

STEP THERAPY CRITERIA

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

2018 Pharmacy Benefit Dimensions PDP offered by Niagara County Formulary D0457 - 464	Version 18
2018 Pharmacy Benefit Dimensions PDP offered by Niagara County Formulary D0465	Version 18

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 the formularies listed above.

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.

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.

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

GLP-1 Step Therapy

Products Affected

- BYDUREON BCISE AUTO-INJECTOR 2 MG/0.85ML SUBCUTANEOUS
- BYDUREON PEN-INJECTOR 2 MG SUBCUTANEOUS
- BYDUREON SUSPENSION RECONSTITUTED 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

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 VI.

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

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

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

ZEMPLAR STEP THERAPY

Products Affected

- *paricalcitol capsule 1 mcg oral* 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 RELEASE 30

Details

Criteria	Prior Prescription history includes past use of calcitriol.
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You can find information on what the symbols and abbreviations on this table mean by going to page VI.

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