



## **2019 Step Therapy (ST) Criteria**

Some drugs require step therapy pre-approval. This means that your doctor must have you first try a different drug to treat your medical condition before we will cover a drug that needs step therapy pre-approval.

Below you will find a table of drugs that require step therapy pre-approval. If you find your drug on this list, talk to your doctor about what other drugs you could try first.

To see if your drug is on the list, refer to the index located at the end of this document for the medication you are looking for.

## BENIGN PROSTATIC HYPERPLASIA

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### Products Affected

#### Step 1:

- alfuzosin ER 10 mg tablet, extended release 24 hr
- doxazosin 1 mg tablet
- doxazosin 2 mg tablet
- doxazosin 4 mg tablet
- doxazosin 8 mg tablet
- tamsulosin 0.4 mg capsule
- terazosin 1 mg capsule
- terazosin 10 mg capsule
- terazosin 2 mg capsule
- terazosin 5 mg capsule

#### Step 2:

- Rapaflo 4 mg capsule
- Rapaflo 8 mg capsule

### Details

<b>Criteria</b>	Coverage will be provided if terazosin, alfuzosin, doxazosin or tamsulosin has been tried (at least a 30 day supply in the prior 180 days).
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## **BISPHOSPHONATES**

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### **Products Affected**

#### **Step 1:**

- alendronate 10 mg tablet
- alendronate 35 mg tablet
- alendronate 40 mg tablet
- alendronate 5 mg tablet
- alendronate 70 mg tablet
- alendronate 70 mg/75 mL oral solution
- ibandronate 150 mg tablet
- risedronate 150 mg tablet
- risedronate 30 mg tablet
- risedronate 35 mg tablet
- risedronate 35 mg tablet (12 pack)
- risedronate 35 mg tablet (4 pack)
- risedronate 35 mg tablet, delayed release
- risedronate 5 mg tablet

#### **Step 2:**

- Fosamax Plus D 70 mg-2,800 unit tablet
- Fosamax Plus D 70 mg-5,600 unit tablet

### **Details**

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

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# GOUT

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## Products Affected

### Step 1:

- allopurinol 100 mg tablet
- allopurinol 300 mg tablet

### Step 2:

- febuxostat 40 mg tablet
- febuxostat 80 mg tablet
- Uloric 40 mg tablet
- Uloric 80 mg tablet

## Details

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Criteria	Coverage will be provided if allopurinol has been tried (at least a 30-day supply in the prior 180 days)
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## HMG-COA INHIBITORS

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### Products Affected

#### Step 1:

- amlodipine 10 mg-atorvastatin 10 mg tablet
- amlodipine 10 mg-atorvastatin 20 mg tablet
- amlodipine 10 mg-atorvastatin 40 mg tablet
- amlodipine 10 mg-atorvastatin 80 mg tablet
- amlodipine 2.5 mg-atorvastatin 10 mg tablet
- amlodipine 2.5 mg-atorvastatin 20 mg tablet
- amlodipine 2.5 mg-atorvastatin 40 mg tablet
- amlodipine 5 mg-atorvastatin 10 mg tablet
- amlodipine 5 mg-atorvastatin 20 mg tablet
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- amlodipine 5 mg-atorvastatin 80 mg tablet
- atorvastatin 10 mg tablet
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- ezetimibe 10 mg-simvastatin 10 mg tablet
- ezetimibe 10 mg-simvastatin 20 mg tablet
- ezetimibe 10 mg-simvastatin 40 mg tablet
- ezetimibe 10 mg-simvastatin 80 mg tablet
- fluvastatin 20 mg capsule
- fluvastatin 40 mg capsule
- fluvastatin ER 80 mg tablet,extended release 24 hr
- lovastatin 10 mg tablet
- lovastatin 20 mg tablet
- lovastatin 40 mg tablet
- pravastatin 10 mg tablet
- pravastatin 20 mg tablet
- pravastatin 40 mg tablet
- pravastatin 80 mg tablet
- rosuvastatin 10 mg tablet
- rosuvastatin 20 mg tablet
- rosuvastatin 40 mg tablet
- rosuvastatin 5 mg tablet
- simvastatin 10 mg tablet
- simvastatin 20 mg tablet
- simvastatin 40 mg tablet
- simvastatin 5 mg tablet
- simvastatin 80 mg tablet

#### Step 2:

- Altoprev 20 mg tablet,extended release
- Altoprev 40 mg tablet,extended release
- Altoprev 60 mg tablet,extended release
- Livalo 1 mg tablet
- Livalo 2 mg tablet
- Livalo 4 mg tablet
- Zypitamag 1 mg tablet
- Zypitamag 2 mg tablet
- Zypitamag 4 mg tablet

### Details

<b>Criteria</b>	Coverage will be provided if atorvastatin, ezetimibe/simvastatin, fluvastatin, fluvastatin extended-release, lovastatin, pravastatin, simvastatin tablets, rosuvastatin, or amlodipine/atorvastatin has been tried (at least a 30 day supply in the prior 180 days).
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Health Insurance Plan of Greater New York (HIP) is a HMO plan with a Medicare contract. Group Health Incorporated (GHI) is a PPO plan and a standalone PDP with a Medicare contract. Enrollment in HIP and GHI depends on contract renewal. HIP and GHI are EmblemHealth companies.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

Beneficiaries must use network pharmacies to access their premium and/or copayment/coinsurance may change on January 1, 2020. The formulary and pharmacy network may change at any time. You will receive notice when necessary.

This document includes EmblemHealth Affinity Medicare HMO/HMO SNP partial formulary as of November 1, 2019. For a complete, updated formulary, please visit our Web site at [www.emblemhealth.com/medicare](http://www.emblemhealth.com/medicare) or call the Customer Service number below.

ATTENTION: If you speak other languages, language assistance services, free of charge, are available to you. Call:

EmblemHealth Affinity Medicare HMO/HMO SNP: 1-877-344-7364, Monday through Sunday, 8 am to 8 pm.

EmblemHealth Medicare PPO: 1-866-557-7300, Monday through Sunday, 8 am to 8 pm.  
EmblemHealth Medicare PDP: 1-877-444-7241, Monday through Sunday, 8 am to 8 pm.  
TTY/TDD users should call 711.

ATENCIÓN: Si usted habla español, tiene a su disposición, gratis, servicios de ayuda para idiomas. Llame al:

EmblemHealth Affinity Medicare HMO/HMO SNP: 1-877-344-7364, De lunes a domingo, 8 am to 8 pm.

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