

## STEP THERAPY CRITERIA

This list is current as of December 1, 2020 and pertains to the following formularies:

2020 Pharmacy Benefit Dimensions PDP Part D Formulary Provided by City of Stamford	Version 42
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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 the formularies listed above.

If you have any questions, please contact our Medicare Member Services Department at 1-800-667-5936 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.

Pharmacy Benefit Dimensions is a subsidiary of Independent Health. Independent Health is a PDP 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

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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 product containing aliskiren.
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# Brimonidine Topical

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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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# CGRP Inhibitor Step

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## Products Affected

- NURTEC TABLET DISPERSIBLE 75 MG ORAL

## Details

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<b>Criteria</b>	Prior prescription history includes use of at least one triptan before an oral CGRP inhibitor.
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# Eucrisa Step

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## Products Affected

- EUCRISA OINTMENT 2 % EXTERNAL

## Details

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<b>Criteria</b>	Prior prescription history positive for the use of either a topical corticosteroid or topical calcineurin inhibitor.
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# GLP-1 Step Therapy

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## Products Affected

- 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
- TRULICITY SOLUTION PEN-INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS
- TRULICITY SOLUTION PEN-INJECTOR 1.5 MG/0.5ML SUBCUTANEOUS
- TRULICITY SOLUTION PEN-INJECTOR 3 MG/0.5ML SUBCUTANEOUS
- TRULICITY SOLUTION PEN-INJECTOR 4.5 MG/0.5ML SUBCUTANEOUS
- VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS

## Details

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<b>Criteria</b>	Prior prescription history includes concurrent use of metformin, a sulfonylurea, a DPP-4 inhibitor, a TZD, or an SGLT-2 inhibitor before a GLP-1 agonist. Step therapy does not apply when written by endocrinologist.
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# Hectoral Step Therapy

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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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Criteria	Prior Prescription history includes past use of calcitriol.
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# Lonhala Step

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## Products Affected

- LONHALA MAGNAIR REFILL KIT SOLUTION 25 MCG/ML INHALATION
- LONHALA MAGNAIR STARTER KIT SOLUTION 25 MCG/ML INHALATION

## Details

<b>Criteria</b>	Prior prescription history positive for the use of a non-nebulized long-acting muscarinic antagonist such as aclidinium, glycopyrrolate, tiotropium, or umeclidinium.
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# Ongentys Step

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## Products Affected

- ONGENTYS CAPSULE 50 MG ORAL

## Details

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<b>Criteria</b>	Prior prescription history positive for the use of a product containing another COMTI such as entacapone.
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# Perforomist Step

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## Products Affected

- PERFORMIST NEBULIZATION SOLUTION 20 MCG/2ML INHALATION

## Details

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<b>Criteria</b>	Prior prescription history positive for the use of Brovana.
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# 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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# Talicia Step

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## Products Affected

- TALICIA CAPSULE DELAYED RELEASE 250-12.5-10 MG ORAL

## Details

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<b>Criteria</b>	Prior prescription history positive for the use of an empiric (standard first-line) Helicobacter pylori regimen.
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# Tramadol ER

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## 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

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<b>Criteria</b>	Requires the use of tramadol immediate release first
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# Uloric Step

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## Products Affected

- *febuxostat tablet 40 mg oral*
- *febuxostat tablet 80 mg oral*

## Details

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<b>Criteria</b>	Requires allopurinol prior to use.
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# ZEMPLAR STEP THERAPY

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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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