STEP THERAPY CRITERIA

This list is current as of 12/1/2023 and pertains to the following formularies:

2023 Independent Health's Medicare Advantage C-SNP Part D Formulary	Version 20

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.

The formulary may change at any time. You will receive notice when necessary.

Airsupra Step

Products Affected

- AIRSUPRA AEROSOL 90-80 MCG/ACT INHALATION

Details

Criteria	Requires the maintenance use of an inhaled corticosteroid (either alone or in combination).

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.

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.

Febuxostat Step

Products Affected

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

Details

Criteria	Requires the use of allopurinol first.

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.

Topical Rosacea Step

Products Affected

- EPSOLAY CREAM 5 % EXTERNAL
- FINACEA FOAM 15 % 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.

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*

Details

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

Vitamin D Analog Step

Products Affected

- *doxercalciferol capsule 0.5 mcg oral*
- *doxercalciferol capsule 1 mcg oral*
- *doxercalciferol capsule 2.5 mcg oral*
- *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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