

STEP THERAPY CRITERIA

This list is current as of December 1, 2018 and pertains to the following formularies:

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| 2018 Independent Health's Medicare Advantage Individual Part D Formulary | Version 22 |
| 2018 Independent Health's Medicare Advantage Employer Group's Part D Formulary | Version 22 |

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 our 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.

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

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| Criteria | Prior prescription history of an ARB to obtain any product containing aliskiren. |
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You can find information on what the symbols and abbreviations on this table mean by going to page V.

Brimonidine Topical

Products Affected

- MIRVASO GEL 0.33 % EXTERNAL

Details

| Criteria | Prior prescription history positive for the use of Azelaic Acid |
|----------|---|
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You can find information on what the symbols and abbreviations on this table mean by going to page V.

GLP-1 Step Therapy

Products Affected

- BYDUREON BCISE AUTO-INJECTOR 2 MG/0.85ML SUBCUTANEOUS
- 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
- OZEMPIC SOLUTION PEN-INJECTOR 0.25 OR 0.5 MG/DOSE SUBCUTANEOUS
- OZEMPIC SOLUTION PEN-INJECTOR 1 MG/DOSE 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

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| 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 or Ozempic. Step Therapy does not apply when written by endocrinologist. |
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You can find information on what the symbols and abbreviations on this table mean by going to page V.

GLYXAMBI Step

Products Affected

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

Details

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|-----------------|---|
| Criteria | Requires either linagliptan or empagliflozin prior to use |
|-----------------|---|

You can find information on what the symbols and abbreviations on this table mean by going to page V.

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. |
|-----------------|---|

You can find information on what the symbols and abbreviations on this table mean by going to page V.

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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You can find information on what the symbols and abbreviations on this table mean by going to page V.

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 (biphasic) tablet extended release 24 hour 300 mg oral (matrix delivery)*
- *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*

Details

| | |
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| Criteria | Requires the use of tramadol immediate-release or non-biphasic extended-release tablets first. |
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You can find information on what the symbols and abbreviations on this table mean by going to page V.

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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