

## Drugs That Require Step Therapy (ST)

You will need authorization by your **UA Medicare Group Part D Prescription Drug Plan** before filling prescriptions for the Step-2 drugs shown in the chart below. The **UA Medicare Group Part D Prescription Drug 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 **review** by calling Customer Service toll-free at 1-866-524-4199, 8:00 a.m. to 8:00 p.m., in your local time zone, Monday through Friday. Customer Service is available in English and other languages. TTY/TDD users should call 1-866-524-4170.

<b>STEP THERAPY MEDICATIONS</b>		
<b>Step Therapy Group Description</b>	<b>Step Therapy Sequence</b>	<b>Step Therapy Criteria</b>
<b><u>OSTEOPOROSIS STEP THERAPY</u></b>	Step-1: alendronate sodium or Boniva, then Step-2: Actonel or Actonel with Calcium	<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> <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>
<b><u>BYETTA STEP THERAPY</u></b>	Step-1: metformin or metformin ER, then Step-2: Byetta	<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 Byetta Step Therapy Group, Step-1 is metformin or metformin ER. For the Byetta Step Therapy Group, Step-2 is Byetta.</p> <p>Medications on Step-2 are not covered unless the above step therapy criteria are met.</p>
<b><u>KAPIDEX STEP THERAPY</u></b>	Step-1: omeprazole, then Step-2: Kapidex	<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 Kapidex Step Therapy Group, Step-1 is omeprazole. For the Kapidex Step Therapy Group, Step-2 is Kapidex.</p> <p>Medications on Step-2 are not covered unless the above step therapy criteria are met.</p>