

GuildNet Gold HMO SNP 2018 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:

- Actoplus Met XR 15 mg-1,000 mg tablet,extended release
- Actoplus Met XR 30 mg-1,000 mg tablet,extended release
- 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 and/or ACTOPLUS MET XR at the applicable copayment/coinsurance.
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COREG 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.release24hr multiphase
- carvedilol phosphate ER 20 mg capsule,ext.release24hr multiphase
- carvedilol phosphate ER 40 mg capsule,ext.release24hr multiphase
- carvedilol phosphate ER 80 mg capsule,ext.release24hr multiphase
- Coreg CR 10 mg capsule, extended release
- Coreg CR 20 mg capsule, extended release
- Coreg CR 40 mg capsule, extended release
- Coreg CR 80 mg capsule, extended release

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 carvedilol, then the member has met the criteria for coverage of Brand Coreg CR or carvedilol CR at the applicable copayment/coinsurance.
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ELIDEL

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
- diflorasone 0.05 % topical cream
- diflorasone 0.05 % topical ointment
- fluocinolone 0.01 % scalp oil and shower cap
- fluocinolone 0.01 % topical solution
- fluocinolone 0.025 % topical ointment
- fluticasone 0.005 % topical ointment
- fluticasone 0.05 % lotion
- fluticasone 0.05 % topical cream
- hydrocortisone 1 % topical cream
- hydrocortisone 1 % topical ointment
- hydrocortisone 2.5 % lotion
- hydrocortisone 2.5 % topical cream
- 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:

- Elidel 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 Elidel at the applicable copayment/coinsurance.
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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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IMMUNOMODULATORS

Products Affected

Step 1:

- Humira 10 mg/0.1 mL subcutaneous syringe kit
- Humira 10 mg/0.2 mL subcutaneous syringe kit
- Humira 20 mg/0.2 mL subcutaneous syringe kit
- Humira 20 mg/0.4 mL subcutaneous syringe kit
- Humira 40 mg/0.4 mL subcutaneous syringe kit
- Humira 40 mg/0.8 mL subcutaneous syringe kit
- Humira Pediatric Crohns Start 80 mg/0.8 mL-40 mg/0.4 mL subcut syr kit
- Humira Pediatric Crohn's Starter 40 mg/0.8 mL subcutaneous syringe kit
- Humira Pediatric Crohn's Starter 40 mg/0.8 mL subcutaneous syringe kit (6 pack)
- Humira Pediatric Crohn's Starter 80 mg/0.8 mL subcutaneous syringe kit
- Humira Pen 40 mg/0.4 mL subcutaneous kit
- Humira Pen 40 mg/0.8 mL subcutaneous kit
- Humira Pen Crohn's-Ulc Colitis-Hid Sup Starter 40 mg/0.8 mL subcut kit
- Humira Pen Crohn's-Ulc Colitis-Hid Sup Starter 80 mg/0.8 mL subcut kit
- Humira Pen Psoriasis-Uveitis 80 mg/0.8 mL(1)-40 mg/0.4 mL(2)subcut kit
- Humira Pen Psoriasis-Uveitis Starter 40 mg/0.8 mL subcutaneous kit

Step 2:

- Actemra 200 mg/10 mL (20 mg/mL) intravenous solution
- Actemra 400 mg/20 mL (20 mg/mL) intravenous solution
- Actemra 80 mg/4 mL (20 mg/mL) intravenous solution
- Cimzia 400 mg/2 mL (200 mg/mL x 2) subcutaneous syringe kit
- Cimzia Powder for Recon 400 mg (200 mg x 2 vials) subcutaneous kit
- Cosentyx 300 mg/2 Syringes (150 mg/mL) subcutaneous
- Cosentyx Pen 300 mg/2 Pens (150 mg/mL) subcutaneous
- Xeljanz 10 mg tablet
- Xeljanz 5 mg tablet
- Xeljanz XR 11 mg tablet,extended release

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 Humira, then the member has met the criteria for coverage of Actemra, Xeljanz, Xeljanz XR, Cosentyx, or Cimzia at the applicable copayment/coinsurance. For coverage of Actemra for a diagnosis of giant cell arteritis, a previous history of Humira is not required.
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OVERACTIVE BLADDER

Products Affected

Step 1:

- darifenacin ER 15 mg tablet,extended release 24 hr
- darifenacin ER 7.5 mg tablet,extended release 24 hr
- oxybutynin chloride 5 mg tablet
- oxybutynin chloride 5 mg/5 mL 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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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 prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2019.

The Formulary and pharmacy network may change at any time. You will receive notice when necessary.

This is not a complete list of drugs covered by our plan. For a complete listing, please call 1-800-815-0000 (TTY 711) visit www.guildnetny.org.

This information is available for free in other languages. Please contact Member Services at 1-800-815-0000 for additional information. (TTY users should call 711). Hours are Monday through Sunday, 8 am to 8 pm. Member Services has free language interpreter services available for non-English speakers.

Esta información esta disponible en otros idiomas a gratis. Por favor llame a Servicios a los Clientes, al 1-800-815-0000 por información adicional. (Los usuarios de TTY deben llamar al 711). Se atiende de lunes a domingo, de 8 a. m. a 8 p. m. Servicios a los Clientes tienen los servicios gratuitos de intérprete de idioma disponibles para altavoces de no-inglés.

GuildNet Gold is a HMO SNP plan with Medicare and New York State Medicaid contracts. Enrollment in GuildNet Gold depends on contract renewal