

## STEP THERAPY CRITERIA

This list is current as of 11/01/2015 and pertains to the following formularies:

Independent Health's 2015 Medicare Advantage Individual Part D Formulary	Version 27
Independent Health's 2015 Medicare Advantage Employer Group's Part D Formulary	Version 27
Independent Health's 2015 Medicare Advantage Dual Difference HMO-SNP Formulary	Version 31

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 Independent Health's Medicare Member Services Department at 1-800-665-1502 or, for TTY users, 1-800-432-1110, October 1<sup>st</sup> – February 14<sup>th</sup>: Monday through Sunday from 8 a.m. to 8 p.m., February 15<sup>th</sup> – September 30<sup>th</sup>: Monday through Friday from 8 a.m. to 8 p.m.

*Independent Health is a Medicare Advantage organization with a Medicare contract offering HMO, HMO-SNP, HMO-POS and PPO plans. Enrollment in Independent Health depends on contract renewal.*

*You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1 of each year, and from time to time during the year.*

*Verbal translation of written materials is available via free interpreter services. For those with special needs, accessibility to benefit information or alternate formats of written materials are available upon request. If you have any questions, we are able to help. Please call Member Services at the number above.*

# ARB Step Therapy

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## Products Affected

- TEKAMLO TABLET 150-10 MG ORAL
- TEKAMLO TABLET 150-5 MG ORAL
- TEKAMLO TABLET 300-10 MG ORAL
- TEKAMLO TABLET 300-5 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
- TEKTURNA TABLET 150 MG ORAL
- TEKTURNA TABLET 300 MG ORAL

## Details

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<b>Criteria</b>	Prior Prescription history of an ARB to obtain Tekturna, Tekturna HCT, Amturnide, or Tekamlo
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# Aricept 23mg Step Therapy

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## Products Affected

- ARICEPT TABLET 23 MG ORAL
- *donepezil hcl tablet 23 mg oral*

## Details

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<b>Criteria</b>	Prior prescription history includes past use of Aricept 10mg and generic donepezil 10mg
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# Byetta Step Therapy

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## Products Affected

- BYDUREON 2 MG SUBCUTANEOUS\*
- BYDUREON SUSPENSION RECONSTITUTED 2 MG SUBCUTANEOUS\*
- BYETTA 10 MCG PEN 10 MCG/0.04ML SUBCUTANEOUS\*
- BYETTA 5 MCG PEN 5 MCG/0.02ML SUBCUTANEOUS\*
- TANZEUM 30 MG SUBCUTANEOUS\*
- TANZEUM 50 MG SUBCUTANEOUS\*
- TRULICITY 0.75 MG/0.5ML SUBCUTANEOUS\*
- TRULICITY 1.5 MG/0.5ML SUBCUTANEOUS\*
- VICTOZA 18 MG/3ML SUBCUTANEOUS\*

## Details

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<b>Criteria</b>	Prior Prescription history includes concurrent use of metformin, or a sulfonylurea, DPP-4 or a TZD before Byetta or Bydureon or Victoza
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# GLYXAMBI

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## Products Affected

- GLYXAMBI TABLET 10-5 MG ORAL
- GLYXAMBI TABLET 25-5 MG ORAL

## Details

<b>Criteria</b>	Requires either linagliptin or empagliflozin prior to use.
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# Hectoral Step Therapy

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## Products Affected

- *doxercalciferol capsule 0.5 mcg oral*
- *doxercalciferol capsule 1 mcg oral*
- *doxercalciferol capsule 2.5 mcg oral*
- HECTOROL CAPSULE 0.5 MCG ORAL
- HECTOROL CAPSULE 1 MCG ORAL
- HECTOROL CAPSULE 2.5 MCG ORAL

## Details

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<b>Criteria</b>	Prior Prescription history includes past use of calcitriol or Hectoral
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# PPI STEP THERAPY

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## Products Affected

- ACIPHEX SPRINKLE CAPSULE SPRINKLE 10 MG ORAL
- ACIPHEX SPRINKLE CAPSULE SPRINKLE 5 MG ORAL
- ACIPHEX TABLET DELAYED RELEASE 20 MG ORAL
- DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL
- DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL
- *esomeprazole magnesium capsule delayed release 20 mg oral*
- ESOMEPRAZOLE MAGNESIUM CAPSULE DELAYED RELEASE 40 MG ORAL
- *lansoprazole capsule delayed release 15 mg oral*
- *lansoprazole capsule delayed release 30 mg oral*
- NEXIUM CAPSULE DELAYED RELEASE 20 MG ORAL
- NEXIUM CAPSULE DELAYED RELEASE 40 MG ORAL
- NEXIUM PACKET 10 MG ORAL
- NEXIUM PACKET 2.5 MG ORAL
- NEXIUM PACKET 20 MG ORAL
- NEXIUM PACKET 40 MG ORAL
- NEXIUM PACKET 5 MG ORAL
- *omeprazole-sodium bicarbonate capsule 20-1100 mg oral*
- *omeprazole-sodium bicarbonate capsule 40-1100 mg oral*
- PREVACID CAPSULE DELAYED RELEASE 15 MG ORAL
- PREVACID CAPSULE DELAYED RELEASE 30 MG ORAL
- PREVACID SOLUTAB TABLET DISPERSIBLE 15 MG ORAL
- PREVACID SOLUTAB TABLET DISPERSIBLE 30 MG ORAL
- PRILOSEC CAPSULE DELAYED RELEASE 10 MG ORAL
- PRILOSEC CAPSULE DELAYED RELEASE 20 MG ORAL
- PRILOSEC CAPSULE DELAYED RELEASE 40 MG ORAL
- PROTONIX PACKET 40 MG ORAL
- PROTONIX SOLUTION RECONSTITUTED 40 MG INTRAVENOUS\*
- PROTONIX TABLET DELAYED RELEASE 20 MG ORAL
- PROTONIX TABLET DELAYED RELEASE 40 MG ORAL
- *rabeprazole sodium tablet delayed release 20 mg oral*
- ZEGERID CAPSULE 20-1100 MG ORAL
- ZEGERID CAPSULE 40-1100 MG ORAL
- ZEGERID PACKET 20-1680 MG ORAL
- ZEGERID PACKET 40-1680 MG ORAL

## Details

<b>Criteria</b>	Prior Prescription history includes use of omeprazole or pantoprazole except for NSAID-induced gastric ulcer prophylaxis or treatment
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# ZEMPLAR STEP THERAPY

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## Products Affected

- *paricalcitol capsule 1 mcg oral*
- *paricalcitol capsule 2 mcg oral*
- *paricalcitol capsule 4 mcg oral*
- ZEMPLAR CAPSULE 1 MCG ORAL
- ZEMPLAR CAPSULE 2 MCG ORAL

## Details

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<b>Criteria</b>	Prior Prescription history includes past use of calcitriol or Zemplar
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