

STEP THERAPY CRITERIA

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

2019 Independent Health's Medicare Advantage Individual Part D Formulary	Version 39
2019 Independent Health's Medicare Advantage Employer Group's Part D Formulary	Version 39

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 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m., April 1st – 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.

Aliskiren Step

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

Criteria	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

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

GLP-1 Step

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

Criteria	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

Products Affected

- MIRVASO GEL 0.33 % EXTERNAL

Details

Criteria	
	Prior prescription history positive for the use of azelaic acid.

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

Nexium Packet Step

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 VI.

Paricalcitol/Royaldee Step

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

Rocklatan Step

Products Affected

- ROCKLATAN SOLUTION 0.02-0.005 %
OPHTHALMIC

Details

Criteria	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

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

Criteria	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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