

## Step Therapy Program

Effective: 8/1/2018

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: August 1, 2018

## **ANTIDEPRESSANTS - HAMP**

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### **Products Affected**

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

### **Details**

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<b>Criteria</b>	PRIOR PAID CLAIM OF GENERIC ANTIDEPRESSANT
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# ANTIFUNGAL TOPICAL-HAMP

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## Products Affected

- Mentax
- Naftifine Hcl
- Naftifine Hydrochloride
- Naftin GEL

## Details

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<b>Criteria</b>	PRIOR PAID CLAIM OF GENERIC TOPICAL ANTIFUNGAL
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# APTIOM-HAMP

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## Products Affected

- Aptiom

## Details

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Criteria	PRIOR PAID CLAIM FOR OXCARBAZEPINE
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# ATYPICAL ANTIPSYCHOTICS-HAMP

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## Products Affected

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

## Details

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<b>Criteria</b>	PRIOR PAID CLAIM OF GENERIC ATYPICAL ANTIPSYCHOTIC
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# BRIVIACT-HAMP

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## Products Affected

- Briviact

## Details

<b>Criteria</b>	PRIOR PAID CLAIM WITH A GENERIC ANTI-SEIZURE MEDICATION
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# DALIRESP-HAMP

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## Products Affected

- Daliresp

## Details

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<b>Criteria</b>	PRIOR USE OF INHALED CORTICOSTEROID OR ICS COMBO AGENT
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# DIFICID-HAMP

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## Products Affected

- Dificid

## Details

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

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## Products Affected

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

## Details

<b>Criteria</b>	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

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## Products Affected

- Bydureon
- Bydureon Bcise
- Bydureon Pen
- Byetta
- Tanzeum
- Trulicity
- Victoza

## Details

<b>Criteria</b>	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

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## Products Affected

- Gralise
- Gralise Starter

## Details

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<b>Criteria</b>	PRIOR USE OF GENERIC GABAPENTIN
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# SODIUM GLUCOSE CO-TRANSPORTER 2 INHIBITOR-HAMP

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## Products Affected

- Invokamet
- Invokamet Xr
- Invokana
- Jardiance

## Details

<b>Criteria</b>	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

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## Products Affected

- Spritam

## Details

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<b>Criteria</b>	PRIOR PAID CLAIM FOR LEVETIRACETAM
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# TRAMADOL-HAMP

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## Products Affected

- Tramadol Hcl Er

## Details

<b>Criteria</b>	PRIOR PAID CLAIM OF TRAMADOL IMMEDIATE RELEASE
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# ULORIC-HAMP

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## Products Affected

- Uloric

## Details

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Criteria	PRIOR PAID CLAIM OF ALLOPURINOL
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# XULTOPHY-HAMP

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## Products Affected

- Xultophy 100/3.6

## Details

<b>Criteria</b>	PRIOR PAID CLAIM FOR GLUCAGON-LIKE PEPTIDE-1 (GLP-1) OR BASAL INSULIN
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  - Written information in other formats (large print audio, accessible electronic formats, other formats)
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  - Qualified interpreters
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If you need these services, contact customer service.

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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)。

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