

STEP THERAPY CRITERIA

This list is current as of December 1, 2017 and pertains to the following formularies:

2017 Independent Health's Medicare Advantage Individual Part D Formulary	Version 23
2017 Independent Health's Medicare Advantage Employer Group's Part D Formulary	Version 23

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 Medicare Advantage Part D Formularies.

If you have any questions, please contact Independent Health's 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.

Independent Health is a Medicare Advantage organization with a Medicare contract offering HMO, HMO-SNP, HMO-POS and PPO plans. Enrollment in Independent Health depends on contract renewal.

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, Tekturna HCT, Amturnide, or Tekamlo
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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 Step

Products Affected

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

Details

Criteria	Requires either linagliptan 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*

Details

Criteria	Prior Prescription history includes past use of calcitriol.
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PPI Step Therapy

Products Affected

- NEXIUM PACKET 10 MG ORAL
- NEXIUM PACKET 2.5 MG ORAL
- NEXIUM PACKET 20 MG ORAL
- NEXIUM PACKET 40 MG ORAL
- NEXIUM PACKET 5 MG ORAL

Details

Criteria	Prior Prescription history includes use of omeprazole or pantoprazole except for NSAID-induced gastric ulcer prophylaxis or treatment
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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*

Details

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

Products Affected

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

Details

Criteria	Prior Prescription history includes past use of calcitriol.
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INDEX

BYDUREON PEN-INJECTOR 2 MG SUBCUTANEOUS.....	2	TEKTURNA TABLET 150 MG ORAL.....	1
BYDUREON SUSPENSION RECONSTITUTED ER 2 MG SUBCUTANEOUS.....	2	TEKTURNA TABLET 300 MG ORAL.....	1
BYETTA 10 MCG PEN SOLUTION PEN-INJECTOR 10 MCG/0.04ML SUBCUTANEOUS.....	2	<i>tramadol hcl er (biphasic) tablet extended release 24 hour 100 mg oral....</i>	6
BYETTA 5 MCG PEN SOLUTION PEN-INJECTOR 5 MCG/0.02ML SUBCUTANEOUS.....	2	<i>tramadol hcl er (biphasic) tablet extended release 24 hour 200 mg oral....</i>	6
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL.....	6	<i>tramadol hcl er (biphasic) tablet extended release 24 hour 300 mg oral....</i>	6
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL.....	6	<i>tramadol hcl er capsule extended release 24 hour 100 mg oral.....</i>	6
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL.....	6	<i>tramadol hcl er capsule extended release 24 hour 150 mg oral.....</i>	6
<i>doxercalciferol capsule 0.5 mcg oral.....</i>	4	<i>tramadol hcl er capsule extended release 24 hour 200 mg oral.....</i>	6
<i>doxercalciferol capsule 1 mcg oral.....</i>	4	<i>tramadol hcl er capsule extended release 24 hour 300 mg oral.....</i>	6
<i>doxercalciferol capsule 2.5 mcg oral.....</i>	4	<i>tramadol hcl er tablet extended release 24 hour 100 mg oral.....</i>	6
GLYXAMBI TABLET 10-5 MG ORAL.....	3	<i>tramadol hcl er tablet extended release 24 hour 200 mg oral.....</i>	6
GLYXAMBI TABLET 25-5 MG ORAL.....	3	<i>tramadol hcl er tablet extended release 24 hour 300 mg oral.....</i>	6
NEXIUM PACKET 10 MG ORAL.....	5	TRULICITY SOLUTION PEN- INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS.....	2
NEXIUM PACKET 2.5 MG ORAL.....	5	TRULICITY SOLUTION PEN- INJECTOR 1.5 MG/0.5ML SUBCUTANEOUS.....	2
NEXIUM PACKET 20 MG ORAL.....	5	VICTOZA SOLUTION PEN- INJECTOR 18 MG/3ML SUBCUTANEOUS.....	2
NEXIUM PACKET 40 MG ORAL.....	5		
NEXIUM PACKET 5 MG ORAL.....	5		
<i>paricalcitol capsule 1 mcg oral.....</i>	7		
<i>paricalcitol capsule 2 mcg oral.....</i>	7		
<i>paricalcitol capsule 4 mcg oral.....</i>	7		
RAYALDEE CAPSULE EXTENDED RELEASE 30 MCG ORAL.....	7		
TANZEUM PEN-INJECTOR 30 MG SUBCUTANEOUS.....	2		
TANZEUM PEN-INJECTOR 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		