

PHC Step Therapy Criteria

Drug(s):	<p>BISPHOSPHONATES Actonel, Actonel w/Calcium, Boniva</p>
Process:	<p>Prescription entered for processing by pharmacy for Boniva, Actonel or Actonel with Calcium.</p> <p>Step 1- Review patient history for use of Alendronate (Fosamax)</p> <p>Step 2- If <u>NO</u> history of generic Alendronate (Fosamax) claim rejects, patient must first try and fail the preferred formulary generic Bisphosphonate</p> <p>Step 3- If there <u>IS</u> history of generic Alendronate (Fosamax), then Boniva, Actonel or Actonel with Calcium would process at their respective formulary copay</p>
Exception:	<p>If doctor substantiates that none of the first and/or second line drugs is right for the patient due to their medical condition, or if the patient has already tried and failed a first or second line drug, he/she may request an exception to the formulary. To file a request, doctor should complete and submit a Coverage Exception Request Form.</p> <p>Computer assisted forms can be accessed online at www.PHCcares.com in the pharmacy section of the portal.</p> <p>If the request for an exception to our formulary is approved, we will continue to cover the requested drug without interruption.</p> <p>Please fax the Coverage Exception Request Form to Envision Pharmaceutical Services at 1-866-250-5178 or mail to Envision Pharmaceutical Services 2181 E. Aurora Rd. Twinsburg, OH 44087.</p>
Duration Of Approval:	<p>Lifetime of member under current Member ID</p>