

Step Therapy Medications

Step Therapy Group Description	Step Therapy Sequence	Step Therapy Criteria
<p><u>Kapindex - Dexilant Step Therapy</u></p>	<p>Step-1: OMEPRAZOLE</p>	<p>Patients who have never tried the Step-2 Medication being requested: 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. Patients who have tried the Step-2 Medication being requested: Members that have taken the same Step-2 medication that is being requested within the last 180 days can receive the medication without trial and failure of a Step-1 medication. For the Kapindex or Dexilant Step Therapy Group, Step-1 is omeprazole. For the Kapindex or Dexilant Step Therapy Group, Step-2 is Kapindex or Dexilant. In addition there is a clinically documented drug interaction between clopidogrel and omeprazole. Therefore, coverage is provided for Kapindex or Dexilant in situations where there is a previous paid claim for clopidogrel within the previous 180 days under the prescription benefit administered by Medco or by physician documented use. Medications on Step-2 are not covered unless the above step therapy criteria are met.</p>
	<p>Step-2: DEXILANT</p>	
<p><u>Osteoporosis Step Therapy</u></p>	<p>Step-1: ALENDRONATE SODIUM or BONIVA</p>	<p>For OSTEOPOROSIS THERAPY 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. For the Osteoporosis Step Therapy Group, Step-1 is alendronate or Boniva. For the Osteoporosis Step Therapy Group, Step-2 is Actonel. Medications on Step-2 are not covered unless the above step therapy criteria are met. Alendronate sodium 40mg and Actonel 30mg will not have step therapy requirements since they are mainly used for the treatment of Pagets Disease</p>
	<p>Step-2: ACTONEL</p>	

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<p align="center"><u>Prolia Step</u></p>	<p align="center">Step-1: ALENDRONATE SODIUM or BONIVA</p>	<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. For the Prolia Step Therapy Group, Step-1 is alendronate or Boniva. For the Prolia Step Therapy Group, Step-2 is Prolia. Medications on Step-2 are not covered unless the above step therapy criteria are met. Alendronate sodium 40mg will not have step therapy requirements since they are mainly used for the treatment of Pagets Disease.</p>
	<p align="center">Step-2: PROLIA</p>	
<p align="center"><u>TOPICAL IMMUNOSUPPRESSANT</u></p>	<p>Step-1: AUGMENTED BETAMETHASONE DIPROPIONATE or BETAMETHASONE DIPROPIONATE or BETAMETHASONE VALERATE or CLOBETASOL PROPIONATE or CLOBETASOL PROPIONATE E or CORDRAN or CORDRAN TAPE or DERMA-SMOOTH/FS BODY OIL or DESOXIMETASONE or DIFLORASONE DIACETATE or FLUOCINOLONE ACETONIDE or FLUOCINOLONE ACETONIDE BODY or FLUOCINONIDE or FLUOCINONIDE-E or FLUTICASONE PROPIONATE or HALOBETASOL PROPIONATE or HYDROCORTISONE BUTYRATE or HYDROCORTISONE VALERATE or KENALOG or LUXIQ or MOMETASONE FUROATE or TRIAMCINOLONE ACETONIDE or TRIAMCINOLONE ACETONIDE IN ABSORBASE or TRIDERM</p>	<p>For the Topical IMMUNOSUPPRESSANT Step Therapy Group, Step-1 includes medium potency, high potency, and very high potency topical corticosteroids listed on the formulary. For the Topical IMMUNOSUPPRESSANT Step Therapy Group, Step-2 includes Elidel or Protopic. Elidel is approved for patients who have had at least one previous Topical IMMUNOSUPPRESSANT Step-1 Therapy prescription filled for at least 14-days under the prescription benefit in the previous six months. Protopic ointment 0.1% is approved for patients who have had at least one previous Topical IMMUNOSUPPRESSANT Step-1 Therapy prescription filled for at least 14-days under the prescription benefit in the previous six months. Protopic ointment 0.03% is approved for patients who have had at least one previous Topical IMMUNOSUPPRESSANT Step-1 Therapy prescription filled for at least 14-days under the prescription benefit in the previous six months. Step-1 medications are covered at point of service. Step-2 medications require prior use of Step-1 therapy and apply to new starts only. Medications on Step-2 are not covered unless step therapy 1 criteria are met or acceptable physician documentation is provided to show that Step-1 therapy has been tried or explaining why the Step-1 therapy choices are not advisable / tolerated for a particular patient.</p>
	<p align="center">Step-2: ELIDEL or PROTOPIC</p>	