STEP THERAPY CRITERIA

This list is current as of 06/01/2019 and pertains to the following formularies:

<table>
<thead>
<tr>
<th>Formulary</th>
<th>Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019 Independent Health’s Medicare Advantage Individual Part D Formulary</td>
<td>29</td>
</tr>
<tr>
<td>2019 Independent Health’s Medicare Advantage Employer Group’s Part D Formulary</td>
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</tr>
</tbody>
</table>

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.

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.

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
- TEKTURNA TABLET 150 MG ORAL
- TEKTURNA TABLET 300 MG ORAL

### Details

Prior prescription history of an ARB to obtain any products containing aliskiren.

You can find information on what the symbols and abbreviations on this table mean by going to page VI.
## Doxercalciferol Step

### 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. |

You can find information on what the symbols and abbreviations on this table mean by going to page VI.
### GLP-1 Step

#### Products Affected

- BYDUREON BCISE AUTO-INJECTOR 2 MG/0.85ML SUBCUTANEOUS
- BYDUREON PEN-INJECTOR 2 MG SUBCUTANEOUS
- BYDUREON SUSPENSION RECONSTITUTED ER 2 MG SUBCUTANEOUS
- BYETTA 10 MCG PEN SOLUTION PEN-INJECTOR 10 MCG/0.04ML SUBCUTANEOUS
- BYETTA 5 MCG PEN SOLUTION PEN-INJECTOR 5 MCG/0.02ML SUBCUTANEOUS
- OZEMPIC SOLUTION PEN-INJECTOR 0.25 OR 0.5 MG/DOSE SUBCUTANEOUS
- OZEMPIC SOLUTION PEN-INJECTOR 1 MG/DOSE SUBCUTANEOUS
- TANZEUM PEN-INJECTOR 30 MG SUBCUTANEOUS
- TANZEUM PEN-INJECTOR 50 MG 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, a sulfonylurea, a DPP-4, or a TZD before a GLP-1 agonist. Step therapy does not apply when written by endocrinologist.

You can find information on what the symbols and abbreviations on this table mean by going to page VI.
# Glyxambi Step

## Products Affected
- GLYXAMBI TABLET 10-5 MG ORAL
- GLYXAMBI TABLET 25-5 MG ORAL

## Details

| Criteria | Requires either linagliptan or empagliflozin prior to use. |

You can find information on what the symbols and abbreviations on this table mean by going to page VI.
## Mirvaso Step

### Products Affected
- MIRVASO GEL 0.33 % EXTERNAL

### Details

| Criteria                                      | Prior prescription history positive for the use of azelaic acid. |

You can find information on what the symbols and abbreviations on this table mean by going to page VI.
## Nexium Packet Step

### Products Affected

| • NEXIUM PACKET 10 MG ORAL | • NEXIUM PACKET 40 MG ORAL |
| • NEXIUM PACKET 2.5 MG ORAL | • NEXIUM PACKET 5 MG ORAL |
| • NEXIUM PACKET 20 MG ORAL |

### Details

| Criteria | Prior prescription history includes use of omeprazole or pantoprazole except for NSAID-induced gastric ulcer prophylaxis or treatment. |

You can find information on what the symbols and abbreviations on this table mean by going to page VI.
# Paricalcitol/Rayaldee Step

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

## Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Prior prescription history includes past use of calcitriol.</th>
</tr>
</thead>
</table>

You can find information on what the symbols and abbreviations on this table mean by going to page VI.
# 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. |

You can find information on what the symbols and abbreviations on this table mean by going to page VI.
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aliskiren fumarate tablet 300 mg oral .......... 1
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SUBCUTANEOUS .................................. 3
BYDUREON SUSPENSION RECONSTITUTED
ER 2 MG SUBCUTANEOUS ....................... 3
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INJECTOR 10 MCG/0.04ML
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BYETTA 5 MCG PEN SOLUTION PEN-
INJECTOR 5 MCG/0.02ML SUBCUTANEOUS ... 3
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NEXIUM PACKET 20 MG ORAL ................. 6
NEXIUM PACKET 40 MG ORAL ................. 6
NEXIUM PACKET 5 MG ORAL ................. 6
OZEMPIC SOLUTION PEN-INJECTOR 0.25
OR 0.5 MG/DOSE SUBCUTANEOUS ............ 3
OZEMPIC SOLUTION PEN-INJECTOR 1
MG/DOSE SUBCUTANEOUS ....................... 3
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RAYALDEE CAPSULE EXTENDED RELEASE
30 MCG ORAL .................................. 7
TANZEUM PEN-INJECTOR 30 MG
SUBCUTANEOUS .................................. 3
TANZEUM PEN-INJECTOR 50 MG
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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
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release 24 hour 100 mg oral ...................... 8
tramadol hcl er (biphasic) tablet extended
release 24 hour 200 mg oral ...................... 8
tramadol hcl er (biphasic) tablet extended
release 24 hour 300 mg oral ...................... 8
tramadol hcl er capsule extended release
24 hour 100 mg oral ................................ 8
tramadol hcl er capsule extended release
24 hour 150 mg oral ................................ 8
tramadol hcl er capsule extended release
24 hour 200 mg oral ................................ 8
TRULICITY SOLUTION PEN-INJECTOR 0.75
MG/0.5ML SUBCUTANEOUS ..................... 3
TRULICITY SOLUTION PEN-INJECTOR 1.5
MG/0.5ML SUBCUTANEOUS ..................... 3
VICTOZA SOLUTION PEN-INJECTOR 18
MG/3ML SUBCUTANEOUS ..................... 3