

## **Drugs That Require Step Therapy (ST)**

In some cases, AvMed Medicare Choice 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 Choice before filling prescriptions for the Step-2 drugs shown in the chart below. AvMed Medicare Choice 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 AvMed at 1-800-782-8633, October 1 - February 14, 8:00 AM-8:00 PM, seven days a week, and February 15 - September 30, 8:00 AM - 8:00 PM Monday - Friday, 9:00 AM - 1:00 PM Saturday. Customer Service is available in English and other languages. TTY/TDD users should call 1-800-955-8771 or 711.

### **Step Therapy Criteria**

<b>Step Therapy Group</b>	GOUT
<b>Drug Names</b>	ULORIC
<b>Step Therapy Criteria</b>	Coverage will be provided if allopurinol has been tried (at least a 30-day supply in the prior 180 days)
<b>Step Therapy Group</b>	URINARY ANTISPASMODICS
<b>Drug Names</b>	TOLTERODINE TARTRATE, TOLTERODINE TARTRATE ER
<b>Step Therapy Criteria</b>	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).