

STEP THERAPY CRITERIA

This list is current as of December 1, 2022, and pertains to the following formularies:

| | |
|---------------------------------------------------------------------------------------|---------------|
| 2022 Pharmacy Benefit Dimensions PDP offered by Niagara County Formulary D0457 - 0464 | Version 23 |
| 2022 Pharmacy Benefit Dimensions PDP offered by Niagara County Formulary D0465 | Version 23 |

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 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m. ET, April 1st – September 30th: Monday through Friday from 8 a.m. to 8 p.m. ET.

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.

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 product containing aliskiren. |

Epsolay Step

Products Affected

- *epsolay cream 5 % external*

Details

| | |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Criteria | Prior prescription history of at least one other topical rosacea medication used for papules/pustules including azelaic acid gel, ivermectin cream, or metronidazole products. |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Eucrisa Step

Products Affected

- EUCRISA OINTMENT 2 % EXTERNAL

Details

| | |
|-----------------|----------------------------------------------------------------------------------------------------------------------|
| Criteria | Prior prescription history positive for the use of either a topical corticosteroid or topical calcineurin inhibitor. |
|-----------------|----------------------------------------------------------------------------------------------------------------------|

Exservan Step

Products Affected

- EXSERVAN FILM 50 MG ORAL

Details

| Criteria | |
|----------|-----------------------------------------------------|
| | Requires the use of generic riluzole tablets first. |

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

Lonhala Step

Products Affected

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

Details

| | |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------|
| Criteria | Prior prescription history positive for the use of a non-nebulized long-acting muscarinic antagonist such as tiotropium or umeclidinium. |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------|

Ongentys Step

Products Affected

- ONGENTYS CAPSULE 25 MG ORAL
- ONGENTYS CAPSULE 50 MG ORAL

Details

| | |
|-----------------|-----------------------------------------------------------------------------------------------------------|
| Criteria | Prior prescription history positive for the use of a product containing another COMTI such as entacapone. |
|-----------------|-----------------------------------------------------------------------------------------------------------|

Perforomist Step

Products Affected

- PERFORMIST NEBULIZATION SOLUTION 20 MCG/2ML INHALATION

Details

| Criteria | Prior prescription history positive for the use of nebulized arformoterol. |
|----------|----------------------------------------------------------------------------|
|----------|----------------------------------------------------------------------------|

Pregabalin ER Step

Products Affected

- *pregabalin er tablet extended release 24 hour 165 mg oral*
- *pregabalin er tablet extended release 24 hour 330 mg oral*
- *pregabalin er tablet extended release 24 hour 82.5 mg oral*

Details

| | |
|-----------------|--------------------------------------------------------------------|
| Criteria | Requires the use of an immediate-release pregabalin product first. |
|-----------------|--------------------------------------------------------------------|

Qelbree Step

Products Affected

- QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL
- QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL
- QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL

Details

| | |
|-----------------|------------------------------------------------|
| Criteria | Requires the use of generic atomoxetine first. |
|-----------------|------------------------------------------------|

Talicia Step

Products Affected

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

Details

| | |
|-----------------|------------------------------------------------------------------------------------------------------------------|
| Criteria | Prior prescription history positive for the use of an empiric (standard first-line) Helicobacter pylori regimen. |
|-----------------|------------------------------------------------------------------------------------------------------------------|

Tramadol ER

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 (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 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 |

Uloric Step

Products Affected

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

Details

| | |
|-----------------|------------------------------------|
| Criteria | Requires allopurinol prior to use. |
|-----------------|------------------------------------|

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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| <i>aliskiren fumarate tablet 150 mg oral</i> | 2 | <i>tramadol hcl er capsule extended release 24 hour</i> | |
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| <i>doxercalciferol capsule 0.5 mcg oral</i> | 6 | <i>tramadol hcl er capsule extended release 24 hour</i> | |
| <i>doxercalciferol capsule 1 mcg oral</i> | 6 | <i>300 mg oral</i> | 13 |
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| TEKTURNA HCT TABLET 300-12.5 MG ORAL | 2 | | |
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