Step Therapy Criteria for Drugs on the 2019 Generations Select (HMO) Formulary

The following are step therapy criteria for drugs on the 2019 Generations Select (HMO) formulary. To determine if your drug has a step therapy requirement, use the GlobalHealth online prescription search specific to your plan at https://globalhealth.com/pharmacy/drug-formularies/. For information on how to request an exception (also called a coverage determination) to the step therapy criteria for any of these drugs click here.

Updated 03/2019

This document was printed from the GlobalHealth 2019 online formulary. For the most up-to-date listing of covered drugs, call Customer Care at 1-844-280-5555 or, for TTY users, 711, 8:00 a.m. to 8:00 p.m., seven days a week, from October 1 – March 31, and 8:00 a.m. to 8:00 p.m., Monday – Friday, from April 1 – September 30, or visit https://globalhealth.com/pharmacy/drug-formularies/.

Step Therapy Criteria

Step Therapy Group	BENIGN PROSTATIC HYPERPLASIA
Drug Names	RAPAFLO
Step Therapy Criteria	Coverage will be provided if terazosin, alfuzosin, doxazosin or tamsulosin has been tried (at least a 30 day supply in the prior 180 days).

Step Therapy Group	BISPHOSPHONATES
Drug Names	FOSAMAX PLUS D
Step Therapy Criteria	Coverage will be provided if alendronate, ibandronate, or risedronate has been tried (at least a 30 day supply in the prior 180 days).

Step Therapy Group	GOUT
Drug Names	ULORIC
Step Therapy Criteria	Coverage will be provided if allopurinol has been tried (at least a 30-day supply in the prior 180 days)

Step Therapy Group	HMG-COA INHIBITORS
Drug Names	ALTOPREV, LIVALO, ZYPITAMAG
Step Therapy Criteria	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).

Step Therapy Group	URINARY ANTISPASMODICS
Drug Names	TOLTERODINE TARTRATE, TOLTERODINE TARTRATE ER
Step Therapy Criteria	Coverage will be provided if oxybutynin, oxybutynin extended-release, fesoterodine, solifenacin, trospium immediate-release, or mirabegron has been tried (at least a 30 day supply in the prior 180 days).

This step therapy criteria is current as of 03/01/2019. For more recent information or other questions, please contact GlobalHealth Customer Care at 1-844-280-5555 or, for TTY users, 711 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 – March 31 and 8:00 a.m. to 8:00 p.m., Monday – Friday, April 1 – September 30 or visit www.GlobalHealth.com/medicare.