Drugs That Require Step Therapy (ST) Before Being Approved for Coverage

(05/01/2025 – 05/31/2025)

In some cases, AvMed Medicare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Step-1 and Step-2 drugs both treat your medical condition, we may not cover the Step-2 drug unless you try the Step-1 drug first. If the Step-1 drug does not work for you, we will then cover the Step-2 drug.

You will need authorization from AvMed Medicare before filling prescriptions for the Step-2 drugs shown in the chart that begins on the next page. AvMed Medicare will only provide coverage after it determines that the drug is being prescribed according to the criteria specified in the chart. You, your appointed representative, or your prescriber can request prior authorization by calling Express Scripts at 1-800-935-6103 or faxing your request in to 1.877.251.5896. Hours of operation are 24 hours a day, 7 days a week. Service is available in English and other languages. TTY users should call 1.800.716.3231

The StepTherapy Criteria was updated on 04/22/2025

Updated 04/22/2025
H1016_PH264-092023_C

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*
- *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:

- *pitavastatin calcium 1 mg tablet*
- *pitavastatin calcium 2 mg tablet*
- *pitavastatin calcium 4 mg tablet*

Details

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

Index

Drugs That Require Step Therapy (ST) Before Being Approved for Coverage

You, your appointed representative, or your prescriber can request prior authorization by calling Express Scripts at 1-800-935-6103 or faxing your request in to 1.877.251.5896. Hours of operation are 24 hours a day, 7 days a week. Service is available in English and other languages. TTY users should call 1.800.716.3231

The Step Therapy Criteria was updated on 04/22/2025

Updated 04/22/2025
H1016_PH264-092023_C