

## STEP THERAPY CRITERIA

This list is current as of 4/1/2023 and pertains to the following formularies:

2023 Independent Health's Medicare Advantage C-SNP Part D Formulary	Version 12
---	------------

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.

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

---

<b>Criteria</b>	Prior prescription history of an ARB to obtain any products containing aliskiren.
-----------------	---

---

# Eucrisa Step

---

## Products Affected

- EUCRISA OINTMENT 2 % EXTERNAL

## Details

---

<b>Criteria</b>	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

---

<b>Criteria</b>	Requires the use of generic riluzole tablets first.
-----------------	---

---

# Febuxostat Step

---

## Products Affected

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

## Details

---

<b>Criteria</b>	Requires the use of allopurinol first.
-----------------	--

---

# Lonhala Step

---

## 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 product containing a non-nebulized long-acting muscarinic antagonist such as tiotropium or umeclidinium.
-----------------	---

## 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

---

<b>Criteria</b>	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

---

<b>Criteria</b>	Requires the use of generic atomoxetine first.
-----------------	--

---



# Talicia Step

---

## Products Affected

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

## Details

---

<b>Criteria</b>	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

---

<b>Criteria</b>	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

---

<b>Criteria</b>	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.
----------	---

---



## INDEX

<i>aliskiren fumarate tablet 150 mg oral</i> .....	1	<i>tramadol hcl (er biphasic) tablet extended</i>	
<i>aliskiren fumarate tablet 300 mg oral</i> .....	1	<i>release 24 hour 300 mg oral</i> .....	10
<i>doxercalciferol capsule 0.5 mcg oral</i> .....	11		
<i>doxercalciferol capsule 1 mcg oral</i> .....	11		
<i>doxercalciferol capsule 2.5 mcg oral</i> .....	11		
EPSOLAY CREAM 5 % EXTERNAL.....	9		
EUCRISA OINTMENT 2 % EXTERNAL.....	2		
EXSERVAN FILM 50 MG ORAL.....	3		
<i>febuxostat tablet 40 mg oral</i> .....	4		
<i>febuxostat tablet 80 mg oral</i> .....	4		
FINACEA FOAM 15 % EXTERNAL.....	9		
LONHALA MAGNAIR REFILL KIT SOLUTION			
25 MCG/ML INHALATION.....	5		
LONHALA MAGNAIR STARTER KIT			
SOLUTION 25 MCG/ML INHALATION.....	5		
<i>paricalcitol capsule 1 mcg oral</i> .....	11		
<i>paricalcitol capsule 2 mcg oral</i> .....	11		
<i>paricalcitol capsule 4 mcg oral</i> .....	11		
<i>pregabalin er tablet extended release 24</i>			
<i>hour 165 mg oral</i> .....	6		
<i>pregabalin er tablet extended release 24</i>			
<i>hour 330 mg oral</i> .....	6		
<i>pregabalin er tablet extended release 24</i>			
<i>hour 82.5 mg oral</i> .....	6		
QELBREE CAPSULE EXTENDED RELEASE 24			
HOUR 100 MG ORAL.....	7		
QELBREE CAPSULE EXTENDED RELEASE 24			
HOUR 150 MG ORAL.....	7		
QELBREE CAPSULE EXTENDED RELEASE 24			
HOUR 200 MG ORAL.....	7		
RAYALDEE CAPSULE EXTENDED RELEASE			
30 MCG ORAL.....	11		
TALICIA CAPSULE DELAYED RELEASE 250-			
12.5-10 MG ORAL.....	8		
TEKTURNA HCT TABLET 150-12.5 MG ORAL..	1		
TEKTURNA HCT TABLET 150-25 MG ORAL.....	1		
TEKTURNA HCT TABLET 300-12.5 MG ORAL..	1		
TEKTURNA HCT TABLET 300-25 MG ORAL.....	1		
<i>tramadol hcl (er biphasic) tablet extended</i>			
<i>release 24 hour 100 mg oral</i> .....	10		
<i>tramadol hcl (er biphasic) tablet extended</i>			
<i>release 24 hour 200 mg oral</i> .....	10		