

STEP THERAPY CRITERIA

This list is current as of December 1, 2021, and pertains to the following formularies:

2022 Pharmacy Benefit Dimensions PDP Part D Formulary Provided by City of Stamford	Version 9
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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 1-800-667-5936 or, for TTY users 711, October 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m. ET, April 1st – September 30th: Monday through Friday from 8 a.m. to 8 p.m. ET.

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.

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

Details

Criteria	
	Prior Prescription history of an ARB to obtain any product containing aliskiren.

Eucrisa Step

Products Affected

- EUCRISA OINTMENT 2 % EXTERNAL

Details

Criteria	Prior prescription history positive for the use of either a topical corticosteroid or topical calcineurin inhibitor.
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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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Lonhala Step

Products Affected

- LONHALA MAGNAIR REFILL KIT SOLUTION 25 MCG/ML INHALATION
- LONHALA MAGNAIR STARTER KIT SOLUTION 25 MCG/ML INHALATION

Details

Criteria	Prior prescription history positive for the use of a non-nebulized long-acting muscarinic antagonist such as tiotropium or umeclidinium.
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Ongentys Step

Products Affected

- ONGENTYS CAPSULE 25 MG ORAL
- ONGENTYS CAPSULE 50 MG ORAL

Details

Criteria	Prior prescription history positive for the use of a product containing another COMTI such as entacapone.
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Talicia Step

Products Affected

- TALICIA CAPSULE DELAYED RELEASE 250-12.5-10 MG
ORAL

Details

Criteria	Prior prescription history positive for the use of an empiric (standard first-line) <i>Helicobacter pylori</i> regimen.
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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*
- *tramadol hcl er (biphasic) tablet extended release 24 hour 300 mg oral (matrix delivery)*
- *tramadol hcl er capsule extended release 24 hour 100 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

Uloric Step

Products Affected

- *febuxostat tablet 40 mg oral*
- *febuxostat tablet 80 mg oral*

Details

Criteria	Requires allopurinol prior to use.
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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

Details

Criteria	Prior Prescription history includes past use of calcitriol.
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Index

<i>aliskiren fumarate tablet 150 mg oral</i>	2
<i>aliskiren fumarate tablet 300 mg oral</i>	2
<i>doxercalciferol capsule 0.5 mcg oral</i>	4
<i>doxercalciferol capsule 1 mcg oral</i>	4
<i>doxercalciferol capsule 2.5 mcg oral</i>	4
EUCRISA OINTMENT 2 % EXTERNAL	3
<i>febuxostat tablet 40 mg oral</i>	10
<i>febuxostat tablet 80 mg oral</i>	10
<i>formoterol fumarate nebulization solution 20 mcg/2ml inhalation</i>	7
LONHALA MAGNAIR REFILL KIT SOLUTION 25 MCG/ML INHALATION	5
LONHALA MAGNAIR STARTER KIT SOLUTION 25 MCG/ML INHALATION	5
ONGENTYS CAPSULE 25 MG ORAL	6
ONGENTYS CAPSULE 50 MG ORAL	6
<i>paricalcitol capsule 1 mcg oral</i>	11
<i>paricalcitol capsule 2 mcg oral</i>	11
<i>paricalcitol capsule 4 mcg oral</i>	11
MCG/2ML INHALATION	7
RAYALDEE CAPSULE EXTENDED RELEASE 30 MCG ORAL	11
TALICIA CAPSULE DELAYED RELEASE 250-12.5-10 MG ORAL	8
TEKTURNA HCT TABLET 150-12.5 MG ORAL	2
TEKTURNA HCT TABLET 150-25 MG ORAL	2
TEKTURNA HCT TABLET 300-12.5 MG ORAL	2
TEKTURNA HCT TABLET 300-25 MG ORAL	2
<i>tramadol hcl er (biphasic) tablet extended release 24 hour 100 mg oral</i>	9
<i>tramadol hcl er (biphasic) tablet extended release 24 hour 200 mg oral</i>	9
<i>tramadol hcl er (biphasic) tablet extended release 24 hour 300 mg oral</i>	9
<i>tramadol hcl er (biphasic) tablet extended release 24 hour 300 mg oral (matrix delivery)</i>	9
<i>tramadol hcl er capsule extended release 24 hour 100 mg oral</i>	9
<i>tramadol hcl er capsule extended release 24 hour 200 mg oral</i>	9
<i>tramadol hcl er capsule extended release 24 hour 300 mg oral</i>	9
<i>tramadol hcl er tablet extended release 24 hour 100 mg oral</i>	9
<i>tramadol hcl er tablet extended release 24 hour 200 mg oral</i>	9
<i>tramadol hcl er tablet extended release 24 hour 300 mg oral</i>	9