

Drugs That Require Step Therapy (ST)

In some cases, **Advantage Plan from Medical Mutual of Ohio** 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 **Medical Mutual** before filling prescriptions for the Step-2 drugs shown in the chart below. **Medical Mutual** 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 Medco toll-free at 1-800-753-2851, 8:00 a.m. to 9:00 p.m., eastern time, Monday through Friday (except Thanksgiving and Christmas). Customer Service is available in English and other languages. TTY/TDD users should call 1-800-716-3231.

<u>Step Therapy Medications</u>		
Step Therapy Group Description	Step Therapy Sequence	Step Therapy Criteria
<u>Byetta Step Therapy</u>	Step-1: METFORMIN HCL or METFORMIN HCL ER	Step-1 medications are covered at the point of service. Step-2 medications require the prior use of at least one Step-1 medication within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Medco or by physician documented use.
	Step-2: BYETTA	For the Byetta Step Therapy Group, Step-1 is metformin or metformin ER. For the Byetta Step Therapy Group, Step-2 is Byetta. Medications on Step-2 are not covered unless the above step therapy criteria are met.
<u>Kapidex Step Therapy</u>	Step-1: OMEPRAZOLE	Step-1 medications are covered at the point of service. Step-2 medications require the prior use of at least one Step-1 medication within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Medco or by physician documented use.
	Step-2: KAPIDEX	For the Kapidex Step Therapy Group, Step-1 is omeprazole. For the Kapidex Step Therapy Group, Step-2 is Kapidex. Medications on Step-2 are not covered unless the above step therapy criteria are met.

<u>Osteoporosis Step Therapy</u>	Step-1: ALENDRONATE SODIUM or BONIVA	<p>Step-1 medications are covered at the point of service. Step-2 medications require the prior use of at least one Step-1 medication within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Medco or by physician documented use.</p> <p>For the Osteoporosis Step Therapy Group, Step-1 is alendronate or Boniva. For the Osteoporosis Step Therapy Group, Step-2 is Actonel or Actonel with Calcium.</p>
	Step-2: ACTONEL or ACTONEL WITH CALCIUM	<p>Medications on Step-2 are not covered unless the above step therapy criteria are met.</p> <p>Alendronate sodium 40mg and Actonel 30mg will not have step therapy requirements since they are mainly used for the treatment of Paget's Disease.</p>