

Health Pointe Direct Complete Plan (HMO I-SNP) Medicare Part D Plan

Step Therapy Criteria

Last Updated 02/01/2020

Products Affected

APLENZIN 174MG ER TAB

Details

Criteria Step Therapy requires trial of generic bupropion SR or generic bupropion XL.

Products Affected

APLENZIN 348MG ER TAB

Details

Criteria Step Therapy requires trial of generic bupropion SR or generic bupropion XL.

Products Affected

APLENZIN 522MG ER TAB

Details

Criteria Step Therapy requires trial of generic bupropion SR or generic bupropion XL.

Products Affected

ARANESP 10MCG/0.4ML SYRINGE

Details

Criteria Step Therapy requires trial of RETACRIT.

Products Affected

ARANESP 100MCG/ML INJ

Details

Criteria Step Therapy requires trial of RETACRIT.

Products Affected

ARANESP 100MCG/0.5ML SYRINGE

Details

Criteria Step Therapy requires trial of RETACRIT.

Products Affected

ARANESP 150MCG/0.3ML SYRINGE

Details

Criteria Step Therapy requires trial of RETACRIT.

Products Affected

ARANESP 200MCG/ML INJ

Details

Criteria Step Therapy requires trial of RETACRIT.

Products Affected

ARANESP 200MCG/0.4ML SYRINGE

Details

Criteria Step Therapy requires trial of RETACRIT.

Products Affected

ARANESP 25MCG/ML INJ

Details

Criteria Step Therapy requires trial of RETACRIT.

Products Affected

ARANESP 25MCG/0.42ML SYRINGE

Details

Criteria Step Therapy requires trial of RETACRIT.

Products Affected

ARANESP 300MCG/ML INJ

Details

Criteria Step Therapy requires trial of RETACRIT.

Products Affected

ARANESP 300MCG/0.6ML SYRINGE

Details

Criteria Step Therapy requires trial of RETACRIT.

Products Affected

ARANESP 40MCG/ML INJ

Details

Criteria Step Therapy requires trial of RETACRIT.

Products Affected

ARANESP 40MCG/0.4ML SYRINGE

Details

Criteria Step Therapy requires trial of RETACRIT.

Products Affected

ARANESP 500MCG/ML SYRINGE

Details

Criteria Step Therapy requires trial of RETACRIT.

Products Affected

ARANESP 60MCG/ML INJ

Details

Criteria Step Therapy requires trial of RETACRIT.

Products Affected

ARANESP 60MCG/0.3ML SYRINGE

Details

Criteria Step Therapy requires trial of RETACRIT.

Products Affected

duloxetine 40mg dr cap

Details

Criteria Step Therapy requires trial of one of the following generic SSRI's: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

Products Affected

ESTRING 2MG VAGINAL RING

Details

Criteria Step Therapy requires trial of PREMARIN VAGINAL CREAM OR generic estradiol vaginal cream.

Products Affected

febuxostat 40mg tab

Details

Criteria Step Therapy requires trial of generic allopurinol.

Products Affected

febuxostat 80mg tab

Details

Criteria Step Therapy requires trial of generic allopurinol.

Products Affected

FETZIMA PACK

Details

Criteria	Step Therapy requires trial of one of the following generic SSRI's: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.
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Products Affected

FETZIMA 120MG ER CAP

Details

Criteria Step Therapy requires trial of one of the following generic SSRI's: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

Products Affected

FETZIMA 20MG ER CAP

Details

Criteria Step Therapy requires trial of one of the following generic SSRI's: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

Products Affected

FETZIMA 40MG ER CAP

Details

Criteria Step Therapy requires trial of one of the following generic SSRI's: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

Products Affected

FETZIMA 80MG ER CAP

Details

Criteria Step Therapy requires trial of one of the following generic SSRI's: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

Products Affected

fluvoxamine maleate 100mg er cap

Details

Criteria Step Therapy requires trial of one of the following generic SSRI's: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

Products Affected

fluvoxamine maleate 150mg er cap

Details

Criteria Step Therapy requires trial of one of the following generic SSRI's: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

Products Affected

LATUDA 120MG TAB

Details

Criteria Step Therapy requires trial of generic quetiapine.

Products Affected

LATUDA 20MG TAB

Details

Criteria Step Therapy requires trial of generic quetiapine.

Products Affected

LATUDA 40MG TAB

Details

Criteria Step Therapy requires trial of generic quetiapine.

Products Affected

LATUDA 60MG TAB

Details

Criteria Step Therapy requires trial of generic quetiapine.

Products Affected

LATUDA 80MG TAB

Details

Criteria Step Therapy requires trial of generic quetiapine.

Products Affected

LONHALA 0.0025% INH SOLN

Details

Criteria Step Therapy requires trial of INCRUSE.

Products Affected

SPIRIVA 1.25MCG RESPIMAT INH

Details

Criteria Step Therapy requires trial of ADVAIR HFA, BREO, DULERA, FLUTICASONE/SALMETEROL or wixela.

Products Affected

SYMPAZAN 10MG STRIP

Details

Criteria Step therapy requires trial of generic clobazam tablets.

Products Affected

SYMPAZAN 20MG STRIP

Details

Criteria Step therapy requires trial of generic clobazam tablets.

Products Affected

SYMPAZAN 5MG STRIP

Details

Criteria Step therapy requires trial of generic clobazam tablets.

Products Affected

TRINTELLIX 10MG TAB

Details

Criteria Step Therapy requires trial of one of the following generic SSRI's: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

Products Affected

TRINTELLIX 20MG TAB

Details

Criteria Step Therapy requires trial of one of the following generic SSRI's: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

Products Affected

TRINTELLIX 5MG TAB

Details

Criteria Step Therapy requires trial of one of the following generic SSRI's: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

Products Affected

VIIBRYD 10MG TAB

Details

Criteria	Step Therapy requires trial of one of the following generic SSRI's: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.
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Products Affected

VIIBRYD 10/20MG STARTER PACK

Details

Criteria Step Therapy requires trial of one of the following generic SSRI's: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

Products Affected

VIIBRYD 20MG TAB

Details

Criteria	Step Therapy requires trial of one of the following generic SSRI's: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.
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Products Affected

VIIBRYD 40MG TAB

Details

Criteria Step Therapy requires trial of one of the following generic SSRI's: escitalopram, sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine. If request is for duloxetine, step not required for diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain.

Products Affected

ZENPEP 10000-32000-42000UNIT DR CAP

Details

Criteria Step Therapy requires trial of CREON.

Products Affected

ZENPEP 15000-47000-63000UNIT DR CAP

Details

Criteria Step Therapy requires trial of CREON.

Products Affected

ZENPEP 20000-63000-84000UNIT DR CAP

Details

Criteria Step Therapy requires trial of CREON.

Products Affected

ZENPEP 25000-79000-105000UNIT DR CAP

Details

Criteria Step Therapy requires trial of CREON.

Products Affected

ZENPEP 3000-10000-14000UNIT DR CAP

Details

Criteria Step Therapy requires trial of CREON.

Products Affected

ZENPEP 40000-126000-168000UNIT DR CAP

Details

Criteria Step Therapy requires trial of CREON.

Products Affected

ZENPEP 5000-17000-24000UNIT DR CAP

Details

Criteria Step Therapy requires trial of CREON.



Health Pointe Direct Complete Plan (HMO I-SNP) is required by federal law to provide the following information.

Health Pointe Direct Complete Plan (HMO I-SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Health Pointe Direct Complete Plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. Health Pointe Direct Complete Plan provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Health Pointe Direct Complete Plan provides free language services to people whose primary language is not English such as: qualified interpreters and information written in other languages. If you need these services, contact the Customer Care Center at 1-844 269-3442.

If you believe that Health Pointe Direct Complete Plan (HMO I-SNP) 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. If you need help filing a grievance, The Grievance Department is available to help you. You can file a grievance in person or by mail, fax, or email:

Grievance Department
810 7th Ave, Suite 801
New York, NY 10019
Phone: 1-844-269-3442
Email: Grievance@healthpointeny.com

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, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-269-3442 (TTY 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-269-3442 (TTY 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电1-844-269-3442 (TTY 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-844-269-3442 (TTY 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-269-3442 (TTY 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-269-3442 (TTY 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ không dịch miễn phí để trả lời các câu hỏi về chương trình bảo hiểm thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-269-3442 (TTY 711). sẽ nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-269-3442 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-269-3442 (TTY 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.



Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-269-3442 (TTY 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. سيقوم شخص ما يتحدث 24439624481 للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على. ميساعدتك. هذه خدمة مجانية للأعرابية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-269-3442 (TTY 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-269-3442 (TTY 711). Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-269-3442 (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-269-3442 (TTY 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-269-3442 (TTY 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-844-269-3442 (TTY 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。