



Step Therapy Criteria

for Select Drugs on the Peoples Health 2019 Formulary

For information on how to request an exception (also called a coverage determination) to the step therapy criteria, click [here](#).

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This document was printed from the Peoples Health website at <http://www.peopleshealth.com>. For the most up-to-date listing of covered drugs, call Peoples Health toll-free at 1-800-222-8600, seven days a week, from 8 a.m. to 8 p.m. TTY users may call 711. If you call on a weekend or holiday, we will reach out to you within one business day.

The following are step therapy criteria for select drugs on the 2019 Peoples Health formulary. To determine if your drug has a step therapy requirement, use the Peoples Health online prescription search at <http://www.peopleshealth.com/formulary>.

Drug Names	Step Therapy Criteria	Prior Authorization only applies to members new to therapy?
ALTOPREV, LIVALO, ZYPITAMAG	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).	Yes
FOSAMAX PLUS D	Coverage will be provided if alendronate, ibandronate, or risedronate has been tried (at least a 30 day supply in the prior 180 days).	Yes
RAPAFLO	Coverage will be provided if terazosin, alfuzosin, doxazosin or tamsulosin has been tried (at least a 30 day supply in the prior 180 days).	Yes
TOLTERODINE TARTRATE, TOLTERODINE TARTRATE ER	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).	Yes
ULORIC	Coverage will be provided if allopurinol has been tried (at least a 30-day supply in the prior 180 days).	Yes