

STEP THERAPY CRITERIA

This list is current as of 12/01/2021 and pertains to the following formularies:

2021 Independent Health's Medicare Advantage Individual Part D Formulary	Version 26
2021 Independent Health's Medicare Advantage Employer Group's Part D Formulary	Version 26

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.

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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CGRP Inhibitor Step

Products Affected

- UBRELVY TABLET 100 MG ORAL
- UBRELVY TABLET 50 MG ORAL

Details

Criteria	Prior prescription history includes use of at least one triptan before an oral CGRP inhibitor.
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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.
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Exservan Step

Products Affected

- EXSERVAN FILM 50 MG ORAL

Details

Criteria	Requires the use of generic riluzole tablets first.
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Febuxostat Step

Products Affected

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

Details

Criteria	Requires the use of allopurinol first.
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GLP-1 Step

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
- OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 4 MG/3ML 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

Criteria	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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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 aclidinium, tiotropium, or umeclidinium.
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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.
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Perforomist Step

Products Affected

- *formoterol fumarate nebulization solution*
20 mcg/2ml inhalation

Details

Criteria	Prior prescription history positive for the use of arformoterol nebulizer solution.
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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.
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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.
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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.
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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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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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