

2024

Part D Step Therapy Criteria

PREMERA BLUE CROSS MEDICARE ADVANTAGE HMO PLANS

Premera Blue Cross Medicare Advantage **HMO**
Premera Blue Cross Medicare Advantage **Classic (HMO)**
Premera Blue Cross Medicare Advantage **Total Health (HMO)**

For more recent information or other questions, please contact Premera Blue Cross Medicare Advantage at **888-850-8526** (TTY: 711), October 1–March 31, 8 a.m. to 8 p.m., 7 days a week, or April 1–September 30, 8 a.m. to 8 p.m., Monday through Friday, or visit **premera.com/ma**.

Calls to this number are free. Customer Service also has free interpreter services available for non-English speakers.

Last updated 12/01/2024

Premera Blue Cross is an HMO plan with a Medicare contract. Enrollment in Premera Blue Cross depends on contract renewal.



Step Therapy Criteria

Step Therapy Group

Drug Names

Step Therapy Criteria

BISPHOSPHONATES

FOSAMAX PLUS D

Coverage will be provided if alendronate, ibandronate, or risedronate has been tried (at least a 30 day supply in the prior 180 days).

Step Therapy Group

Drug Names

Step Therapy Criteria

HMG-COA INHIBITORS

ALTOPREV, EZALLOR SPRINKLE, FLUVASTATIN, FLUVASTATIN SODIUM ER, PITAVASTATIN CALCIUM, ZYPITAMAG

Coverage will be provided if atorvastatin tablets, ezetimibe/simvastatin, lovastatin, pravastatin, rosuvastatin tablets, simvastatin tablets, or amlodipine/atorvastatin has been tried (at least a 30-day supply) in the prior 180 days.

Step Therapy Group

Drug Names

Step Therapy Criteria

LEVALBUTEROL

LEVALBUTEROL TARTRATE HFA

Coverage will be provided if albuterol HFA or Ventolin HFA have been tried (at least a 30-day supply) in the prior 180 days.

Step Therapy Group

Drug Names

Step Therapy Criteria

NASAL STEROIDS

MOMETASONE FUROATE, OMNARIS

Coverage will be provided if generic fluticasone nasal spray has been tried (at least a 30-day supply) in the prior 180 days.

Step Therapy Group

Drug Names

Step Therapy Criteria

PPI

ESOMEPRAZOLE MAGNESIUM, LANSOPRAZOLE

Coverage will be provided if two of the following generic alternatives: omeprazole capsules, pantoprazole tablets, or lansoprazole capsules have been tried (at least a 30 day supply in the prior 180 days).

Step Therapy Group

Drug Names

Step Therapy Criteria

URINARY ANTISPASMODICS

DARIFENACIN HYDROBROMIDE, TOLTERODINE TARTRATE ER

Coverage will be provided if mirabegron, oxybutynin, oxybutynin extended-release, solifenacin tablets, tolterodine immediate-release, trospium immediate-release, or vibegron has been tried (at least a 30-day supply in the prior 180 days).