



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

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 1.800.716.323

# CONSTIPATION AGENTS - PST

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## Products Affected

### Step 2:

- MOTEGRITY 1 MG TABLET
- MOTEGRITY 2 MG TABLET

## Details

Criteria	If the patient has tried one Step 1 product, approve the requested step 2 drug.
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# HMG CO-A REDUCTASE INHIBITORS

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## Products Affected

### 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 Livalo. If the patient has tried a brand name version of the step 1 generic drug in the past, approve Livalo without a trial of a step 1 drug.
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# ORAL BISPHOSPHONATES

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## Products Affected

### Step 2:

- FOSAMAX PLUS D 70 MG-2,800 UNIT TABLET
- FOSAMAX PLUS D 70 MG-5,600 UNIT TABLET

## Details

Criteria	If the patient has tried two Step 1 drugs, approve the requested Step 2 drug.
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