

## STEP THERAPY CRITERIA

This list is current as of 12/01/2019 and pertains to the following formularies:

2019 Independent Health's Assure Advantage <sup>SM</sup> (HMO-SNP) Part D Formulary	Version 28
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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 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 711, October 1<sup>st</sup> – March 31<sup>st</sup>: Monday through Sunday from 8 a.m. to 8 p.m., April 1<sup>st</sup> – September 30<sup>th</sup>: 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.

# Aliskiren Step

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## Products Affected

- *aliskiren fumarate tablet 150 mg oral*
- *aliskiren fumarate tablet 300 mg oral*
- 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

## Details

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<b>Criteria</b>	Prior prescription history of an ARB to obtain any products containing aliskiren.
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You can find information on what the symbols and abbreviations on this table mean by going to page VI.

# Doxercalciferol Step

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## Products Affected

- *doxercalciferol capsule 0.5 mcg oral*
- *doxercalciferol capsule 1 mcg oral*
- *doxercalciferol 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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You can find information on what the symbols and abbreviations on this table mean by going to page VI.

## GLP-1 Step

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### 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 (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS
- OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS
- RYBELSUS TABLET 14 MG ORAL
- RYBELSUS TABLET 3 MG ORAL
- RYBELSUS TABLET 7 MG ORAL
- 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

<b>Criteria</b>	Prior prescription history includes concurrent use of metformin, a sulfonylurea, a DPP-4, or a TZD before a GLP-1 agonist. 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.

# Mirvaso Step

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## Products Affected

- MIRVASO GEL 0.33 % EXTERNAL

## Details

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<b>Criteria</b>	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 VI.

# Nexium Packet Step

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## 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

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<b>Criteria</b>	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 VI.

# Paricalcitol/Royaldee Step

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## 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

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<b>Criteria</b>	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.

# Rocklatan Step

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## Products Affected

- ROCKLATAN SOLUTION 0.02-0.005 %  
OPHTHALMIC

## Details

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<b>Criteria</b>	Prior prescription history positive for the use of an ophthalmic prostaglandin inhibitor.
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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 Biphasic Step

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## Products Affected

- *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*

## Details

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<b>Criteria</b>	Requires the use of an immediate-release tramadol product or non-biphasic extended-release tramadol first.
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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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