPLAR STEP THERAPY

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## Products Affected

- *paricalcitol capsule 1 mcg oral*
- *paricalcitol capsule 2 mcg oral*
- *paricalcitol capsule 4 mcg oral*
- ZEMPLAR CAPSULE 1 MCG ORAL
- ZEMPLAR CAPSULE 2 MCG ORAL

## Details

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<b>Criteria</b>	Prior Prescription history includes past use of calcitriol.
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## Index

BYDUREON 2 MG SUBCUTANEOUS* ...	2	<i>tramadol hcl er capsule extended release</i>	
BYDUREON SUSPENSION		24 hour 150 mg oral .....	5
RECONSTITUTED 2 MG		<i>tramadol hcl er capsule extended release</i>	
SUBCUTANEOUS* .....	2	24 hour 200 mg oral .....	5
BYETTA 10 MCG PEN 10 MCG/0.04ML		<i>tramadol hcl er capsule extended release</i>	
SUBCUTANEOUS* .....	2	24 hour 300 mg oral .....	5
BYETTA 5 MCG PEN 5 MCG/0.02ML		<i>tramadol hcl er tablet extended release</i>	24
SUBCUTANEOUS* .....	2	hr* 100 mg oral .....	5
CONZIP CAPSULE EXTENDED		<i>tramadol hcl er tablet extended release</i>	24
RELEASE 24 HOUR 100 MG ORAL .....	5	hr* 200 mg oral .....	5
CONZIP CAPSULE EXTENDED		<i>tramadol hcl er tablet extended release</i>	24
RELEASE 24 HOUR 200 MG ORAL .....	5	hr* 300 mg oral .....	5
CONZIP CAPSULE EXTENDED		TRULICITY 0.75 MG/0.5ML	
RELEASE 24 HOUR 300 MG ORAL .....	5	SUBCUTANEOUS* .....	2
<i>doxercalciferol capsule 0.5 mcg oral</i> .....	4	TRULICITY 1.5 MG/0.5ML	
<i>doxercalciferol capsule 1 mcg oral</i> .....	4	SUBCUTANEOUS* .....	2
<i>doxercalciferol capsule 2.5 mcg oral</i> .....	4	ULTRAM ER TABLET EXTENDED	
GLYXAMBI TABLET 10-5 MG ORAL .....	3	RELEASE 24 HR* 100 MG ORAL .....	5
GLYXAMBI TABLET 25-5 MG ORAL .....	3	ULTRAM ER TABLET EXTENDED	
HECTOROL CAPSULE 0.5 MCG ORAL		RELEASE 24 HR* 200 MG ORAL .....	5
.....	4	ULTRAM ER TABLET EXTENDED	
HECTOROL CAPSULE 1 MCG ORAL .....	4	RELEASE 24 HR* 300 MG ORAL .....	5
HECTOROL CAPSULE 2.5 MCG ORAL		VICTOZA 18 MG/3ML SUBCUTANEOUS*	
.....	4	.....	2
<i>paricalcitol capsule 1 mcg oral</i> .....	6	ZEMPLAR CAPSULE 1 MCG ORAL .....	6
<i>paricalcitol capsule 2 mcg oral</i> .....	6	ZEMPLAR CAPSULE 2 MCG ORAL .....	6
<i>paricalcitol capsule 4 mcg oral</i> .....	6		
TANZEUM 30 MG SUBCUTANEOUS* .....	2		
TANZEUM 50 MG SUBCUTANEOUS* .....	2		
TEKTURNA HCT TABLET 150-12.5 MG			
ORAL .....	1		
TEKTURNA HCT TABLET 150-25 MG			
ORAL .....	1		
TEKTURNA HCT TABLET 300-12.5 MG			
ORAL .....	1		
TEKTURNA HCT TABLET 300-25 MG			
ORAL .....	1		
TEKTURNA TABLET 150 MG ORAL .....	1		
TEKTURNA TABLET 300 MG ORAL .....	1		
<i>tramadol hcl er (biphasic) tablet extended</i>			
<i>release 24 hr* 100 mg oral</i> .....	5		
<i>tramadol hcl er (biphasic) tablet extended</i>			
<i>release 24 hr* 200 mg oral</i> .....	5		
<i>tramadol hcl er (biphasic) tablet extended</i>			
<i>release 24 hr* 300 mg oral</i> .....	5		
<i>tramadol hcl er capsule extended release</i>			
24 hour 100 mg oral .....	5		