

STEP THERAPY CRITERIA

This list is current as of November 1, 2019 and pertains to the following formularies:

2019 Pharmacy Benefit Dimensions PDP Part D Formulary Provided by City of Stamford	Version 32
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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 the formularies listed above.

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.

Pharmacy Benefit Dimensions is a subsidiary of Independent Health. Independent Health is a PDP with a Medicare contract. Enrollment in Pharmacy Benefit Dimensions PDP depends on contract renewal between Independent Health and CMS.

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

ARB Step Therapy

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 product containing aliskiren.
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Brimonidine Topical

Products Affected

- MIRVASO GEL 0.33 % EXTERNAL

Details

Criteria	Prior prescription history positive for the use of azelaic acid.
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GLP-1 Step Therapy

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
- 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	Prior Prescription history includes concurrent use of metformin, or a sulfonylurea, DPP-4 or a TZD before Victoza Trulicity or Ozempic. Step Therapy does not apply when written by endocrinologist.
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Hectoral Step Therapy

Products Affected

- *doxercalciferol capsule 0.5 mcg oral*
- *doxercalciferol capsule 1 mcg oral*
- *doxercalciferol capsule 2.5 mcg oral*

Details

Criteria	Prior Prescription history includes past use of calcitriol.
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Rocklatan Step

Products Affected

- ROCKLATAN SOLUTION 0.02-0.005 %
OPHTHALMIC

Details

Criteria	Prior prescription history positive for the use of an ophthalmic prostaglandin inhibitor.
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Tramadol ER

Products Affected

- CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL
- CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL
- CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL
- *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*
- *tramadol hcl er tablet extended release 24 hour 100 mg oral*
- *tramadol hcl er tablet extended release 24 hour 200 mg oral*
- *tramadol hcl er tablet extended release 24 hour 300 mg oral*

Details

Criteria	Requires the use of tramadol immediate release first
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ZEMPLAR STEP THERAPY

Products Affected

- *paricalcitol capsule 1 mcg oral*
- *paricalcitol capsule 2 mcg oral*
- *paricalcitol capsule 4 mcg oral*
- RAYALDEE CAPSULE EXTENDED RELEASE 30 MCG ORAL
- ZEMPLAR CAPSULE 2 MCG ORAL

Details

Criteria	Prior Prescription history includes past use of calcitriol.
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Index

<i>aliskiren fumarate tablet 150 mg oral</i>	1	<i>tramadol hcl er tablet extended release 24</i>	
<i>aliskiren fumarate tablet 300 mg oral</i>	1	<i>hour 100 mg oral</i>	6
CONZIP CAPSULE EXTENDED RELEASE 24		<i>tramadol hcl er tablet extended release 24</i>	
HOUR 100 MG ORAL.....	6	<i>hour 200 mg oral</i>	6
CONZIP CAPSULE EXTENDED RELEASE 24		<i>tramadol hcl er tablet extended release 24</i>	
HOUR 200 MG ORAL.....	6	<i>hour 300 mg oral</i>	6
CONZIP CAPSULE EXTENDED RELEASE 24		TRULICITY SOLUTION PEN-INJECTOR 0.75	
HOUR 300 MG ORAL.....	6	MG/0.5ML SUBCUTANEOUS.....	3
<i>doxercalciferol capsule 0.5 mcg oral</i>	4	TRULICITY SOLUTION PEN-INJECTOR 1.5	
<i>doxercalciferol capsule 1 mcg oral</i>	4	MG/0.5ML SUBCUTANEOUS.....	3
<i>doxercalciferol capsule 2.5 mcg oral</i>	4	VICTOZA SOLUTION PEN-INJECTOR 18	
MIRVASO GEL 0.33 % EXTERNAL.....	2	MG/3ML SUBCUTANEOUS.....	3
OZEMPIC (0.25 OR 0.5 MG/DOSE)		ZEMPLAR CAPSULE 2 MCG ORAL.....	7
SOLUTION PEN-INJECTOR 2 MG/1.5ML			
SUBCUTANEOUS.....	3		
OZEMPIC (1 MG/DOSE) SOLUTION PEN-			
INJECTOR 2 MG/1.5ML SUBCUTANEOUS.....	3		
<i>paricalcitol capsule 1 mcg oral</i>	7		
<i>paricalcitol capsule 2 mcg oral</i>	7		
<i>paricalcitol capsule 4 mcg oral</i>	7		
RAYALDEE CAPSULE EXTENDED RELEASE			
30 MCG ORAL.....	7		
ROCKLATAN SOLUTION 0.02-0.005 %			
OPHTHALMIC.....	5		
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>	6		
<i>tramadol hcl er (biphasic) tablet extended</i>			
<i>release 24 hour 200 mg oral</i>	6		
<i>tramadol hcl er (biphasic) tablet extended</i>			
<i>release 24 hour 300 mg oral</i>	6		
<i>tramadol hcl er capsule extended release</i>			
<i>24 hour 100 mg oral</i>	6		
<i>tramadol hcl er capsule extended release</i>			
<i>24 hour 150 mg oral</i>	6		
<i>tramadol hcl er capsule extended release</i>			
<i>24 hour 200 mg oral</i>	6		
<i>tramadol hcl er capsule extended release</i>			
<i>24 hour 300 mg oral</i>	6		