



2023 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.



CONSTIPATION AGENTS - PST

Products Affected

Step 1:

- Linzess 145 mcg capsule
- Linzess 290 mcg capsule
- Linzess 72 mcg capsule
- Trulance 3 mg tablet

Step 2:

- Motegrity 1 mg tablet
- Motegrity 2 mg tablet

Details

Criteria	If the patient has tried one Step 1 product, approve the requested step 2 drug.
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DEXTROMETHORPHAN/BUPROPION

Products Affected

Step 1:

- bupropion HCl 100 mg tablet
- bupropion HCl 75 mg tablet
- bupropion HCl SR 100 mg tablet, 12 hr sustained-release
- bupropion HCl SR 150 mg tablet, 12 hr sustained-release
- bupropion HCl SR 200 mg tablet, 12 hr sustained-release
- bupropion HCl XL 150 mg 24 hr tablet, extended release
- bupropion HCl XL 300 mg 24 hr tablet, extended release
- citalopram 10 mg tablet
- citalopram 10 mg/5 mL oral solution
- citalopram 20 mg tablet
- citalopram 40 mg tablet
- desvenlafaxine succinate ER 100 mg tablet, extended release 24 hr
- desvenlafaxine succinate ER 25 mg tablet, extended release 24 hr
- desvenlafaxine succinate ER 50 mg tablet, extended release 24 hr
- duloxetine 20 mg capsule, delayed release
- duloxetine 30 mg capsule, delayed release
- duloxetine 60 mg capsule, delayed release
- escitalopram 10 mg tablet
- escitalopram 20 mg tablet
- escitalopram 5 mg tablet
- escitalopram 5 mg/5 mL oral solution
- fluoxetine (PMDD) 10 mg tablet
- fluoxetine (PMDD) 20 mg tablet
- fluoxetine 10 mg capsule
- fluoxetine 10 mg tablet
- fluoxetine 20 mg capsule
- fluoxetine 20 mg tablet
- fluoxetine 20 mg/5 mL (4 mg/mL) oral solution
- fluoxetine 40 mg capsule
- fluoxetine 90 mg capsule, delayed release
- fluvoxamine 100 mg tablet
- fluvoxamine 25 mg tablet
- fluvoxamine 50 mg tablet
- fluvoxamine ER 100 mg capsule, extended release 24 hr
- fluvoxamine ER 150 mg capsule, extended release 24 hr
- nefazodone 100 mg tablet
- nefazodone 150 mg tablet
- nefazodone 200 mg tablet
- nefazodone 250 mg tablet
- nefazodone 50 mg tablet
- paroxetine 10 mg tablet
- paroxetine 10 mg/5 mL oral suspension
- paroxetine 20 mg tablet
- paroxetine 30 mg tablet
- paroxetine 40 mg tablet
- paroxetine ER 12.5 mg tablet, extended release 24 hr
- paroxetine ER 25 mg tablet, extended release 24 hr
- paroxetine ER 37.5 mg tablet, extended release 24 hr
- sertraline 100 mg tablet
- sertraline 20 mg/mL oral concentrate
- sertraline 25 mg tablet
- sertraline 50 mg tablet
- venlafaxine 100 mg tablet
- venlafaxine 25 mg tablet
- venlafaxine 37.5 mg tablet
- venlafaxine 50 mg tablet
- venlafaxine 75 mg tablet
- venlafaxine ER 150 mg capsule, extended release 24 hr
- venlafaxine ER 37.5 mg capsule, extended release 24 hr
- venlafaxine ER 75 mg capsule, extended release 24 hr
- vilazodone 10 mg tablet
- vilazodone 20 mg tablet
- vilazodone 40 mg tablet



Step 2:

- Auvelity 45 mg-105 mg tablet, extended release

Details

Criteria	Approve if the patient has tried a generic SSRI OR SNRI AND separately tried bupropion. Approve Auvelity if the patient has suicidal ideation without a trial of a Step 1 drug. Approve Auvelity if the patient is currently receiving Auvelity or has taken Auvelity in the past.
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HMG CO-A REDUCTASE INHIBITORS

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
- amlodipine 5 mg-atorvastatin 40 mg tablet
- amlodipine 5 mg-atorvastatin 80 mg tablet
- atorvastatin 10 mg tablet
- atorvastatin 20 mg tablet
- atorvastatin 40 mg tablet
- atorvastatin 80 mg tablet
- 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
- 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:

- Livalo 1 mg tablet
- Livalo 2 mg tablet
- Livalo 4 mg tablet

Details

Criteria	If the patient has tried one step 1 drug, approve Livalo. If the patient has tried a brand name version of the step 1 generic drug in the past, approve Livalo without a trial of a step 1 drug.
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ORAL BISPHOSPHONATES

Products Affected

Step 1:

- alendronate 10 mg tablet
- alendronate 35 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

Criteria	If the patient has tried two Step 1 drugs, approve the requested Step 2 drug.
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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, 2024. 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 June 1, 2023. 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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