

Bulletin



February 24, 2011

Step therapy program applied to growth hormone therapies

Effective April 1, 2011, step therapy edits will be applied to growth hormone therapies, in addition to medical necessity review. Pre-certification/pre-authorization requests for growth hormone are currently evaluated based on medical necessity for growth hormone replacement. With the step therapy change, coverage for requests meeting medical necessity criteria may also be subject to the pharmacy step therapy criteria as well as other member-specific benefits including the specialty drug program. The preferred agent on the FlexRx and GenRx formularies is Omnitrope.

Member notification

Members impacted by the step therapy will receive notification of the change. After March 31, 2011, for members subject to the step therapy edit, non-preferred agents will be noncovered without an approved step therapy override.

Questions?

For questions related to specific contract benefits, please contact provider services at **(651) 662-5200** or toll free at **1-800-262-0820**.