

STEP THERAPY CRITERIA

This list is current as of 06/01/2021 and pertains to Independent Health's 2021 MediSource and Child Health Plus Formulary.

In some cases, Independent Health requires that you first try certain medications to treat your medical condition before we will cover another medication for that condition. Step therapy is a way to help you get the best quality and value from your prescription medication benefit. This usually means that an equally effective generic medication is prescribed before a more expensive brand-name medication. Step therapy may also ensure that two medications are used together if they are more effective.

Medications that require Step Therapy have an "ST" in the Notes column of the formulary. This document contains the Step Therapy protocols that are associated with our MediSource and Child Health Plus Formulary.

If you have any questions, please contact our Member Services Department at 1-800-501-3439 or (716) 631-8701, Monday through Friday from 8 a.m. to 8 p.m. TTY users please call 711.

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

Allergy Eye Drops

Products Affected

- ALOMIDE SOLUTION 0.1 % OPHTHALMIC

Details

Criteria	A prescription for this allergy eye drop goes through online if the patient's Independent Health prescription history documents that ketotifen ophthalmic was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criteria.
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Anzemet/granisetron/Kytril/Zuplenz

Products Affected

- granisetron hcl tablet 1 mg oral

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that ondansetron was filled within the previous 180 days. Prior authorization is required when the pharmacy profile does not meet this criteria.
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Apriso

Products Affected

- mesalamine er capsule extended release 24 hour 0.375 gm
oral

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that a generic mesalamine product was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criteria.
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Budesonide/Formoterol

Products Affected

- budesonide-formoterol fumarate aerosol 160-4.5 mcg/act inhalation
- budesonide-formoterol fumarate aerosol 80-4.5 mcg/act inhalation

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that IHA preferred inhaler such as fluticasone/salmeterol or Wixela Inhub was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criteria.
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Comtan (entacapone)

Products Affected

- entacapone tablet 200 mg oral

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents concurrent use of carbidopa/levodopa. Prior authorization is required when the pharmacy profile does not meet this criteria.
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Desonide

Products Affected

- desonide lotion 0.05 % external
- desonide ointment 0.05 % external

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that alclometasone was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criteria.
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Emend

Products Affected

- aprepitant capsule 125 mg oral
- aprepitant capsule 80 & 125 mg oral
- aprepitant capsule 80 mg oral
- EMEND SUSPENSION RECONSTITUTED 125 MG/5ML ORAL

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that at least a five day supply of dexamethasone was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criteria.
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Eucrisa Step Therapy

Products Affected

- EUCRISA OINTMENT 2 % EXTERNAL

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents prior use of a topical corticosteroid or a topical calcineurin inhibitor such as pimecrolimus or tacrolimus within the previous 365 days. Prior authorization is required when the pharmacy profile does not meet this criteria.
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GLP-1 Agonist

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
- VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that concurrent use of metformin, all metformin combination products, a sulfonylurea, SGLT 2 inhibitors (such as Jardiance) or a thiazolidinedione (TZD). Step Therapy is not required when prescribed by an Endocrinologist.
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Narcotic

Products Affected

- fentanyl patch 72 hour 100 mcg/hr transdermal
- fentanyl patch 72 hour 12 mcg/hr transdermal
- fentanyl patch 72 hour 25 mcg/hr transdermal
- fentanyl patch 72 hour 50 mcg/hr transdermal
- fentanyl patch 72 hour 75 mcg/hr transdermal
- hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 100 mg oral
- hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 120 mg oral
- hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 20 mg oral
- hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 30 mg oral
- hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 40 mg oral
- hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 60 mg oral
- hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 80 mg oral
- HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG ORAL
- HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 120 MG ORAL
- HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 20 MG ORAL
- HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 30 MG ORAL
- HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 40 MG ORAL
- HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 60 MG ORAL
- HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 80 MG ORAL
- morphine sulfate er capsule extended release 24 hour 100 mg oral
- morphine sulfate er capsule extended release 24 hour 80 mg oral
- morphine sulfate er tablet extended release 100 mg oral
- morphine sulfate er tablet extended release 200 mg oral
- NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL
- NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 150 MG ORAL
- NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL
- NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 250 MG ORAL
- oxycodone hcl er tablet er 12 hour abuse-deterrent 80 mg oral
- OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG ORAL
- OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG ORAL
- oxymorphone hcl er tablet extended release 12 hour 10 mg oral
- oxymorphone hcl er tablet extended release 12 hour 15 mg oral
- oxymorphone hcl er tablet extended release 12 hour 20 mg oral
- oxymorphone hcl er tablet extended release 12 hour 30 mg oral
- oxymorphone hcl er tablet extended release 12 hour 40 mg oral
- oxymorphone hcl er tablet extended release 12 hour 7.5 mg oral

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that narcotic medications was filled within the previous 150 days. Prior authorization is required when the pharmacy profile does not meet this criteria.
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06.01.2021

Paroxetine ER

Products Affected

- paroxetine hcl er tablet extended release 24 hour 12.5 mg oral
- paroxetine hcl er tablet extended release 24 hour 25 mg oral
- paroxetine hcl er tablet extended release 24 hour 37.5 mg oral

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that immediate-release paroxetine was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criteria.
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Renin-Angiotensin Inhibitor

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	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that an Angiotensin Converting Enzyme Inhibitor (ACE; such as lisinopril, enalapril etc), and an Angiotensin Receptor Blocker (ARB; such as losartan, irbesartan etc) were filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criteria.
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Serevent

Products Affected

- SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED
50 MCG/DOSE INHALATION

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents concurrent use of an inhaled corticosteroid. Prior authorization is required when the pharmacy profile does not meet this criteria.
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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

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that immediate-release tramadol was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criteria.
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Tybost

Products Affected

- TYBOST TABLET 150 MG ORAL

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents concurrent use of atazanavir or darunavir. Prior authorization is required when the pharmacy profile does not meet this criteria.
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Zemplar (paricalcitol)

Products Affected

- paricalcitol capsule 1 mcg oral
- paricalcitol capsule 2 mcg oral
- paricalcitol capsule 4 mcg oral

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents concurrent use of calcitriol. Prior authorization is required when the pharmacy profile does not meet this criteria.
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INDEX

aliskiren fumarate tablet 150 mg oral.....	12	NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100	10
aliskiren fumarate tablet 300 mg oral.....	12	MG ORAL.....	10
ALOMIDE SOLUTION 0.1 % OPHTHALMIC.....	1	NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 150	10
aprepitant capsule 125 mg oral.....	7	MG ORAL.....	10
aprepitant capsule 80 & 125 mg oral.....	7	NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 200	10
aprepitant capsule 80 mg oral.....	7	MG ORAL.....	10
budesonide-formoterol fumarate aerosol 160-4.5 mcg/act	4	NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 250	10
inhalation.....	4	MG ORAL.....	10
budesonide-formoterol fumarate aerosol 80-4.5 mcg/act	4	oxycodone hcl er tablet er 12 hour abuse-deterrent 80 mg	10
inhalation.....	4	oral.....	10
desonide lotion 0.05 % external.....	6	OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 60	10
desonide ointment 0.05 % external.....	6	MG ORAL.....	10
EMEND SUSPENSION RECONSTITUTED 125 MG/5ML ORAL... 7	7	OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 80	10
entacapone tablet 200 mg oral.....	5	MG ORAL.....	10
EUCRISA OINTMENT 2 % EXTERNAL.....	8	oxymorphone hcl er tablet extended release 12 hour 10	10
fentanyl patch 72 hour 100 mcg/hr transdermal.....	10	mg oral.....	10
fentanyl patch 72 hour 12 mcg/hr transdermal.....	10	oxymorphone hcl er tablet extended release 12 hour 15	10
fentanyl patch 72 hour 25 mcg/hr transdermal.....	10	mg oral.....	10
fentanyl patch 72 hour 50 mcg/hr transdermal.....	10	oxymorphone hcl er tablet extended release 12 hour 20	10
fentanyl patch 72 hour 75 mcg/hr transdermal.....	10	mg oral.....	10
granisetron hcl tablet 1 mg oral.....	2	oxymorphone hcl er tablet extended release 12 hour 30	10
hydrocodone bitartrate er tablet er 24 hour abuse-		mg oral.....	10
deterrent 100 mg oral.....	10	oxymorphone hcl er tablet extended release 12 hour 40	10
hydrocodone bitartrate er tablet er 24 hour abuse-		mg oral.....	10
deterrent 120 mg oral.....	10	oxymorphone hcl er tablet extended release 12 hour 7.5	10
hydrocodone bitartrate er tablet er 24 hour abuse-		mg oral.....	10
deterrent 20 mg oral.....	10	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-	
hydrocodone bitartrate er tablet er 24 hour abuse-		INJECTOR 2 MG/1.5ML SUBCUTANEOUS.....	9
deterrent 30 mg oral.....	10	OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 2	
hydrocodone bitartrate er tablet er 24 hour abuse-		MG/1.5ML SUBCUTANEOUS.....	9
deterrent 40 mg oral.....	10	paricalcitol capsule 1 mcg oral.....	16
hydrocodone bitartrate er tablet er 24 hour abuse-		paricalcitol capsule 2 mcg oral.....	16
deterrent 60 mg oral.....	10	paricalcitol capsule 4 mcg oral.....	16
hydrocodone bitartrate er tablet er 24 hour abuse-		paroxetine hcl er tablet extended release 24 hour 12.5 mg	11
deterrent 80 mg oral.....	10	oral.....	11
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 100		paroxetine hcl er tablet extended release 24 hour 25 mg	11
MG ORAL.....	10	oral.....	11
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 120		paroxetine hcl er tablet extended release 24 hour 37.5 mg	11
MG ORAL.....	10	oral.....	11
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 20		RYBELSUS TABLET 14 MG ORAL.....	9
MG ORAL.....	10	RYBELSUS TABLET 3 MG ORAL.....	9
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 30		RYBELSUS TABLET 7 MG ORAL.....	9
MG ORAL.....	10	SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED	
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 40		50 MCG/DOSE INHALATION.....	13
MG ORAL.....	10	TEKTURNA HCT TABLET 150-12.5 MG ORAL.....	12
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 60		TEKTURNA HCT TABLET 150-25 MG ORAL.....	12
MG ORAL.....	10	TEKTURNA HCT TABLET 300-12.5 MG ORAL.....	12
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 80		TEKTURNA HCT TABLET 300-25 MG ORAL.....	12
MG ORAL.....	10	tramadol hcl er (biphasic) tablet extended release 24 hour	
mesalamine er capsule extended release 24 hour 0.375		100 mg oral.....	14
gm oral.....	3	tramadol hcl er (biphasic) tablet extended release 24 hour	
morphine sulfate er capsule extended release 24 hour 100		200 mg oral.....	14
mg oral.....	10	tramadol hcl er (biphasic) tablet extended release 24 hour	
morphine sulfate er capsule extended release 24 hour 80		300 mg oral.....	14
mg oral.....	10	TRULICITY SOLUTION PEN-INJECTOR 0.75 MG/0.5ML	
morphine sulfate er tablet extended release 100 mg oral... 10	10	SUBCUTANEOUS.....	9
morphine sulfate er tablet extended release 200 mg oral... 10	10		

TRULICITY SOLUTION PEN-INJECTOR 1.5 MG/0.5ML	
SUBCUTANEOUS.....	9
TYBOST TABLET 150 MG ORAL.....	15
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML	
SUBCUTANEOUS.....	9