

## **STEP THERAPY CRITERIA**

This list is current as of 12/01/2019 and pertains to Independent Health's 2019 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

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## Products Affected

- **ALOMIDE SOLUTION 0.1 % OPHTHALMIC**

## Details

<b>Criteria</b>	The dispensing pharmacy in conjunction with the Independent Health Pharmacy Help Desk will screen patient profiles for prior use of ketotifen ophthalmic. Physicians will be contacted by the dispensing pharmacy if the member does not meet this criteria
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# Anzemet/granisetron/Kytril/Zuplenz

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## Products Affected

- granisetron hcl tablet 1 mg oral

## Details

<b>Criteria</b>	The dispensing pharmacy in conjunction with the Independent Health Pharmacy Help Desk will screen patient profiles for use of a ondansetron. Prior authorization is required when the pharmacy profile does not meet this criteria.
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# carbidopa/levodopa ODT

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## Products Affected

- carbidopa-levodopa tablet dispersible 10-100 mg oral
- carbidopa-levodopa tablet dispersible 25-100 mg oral
- carbidopa-levodopa tablet dispersible 25-250 mg oral

## Details

<b>Criteria</b>	This dispensing pharmacy in conjunction with the Independent Health Pharmacy Help Desk will screen patient profiles for prior use of immediate release or extended release carbidopa/levodopa. Prior authorization is required for patients not previously using immediate release or extended release carbidopa/levodopa.
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# Comtan (entacapone)

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## Products Affected

- entacapone tablet 200 mg oral

## Details

<b>Criteria</b>	The dispensing pharmacy in conjunction with the Independent Health Pharmacy Help Desk will screen patient profiles for concurrent use of carbidopa/levodopa. Prior authorization is required when the pharmacy profile does not meet this criteria.
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12.01.2019

# Desonide

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## Products Affected

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

## Details

<b>Criteria</b>	The dispensing pharmacy in conjunction with the Independent Health Pharmacy Help Desk will screen patient profiles for prior use of alclometasone. Prior authorization is required when the pharmacy profile does not meet this criteria
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# Emend

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## Products Affected

- aprepitant capsule 125 mg oral
- aprepitant capsule 80 & 125 mg oral
- aprepitant capsule 80 mg oral
- **EMEND SUSPENSION RECONSTITUTED 125 MG ORAL**

## Details

<b>Criteria</b>	The dispensing pharmacy in conjunction with the Independent Health Pharmacy Help Desk will screen patient profiles for concurrent use of dexamethasone. Prior authorization is required for patients not currently receiving dexamethasone.
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# Eucrisa Step Therapy

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## Products Affected

- EUCRISA OINTMENT 2 % EXTERNAL

## Details

<b>Criteria</b>	The dispensing pharmacy in conjunction with the Independent Health Pharmacy Help Desk will screen patient profiles for prior use of pimcrolimus or tacrolimus or TCS first. Prior authorization is required when the pharmacy profile does not meet this criteria.
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# GLP-1 Agonist

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## 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

<b>Criteria</b>	The dispensing pharmacy in conjunction with the Independent Health Pharmacy Help Desk will screen patient profiles for concurrent use of metformin, all metformin combination products, a sulfonylurea, SGLT 2 inhibitors or a thiazolidinedione (TZD). Prior authorization is required for patients or who are not currently receiving metformin, a metformin combination products, a sulfonylurea, SGLT 2 inhibitors or a thiazolidinedione (TZD)and for those also receiving other antidiabetic medications. Step Therapy is not required when prescribed by an Endocrinologist.
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# Klonopin (clonazepam ODT) Step

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## Products Affected

- clonazepam tablet dispersible 0.125 mg oral
- clonazepam tablet dispersible 0.25 mg oral
- clonazepam tablet dispersible 0.5 mg oral
- clonazepam tablet dispersible 1 mg oral
- clonazepam tablet dispersible 2 mg oral

## Details

<b>Criteria</b>	The dispensing pharmacy in conjunction with the Independent Health Pharmacy Help Desk will screen patient profiles for prior use of IR clonazepam. Physicians will be contacted by the dispensing pharmacy if the member does not meet this criteria
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# Narcotic

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## 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
- 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

<b>Criteria</b>	These high potency narcotics pose serious risks if started in a narcotic naive patient. Therefore, the dispensing pharmacy in conjunction with the Independent Health Pharmacy Help Desk will screen patient profiles for prior use of narcotic medications. Prior authorization is required when the pharmacy profile does not meet this criteria.
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# Paroxetine ER

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## 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

<b>Criteria</b>	The dispensing pharmacy in conjunction with the Independent Health Pharmacy Help Desk will screen patient profiles for prior use of paroxetine IR. Physicians will be contacted by the dispensing pharmacy if the member does not meet this criteria
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# Renin-Angiotensin Inhibitor

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## 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>	The dispensing pharmacy in conjunction with the Independent Health Pharmacy Help Desk will screen patient profiles for an Angiotensin Converting Enzyme (ACE) inhibitor and an Angiotensin Receptor Blocker (ARB). Physicians will be contacted by the dispensing pharmacy if the member does not meet this criteria.
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# Serevent

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## Products Affected

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

## Details

<b>Criteria</b>	The dispensing pharmacy in conjunction with the Independent Health Pharmacy Help Desk will screen patient profiles for 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

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## 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>	The dispensing pharmacy in conjunction with the Independent Health Pharmacy Help Desk will screen patient profiles for prior use of tramadol IR. Physicians will be contacted by the dispensing pharmacy if the member does not meet this criteria.
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12.01.2019

# Tybost

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## Products Affected

- TYBOST TABLET 150 MG ORAL

## Details

<b>Criteria</b>	The dispensing pharmacy in conjunction with the Independent Health Pharmacy Help Desk will screen patient profiles for concurrent use of atazanavir or darunavir. Physicians will be contacted by the dispensing pharmacy if the member does not meet this criteria.
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# Zemplar (paricalcitol)

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## Products Affected

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

## Details

<b>Criteria</b>	The dispensing pharmacy in conjunction with the Independent Health Pharmacy Help Desk will screen patient profiles for concurrent use of calcitriol first. Physicians will be contacted by the dispensing pharmacy if the member does not meet this criteria.
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