

STEP THERAPY CRITERIA

This list is current as of 11/01/2017 and pertains to the following formularies:

2017 Pharmacy Benefit Dimensions Prescription Drug Plan (PDP) Part D Formulary	Version 20
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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 1st – February 14th: Monday through Sunday from 8 a.m. to 8 p.m., February 15th – September 30th: 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.

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-665-1502 (TTY: 1-800-432-1110).

Independent Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-665-1502 (TTY: 1-800-432-1110).

Independent Health cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-665-1502 (TTY: 1-800-432-1110)。

Independent Health 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

ARB Step Therapy

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

Criteria	
	Prior Prescription history of an ARB to obtain Tekturna, or Tekturna HCT

GLP-1 Step Therapy

Products Affected

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

Details

Criteria	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

Products Affected

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

Details

Criteria	Requires either linagliptin or empagliflozin prior to use.
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Hectoral Step Therapy

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

Criteria	Prior Prescription history includes past use of calcitriol.
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Tramadol ER

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 hour 100 mg oral*
- *tramadol hcl er (biphasic) tablet extended release 24 hour 200 mg oral*
- *tramadol hcl er (biphasic) tablet extended release 24 hour 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 hour 100 mg oral*
- *tramadol hcl er tablet extended release 24 hour 200 mg oral*
- *tramadol hcl er tablet extended release 24 hour 300 mg oral*
- ULTRAM ER TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL
- ULTRAM ER TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL
- ULTRAM ER TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL

Details

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

Products Affected

- *paricalcitol capsule 1 mcg oral* RELEASE 30 MCG ORAL
- *paricalcitol capsule 2 mcg oral* • ZEMPLAR CAPSULE 1 MCG ORAL
- *paricalcitol capsule 4 mcg oral* • ZEMPLAR CAPSULE 2 MCG ORAL
- RAYALDEE CAPSULE EXTENDED

Details

Criteria	Prior Prescription history includes past use of calcitriol.
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