

Buckeye Health Plan (MMP) 2016 Step Therapy Criteria

Instructions:

1. With this file, at the top, click **Edit**, then click **Find**.
2. In the **Find** box type the name of the medication you want to find.
3. Click **Find Next** button until you find the medications you're looking for.

STEP THERAPY (ST)

What is Step Therapy?

Some prescription drugs require step therapy (ST). In some cases, the plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, the plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the plan will then cover Drug B.

Why is Step Therapy required?

Trying a similar formulary drug first, which is generally a less costly generic drug instead of more expensive brand, helps guide appropriate use of certain drugs.

How do I request an exception to the coverage rules?

You can ask us to make an exception to our coverage rules. For specific types of exceptions that you can ask us to make, please refer to your Comprehensive Formulary. When you are requesting a utilization restriction exception, including Step Therapy, you should submit a statement from your doctor supporting your request along with a completed Request for Medicare Prescription Drug Coverage Determination* form. Generally, we must make our decision within 72 hours of getting your prescriber's or prescribing doctor's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescriber's or prescribing doctor's supporting statement.

**Please note – You cannot use this form for Medicare non-covered drugs: fertility drugs, drugs prescribed for weight loss, weight gain or hair growth, over the counter drugs, or prescription vitamins (except prenatal vitamins and fluoride preparations).*

Buckeye Health Plan – MyCare Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.

Benefits may change on January 1 of each year.

Limitations and restrictions may apply. For more information, call Buckeye Health Plan Member Services or read the Buckeye Health Plan Member Handbook.

You can get this document in Spanish, or speak with someone about this information in other languages for free. Call 1-866-549-8289 from 8 a.m. to 8 p.m., seven days a week. TTY users call 711. On weekends and federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

Puede obtener este documento en inglés o consultar a alguien sobre cómo obtener esta información en otros idiomas gratis. Llame al 1-866-549-8289 de 8:00 a. m. a 8:00 p. m., los siete días de la semana. Los usuarios de TTY deben llamar al 711. Los fines de semana y los días feriados nacionales, es posible que se le pida que deje un mensaje. Le devolveremos la llamada durante el próximo día hábil. La llamada es gratuita.

ANTIDEPRESSANTS

Products Affected

- Brintellix
- Emsam
- Fetzima
- Fetzima Titration Pack
- Trintellix

Details

Criteria	Documentation of a trial of one month each for two of the following: bupropion, bupropion SR, bupropion XL, citalopram, desipramine, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, nefazodone, paroxetine, paroxetine ER, sertraline, trazodone, venlafaxine, or venlafaxine ER. Authorization may be given without a previous trial if the patient has suicidal ideation.
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