

Step Therapy Program

Effective: 1/1/2018

Step therapy is a process that requires you to try one drug before your plan will cover another drug. For example, if Drug A and Drug B treat the same medical condition, Health Alliance Medicare may require you to try Drug A first. If Drug A doesn't work for you, we will then cover Drug B. This requirement encourages you to try safer or typically more effective drugs before we will cover another drug. Here is our current list of drugs on step therapy.

For an exception to the step therapy program or to request a written copy of the coverage criteria, please contact Health Alliance Medicare Services at 1-800-965-4022 for Illinois and Western Indiana members, 1-877-917-8550 for Iowa members, 1-877-749-3253 for Ohio and Eastern Indiana members and 1-877-750-3350 for Washington members. TTY users, please call 711. Representatives are available 8 a.m. to 8 p.m., Monday through Friday.

This list is subject to change.

Health Alliance Medicare is a Medicare Advantage Organization with a Medicare contract. Enrollment in Health Alliance Medicare depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits and copayments/co-insurance may change on January 1 of each year.

This information is available for free in other languages. Please call our customer service number at 1-877-933-2564 (TTY: 711), 8 a.m. to 8 p.m. daily from October 1 to February 14 and weekdays the rest of the year.

Esta información está disponible sin cargo en otros idiomas. Para obtener información adicional, llamar a nuestro número de servicio al cliente al 1-877-933-2564 (TTY: 711). Nuestro horario es de 8 a.m. a 8 p.m., los 7 días de la semana, 1 de octubre a 14 de febrero, y lunes a viernes el resto del año.

Step Therapy Criteria
HAMP 2018
Effective: 01/01/2018

ANTIDEPRESSANTS - HAMP

Products Affected

- Brintellix
- Fetzima
- Fetzima Titration Pack
- Fluvoxamine Maleate Er
- Pexeva
- Trintellix
- Viibryd
- Viibryd Starter Pack

Details

Criteria	PRIOR PAID CLAIM OF GENERIC ANTIDEPRESSANT
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ANTIFUNGAL TOPICAL-HAMP

Products Affected

- Mentax
- Naftifine Hcl
- Naftifine Hydrochloride
- Naftin GEL

Details

Criteria	PRIOR PAID CLAIM OF GENERIC TOPICAL ANTIFUNGAL
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APTIOM-HAMP

Products Affected

- Aptiom

Details

Criteria	PRIOR PAID CLAIM FOR OXCARBAZEPINE
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ATYPICAL ANTIPSYCHOTICS-HAMP

Products Affected

- Aristada
- Fanapt
- Fanapt Titration Pack
- Invega Sustenna
- Invega Trinza
- Latuda
- Olanzapine INJ
- Paliperidone Er
- Rexulti
- Risperdal Consta
- Saphris
- Vraylar
- Ziprasidone Hcl

Details

Criteria	PRIOR PAID CLAIM OF GENERIC ATYPICAL ANTIPSYCHOTIC
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BRIVIACT-HAMP

Products Affected

- Briviact

Details

Criteria	PRIOR PAID CLAIM WITH A GENERIC ANTI-SEIZURE MEDICATION
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DALIRESP-HAMP

Products Affected

- Daliresp

Details

Criteria	PRIOR USE OF INHALED CORTICOSTEROID OR ICS COMBO AGENT
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DIFICID-HAMP

Products Affected

- Dificid

Details

Criteria	PRIOR PAID CLAIM OF METRONIDAZOLE OR VANCOMYCIN
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DIPEPTIDYL PEPTIDASE-4 (DPP4) ENZYME INHIBITORS-HAMP

Products Affected

- Janumet
- Janumet Xr
- Januvia
- Jentadueto
- Jentadueto Xr
- Kazano
- Nesina
- Oseni
- Tradjenta

Details

Criteria	PRIOR PAID CLAIM FOR METFORMIN (GENERIC GLUCOPHAGE), METFORMIN ER OR GLIPIZIDE/METFORMIN (GENERIC METAGLIP), GLIPIZIDE, GLIPIZIDE ER/XL, GLIMEPIRIDE, PIOGLITAZONE/METFORMIN (GENERIC ACTOPLUS MET), PIOGLITAZONE/GLIMEPIRIDE (GENERIC DUETACT) OR RIOMET WITHIN THE PAST 120 DAYS
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GLP1 AGONIST-HAMP

Products Affected

- Bydureon
- Bydureon Pen
- Byetta
- Tanzeum
- Victoza

Details

Criteria	PRIOR PAID CLAIM FOR METFORMIN (GENERIC GLUCOPHAGE), METFORMIN ER OR GLIPIZIDE/METFORMIN (GENERIC METAGLIP), GLIPIZIDE, GLIPIZIDE ER/XL, GLIMEPIRIDE, PIOGLITAZONE/METFORMIN (GENERIC ACTOPLUS MET), PIOGLITAZONE/GLIMEPIRIDE (GENERIC DUETACT) OR RIOMET WITHIN THE PAST 120 DAYS
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GRALISE-HAMP

Products Affected

- Gralise
- Gralise Starter

Details

Criteria	PRIOR USE OF GENERIC GABAPENTIN
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SODIUM GLUCOSE CO-TRANSPORTER 2 INHIBITOR- HAMP

Products Affected

- Invokamet
- Invokamet Xr
- Invokana

Details

Criteria	PRIOR PAID CLAIM FOR METFORMIN (GENERIC GLUCOPHAGE), METFORMIN ER OR GLIPIZIDE/METFORMIN (GENERIC METAGLIP), GLIPIZIDE, GLIPIZIDE ER/XL, GLIMEPIRIDE, PIOGLITAZONE/METFORMIN (GENERIC ACTOPLUS MET), PIOGLITAZONE/GLIMEPIRIDE (GENERIC DUETACT) OR RIOMET WITHIN THE PAST 120 DAYS
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SPRITAM-HAMP

Products Affected

- Spritam

Details

Criteria	PRIOR PAID CLAIM FOR LEVETIRACETAM
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TRAMADOL-HAMP

Products Affected

- Tramadol Hcl Er

Details

Criteria	PRIOR PAID CLAIM OF TRAMADOL IMMEDIATE RELEASE
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ULORIC-HAMP

Products Affected

- Uloric

Details

Criteria	PRIOR PAID CLAIM OF ALLOPURINOL
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XULTOPHY-HAMP

Products Affected

- Xultophy 100/3.6

Details

Criteria	PRIOR PAID CLAIM FOR GLUCAGON-LIKE PEPTIDE-1 (GLP-1) OR BASAL INSULIN
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- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service.

If you believe that Health Alliance has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Health Alliance Medicare, Member Services, 301 S. Vine Street, Urbana, IL 61801 or 316 Fifth Street, Wenatchee, WA 98801, telephone for members in Illinois, Indiana, Iowa and Ohio: 1-800-965-4022; telephone for members in Washington: 1-877-750-3350 TTY: 711, fax: 217-337-3425, MemberServices@healthalliance.org. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Member Services is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, TTY: 1-800-537-7697.

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla Español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. IA, IL, IN, OH: Llame 1-800-965-4022, WA Llame: 1-877-750-3350 (TTY: 711).

注意: 如果你講中文, 語言協助服務, 免費的, 都可以給你。IA, IL, IN, OH: 呼叫 1-800-965-4022, WA: 呼叫 1-877-750-3350 (TTY: 711)。

UWAGA: Jeśli mówić Polskie, usługi pomocy języka, bezpłatnie, są dostępne dla Ciebie. IA, IL, IN, OH: Zadzwoń 1-800-965-4022, WA: Zadzwoń 1-877-750-3350 (TTY: 711).

Chú ý: Nếu bạn nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn. IA, IL, IN, OH: Gọi 1-800-965-4022, WA: Gọi 1-877-750-3350 (TTY: 711).

주의: 당신이 한국어, 무료 언어 지원 서비스를 말하는 경우 사용할 수 있습니다. 1-800-965-4022 IA, IL, IN, OH: 전화 WA: 1-877-750-3350 전화 (TTY: 711).

ВНИМАНИЕ: Если вы говорите русский, вставки услуги языковой помощи, бесплатно, доступны для вас. IA, IL, IN, OH: Вызов 1-800-965-4022, WA: Вызов 1-877-750-3350 (TTY: 711).

Pansin: Kung magsalita ka Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. IA, IL, IN, OH: Tumawag 1-800-965-4022, WA: Tumawag 1-877-750-3350 (TTY: 711).

انتباه: إذا كنت تتكلم العربية، فإن خدمات المساعدة اللغوية متوفرة لك مجاناً. إيلينوي، إنديانا، أو هاواي: اتصل بالرقم 1-800-965-4022، ولاية واشنطن: اتصل بالرقم: 1-877-750-3350 (إذا كنت تعاني من الصمم أو صعوبة في السمع فاتصل على الرقم 711)

Aufmerksamkeit: Wenn Sie Deutsch sprechen, Sprachassistentendienste sind kostenlos, zur Verfügung. IA, IL, IN, OH: Anruf 1-800-965-4022, WA: Anruf 1-877-750-3350 (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. IA, IL, IN, OH: Appelez 1-800-965-4022, WA: Appelez 1-877-750-3350 (TTY: 711).

ધ્યાન: તમે વાત તો ગુજરાતી, ભાષા સહાય સેવાઓ, મફત, તમારા માટે ઉપલબ્ધ છે. IA, IL, IN, OH: કોલ 1-800-965-4022, WA: કોલ 1-877-750-3350 (TTY: 711).

注意: あなたは、日本語、無料で言語支援サービスを、話す場合は、あなたに利用可能です。1-800-965-4022 IA, IL, IN, OH: コール 1-877-750-3350 WA: コール (TTY: 711)。

LET OP: Als je spreekt pennsylvania nederlandse, taalkundige bijstand diensten, gratis voor u beschikbaar zijn. IA, IL, IN, OH: Bel 1-800-965-4022, WA: Bel 1-877-750-3350 (TTY: 711).

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ATTENZIONE: Se si parla italiano, servizi di assistenza linguistica, a titolo gratuito, sono a vostra disposizione. IA, IL, IN, OH: Chiamare 1-800-965-4022, WA: Chiamare 1-877-750-3350 (TTY: 711).