

Drugs That Require Step Therapy (ST)

In some cases, AvMed 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 before filling prescriptions for the Step-2 drugs shown in the chart below. AvMed Health Plan 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 a review by calling Member Services at 1-800-782-8633, 24 hours a day, 7 days a week.

<u>Step Therapy Medications</u>		
Step Therapy Group Description	Step Therapy Sequence	Step Therapy Criteria
<u>Bisphosphonate</u>	Step-1: ALENDRONATE SODIUM Step-2: ACTONEL or ATELVIA or BONIVA or FOSAMAX	Prior to receiving Actonel, Boniva, or brand Fosamax, the member must first try alendronate within the previous 3 months.
<u>PPI Therapy</u>	Step-1: LANSOPRAZOLE or LANSOPRAZOLE ODT or OMEPRAZOLE or OMEPRAZOLE/SODIUM BICARBONATE or PANTOPRAZOLE SODIUM or PREVACID Step-2: ACIPHEX or DEXILANT or NEXIUM or PRILOSEC or PROTONIX or ZEGERID	Prior to receiving a branded PPI (Nexium, Aciphex, Zegerid, Dexilant) the member must have tried and failed ONE of the following generic PPIs (omeprazole, pantoprazole, and lansoprazole) or brand Prevacid for at least one day supply in the past 365 days.

Step Therapy Medications

Step Therapy Group Description	Step Therapy Sequence	Step Therapy Criteria
<p><u>VICTOZA</u></p>	<p>Step-1: ACTOPLUS MET or ACTOPLUS MET XR or ACTOS or AMARYL or AVANDAMET or AVANDARYL or AVANDIA or CHLORPROPAMIDE or DIABETA or DUETACT or GLIMEPIRIDE or GLIPIZIDE or GLIPIZIDE ER or GLIPIZIDE/METFORMIN HCL or GLUCOPHAGE or GLUCOPHAGE XR or GLUCOTROL or GLUCOTROL XL or GLUCOVANCE or GLYBURIDE or GLYBURIDE MICRONIZED or GLYBURIDE/METFORMIN HCL or GLYCRON or GLYNASE or METAGLIP or METFORMIN HCL or METFORMIN HCL ER or TOLAZAMIDE</p> <p>Step-2: VICTOZA</p>	<p>Prior to receiving Victoza, a member must have a concurrent prescription filled within the previous 30(thirty) days for metformin, sulfonylurea, thiazolidinedione, or a combination of metformin plus a sulfonylurea or metformin plus a thiazolidinedione.</p>