



2022 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.

ANTIDIABETICS

Products Affected

Step 1:

- metformin 1,000 mg tablet
- metformin 500 mg tablet
- metformin 850 mg tablet
- metformin ER 500 mg tablet,extended release 24 hr
- metformin ER 750 mg tablet,extended release 24 hr
- pioglitazone 15 mg-metformin 500 mg tablet
- pioglitazone 15 mg-metformin 850 mg tablet

Step 2:

- Cycloset 0.8 mg tablet

Details

Criteria	As per the protocol, the member's electronic medication profile will be reviewed over the prior 90 days. If the profile shows that the member has had previous history of generic Metformin containing product, then the member has met the criteria for coverage of Cycloset at the applicable copayment/coinsurance.
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CARVEDILOL CR

Products Affected

Step 1:

- carvedilol 12.5 mg tablet
- carvedilol 25 mg tablet
- carvedilol 3.125 mg tablet
- carvedilol 6.25 mg tablet

Step 2:

- carvedilol phosphate ER 10 mg capsule, ext. release 24hr multiphase
- carvedilol phosphate ER 20 mg capsule, ext. release 24hr multiphase
- carvedilol phosphate ER 40 mg capsule, ext. release 24hr multiphase
- carvedilol phosphate ER 80 mg capsule, ext. release 24hr multiphase

Details

Criteria	As per the protocol, the member's electronic medication profile will be reviewed over the prior 90 days. If the profile shows that the member has had previous history of carvedilol, then the member has met the criteria for coverage of carvedilol CR at the applicable copayment/coinsurance.
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CONSTIPATION IBS

Products Affected

Step 1:

- Linzess 145 mcg capsule
- Linzess 290 mcg capsule
- Linzess 72 mcg capsule
- Movantik 12.5 mg tablet
- Movantik 25 mg tablet
- Trulance 3 mg tablet

Step 2:

- lubiprostone 24 mcg capsule
- lubiprostone 8 mcg capsule

Details

Criteria
As per the protocol, the member's electronic medication profile will be reviewed over the prior 90 days. If the profile shows that the member has had previous history of at least two Step 1 products, then the member has met the criteria for coverage of step 2 agent at the applicable copayment/coinsurance. Approve Lubiprostone for patients 18 years and older for the treatment of opioid-induced constipation from chronic non-cancer pain, without a trial of a Step 1 product.

GLYBURIDE

Products Affected

Step 1:

- glimepiride 1 mg tablet
- glimepiride 2 mg tablet
- glimepiride 4 mg tablet
- glipizide 10 mg tablet
- glipizide 2.5 mg-metformin 250 mg tablet
- glipizide 2.5 mg-metformin 500 mg tablet
- glipizide 5 mg tablet
- glipizide 5 mg-metformin 500 mg tablet
- glipizide ER 10 mg tablet, extended release 24 hr
- glipizide ER 2.5 mg tablet, extended release 24 hr
- glipizide ER 5 mg tablet, extended release 24 hr
- pioglitazone 30 mg-glimepiride 2 mg tablet
- pioglitazone 30 mg-glimepiride 4 mg tablet

Step 2:

- glyburide 1.25 mg tablet
- glyburide 1.25 mg-metformin 250 mg tablet
- glyburide 2.5 mg tablet
- glyburide 2.5 mg-metformin 500 mg tablet
- glyburide 5 mg tablet
- glyburide 5 mg-metformin 500 mg tablet
- glyburide micronized 1.5 mg tablet
- glyburide micronized 3 mg tablet
- glyburide micronized 6 mg tablet

Details

Criteria	As per the protocol, the member's electronic medication profile will be reviewed over the prior 90 days. If the profile shows that the member has had previous history of one step one agent then the member has met the criteria for coverage of step 2 agent at the applicable copayment/coinsurance
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OVERACTIVE BLADDER

Products Affected

Step 1:

- oxybutynin chloride 5 mg tablet
- oxybutynin chloride 5 mg/5 mL oral syrup
- oxybutynin chloride ER 10 mg tablet,extended release 24 hr
- oxybutynin chloride ER 15 mg tablet,extended release 24 hr
- oxybutynin chloride ER 5 mg tablet,extended release 24 hr
- tolterodine 1 mg tablet
- tolterodine 2 mg tablet
- tolterodine ER 2 mg capsule,extended release 24 hr
- tolterodine ER 4 mg capsule,extended release 24 hr
- trospium 20 mg tablet
- trospium ER 60 mg capsule,extended release 24 hr

Step 2:

- Gelnique 10 % (100 mg/gram) transdermal gel packet

Details

Criteria	As per the protocol, the member's electronic medication profile will be reviewed over the prior 90 days. If the profile shows that the member has had previous history of one step one agent then the member has met the criteria for coverage of step 2 agent at the applicable copayment/coinsurance
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PIMECROLIMUS

Products Affected

Step 1:

- alclometasone 0.05 % topical cream
- alclometasone 0.05 % topical ointment
- amcinonide 0.1 % lotion
- amcinonide 0.1 % topical cream
- amcinonide 0.1 % topical ointment
- betamethasone dipropionate 0.05 % lotion
- betamethasone dipropionate 0.05 % topical cream
- betamethasone dipropionate 0.05 % topical ointment
- betamethasone valerate 0.1 % lotion
- betamethasone valerate 0.1 % topical cream
- betamethasone valerate 0.1 % topical ointment
- betamethasone valerate 0.12 % topical foam
- betamethasone, augmented 0.05 % lotion
- betamethasone, augmented 0.05 % topical cream
- betamethasone, augmented 0.05 % topical gel
- desoximetasone 0.05 % topical cream
- desoximetasone 0.05 % topical gel
- desoximetasone 0.05 % topical ointment
- desoximetasone 0.25 % topical cream
- desoximetasone 0.25 % topical ointment
- fluocinolone 0.01 % scalp oil and shower cap
- fluocinolone 0.01 % topical solution
- fluocinolone 0.025 % topical ointment
- fluticasone propionate 0.005 % topical ointment
- fluticasone propionate 0.05 % lotion
- fluticasone propionate 0.05 % topical cream
- hydrocortisone 1 % topical cream
- hydrocortisone 2.5 % lotion
- hydrocortisone 2.5 % topical cream with perineal applicator
- hydrocortisone 2.5 % topical ointment
- hydrocortisone butyrate 0.1 % topical cream
- hydrocortisone butyrate 0.1 % topical ointment
- hydrocortisone butyrate 0.1 % topical solution
- hydrocortisone valerate 0.2 % topical cream
- hydrocortisone valerate 0.2 % topical ointment
- mometasone 0.1 % topical cream
- mometasone 0.1 % topical ointment
- mometasone 0.1 % topical solution
- prednicarbate 0.1 % topical ointment
- triamcinolone acetonide 0.025 % lotion
- triamcinolone acetonide 0.025 % topical cream



- triamcinolone acetonide 0.025 % topical ointment
- triamcinolone acetonide 0.1 % lotion
- triamcinolone acetonide 0.1 % topical cream
- triamcinolone acetonide 0.1 % topical ointment
- triamcinolone acetonide 0.5 % topical cream
- triamcinolone acetonide 0.5 % topical ointment
- Triderm 0.1 % topical cream

Step 2:

- pimecrolimus 1 % topical cream

Details

Criteria	As per the protocol, the member's electronic medication profile will be reviewed over the prior 90 days. If the profile shows that the member has had previous history of one topical generic corticosteroid, then the member has met the criteria for coverage of pimecrolimus at the applicable copayment/coinsurance.
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ULORIC

Products Affected

Step 1:

- allopurinol 100 mg tablet
- allopurinol 300 mg tablet

Step 2:

- febuxostat 40 mg tablet
- febuxostat 80 mg tablet

Details

Criteria	As per the protocol, the member's electronic medication profile will be reviewed over the prior 90 days. If the profile shows that the member has had previous history of allopurinol then the member has met the criteria for coverage of febuxostat at the applicable copayment/coinsurance
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Health Insurance Plan of Greater New York (HIP) is an HMO/HMO-POS/HMO D-SNP plan with a Medicare contract. HIP has a contract with the New York Medicaid Program for HMO D-SNP. Group Health Incorporated (GHI) is 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, 2023. The formulary and pharmacy network may change at any time. You will receive notice when necessary.

This document includes EmblemHealth Medicare HMO/PPO partial formulary as of May 1, 2022. For a complete, updated formulary, please visit our Web site at www.emblemhealth.com/medicare or call the Customer Service number below.

EmblemHealth Medicare HMO: 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.

TTY/TDD users should call 711.

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