

# Step Therapy

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**Not all benefit plans include the Step Therapy program. Check your plan materials to see if this information applies to you.**

## What Is Step Therapy?

It's a quality and safety program that can help you lower your medication costs. Many medical conditions can be treated using a variety of medications. In some cases, there is a very large difference in cost among the medications, but only a little difference in the way the medications work. Step Therapy requires members to try cost-effective "first-choice" medications before trying (or "stepping up to") more expensive "second-choice" medications. Many people find the first-choice medications work just as well for them.

We base the Step Therapy program on U.S. Food and Drug Administration and manufacturer dosing guidelines, medical literature, safety, accepted medical practice, appropriate use and benefit design.

## What If My Doctor Says A First-Choice Drug Isn't Right For Me?

If your doctor decides that a first-choice medication is not right for you and prescribes a second-choice medication, please have your doctor call the CVS Caremark Prior Authorization department to request an override based on medical necessity. CVS Caremark is an independent company that provides pharmacy management services on behalf of your health plan.

## What Happens at the Pharmacy?

The pharmacist enters your prescription into the computer system. If your prescription is a second-choice medication, the system will check your claims history. If you have filled prescriptions for first-choice medications within the previous 6-12 months, the pharmacist will fill your prescription for your second-choice medication.

If you are required to try a first-choice medication, you have three options:

- You or your pharmacist can call your doctor to change your prescription to a first-choice medication.
- You can pay full price for your second-choice medication prescription.
- You or your pharmacist can ask your doctor to request a medical necessity exception.

If your plan approves the request, it will cover your prescription. If your plan does not approve the request, you can still choose another option. You and your doctor make the final decision about the medication that is right for you.

If you submit your prescription to your plan's mail-order pharmacy and it does not meet the requirements for a second-choice medication, the pharmacy will not fill your prescription. It will notify you by mail.

Your benefit document defines actual benefits available and may exclude coverage for certain drugs listed here. Check your benefit information to verify coverage or view your personal benefit information on our website. This list may contain trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with your health plan. This list can change or expand from time to time without prior notice. When we list brand-name drugs, programs can also apply to any available generic equivalents.

## Step Therapy List

To request an override of a Second-Choice Drug's step requirement, please have your doctor call the CVS Caremark Prior Authorization department at 800-294-5979. Your doctor can also fax requests to 888-836-0730.

Condition	First-Choice Drugs You must try one or more of these drugs first, or your doctor must request an override for you ...	Second-Choice Drugs ... before you can get coverage for these drugs.
<b>Acne (A)</b>	generic topical tretinoin	Fabior, Tazorac ( <i>brand and generic</i> ), Veltin
<b>Acne (B)</b>	generic adapalene <b>AND</b> generic topical tretinoin	Differin ( <i>brand</i> ), Epiduo, Epiduo Forte
<b>Acne (C)</b>	minocycline ( <i>immediate release</i> ) <b>AND</b> doxycycline or erythromycin or tetracycline	minocycline HCL extended release
<b>Actinic Keratosis (A)</b>	generic fluorouracil 5% cream or solution, fluorouracil 2% solution, imiquimod 5% cream	Picato ( <i>brand</i> )
<b>Actinic Keratosis (B)</b>	generic fluorouracil 5% cream or solution, fluorouracil 2% solution, imiquimod 5% cream <b>AND</b> Picato	Solaraze ( <i>generic</i> )
<b>Behavioral Health (A)</b>	aripiprazole ( <i>generic Abilify</i> ) <b>AND</b> one of these generics: clozapine/ODT, olanzapine, paliperidone, quetiapine, quetiapine ext rel, risperidone, ziprasidone	Aristada, Rexulti
<b>Behavioral Health (B)</b>	<b>TWO</b> of these generics: aripiprazole, clozapine/ODT, olanzapine, paliperidone, quetiapine, quetiapine ext rel, risperidone, ziprasidone	Clozaril, Fanapt, Fazaclo, Geodon, Invega, Latuda, Risperdal, Saphris, Versacloz, Zyprexa
<b>Depression</b>	desvenlafaxine ext-rel ( <i>generic for Pristiq</i> ), venlafaxine, venlafaxine extended release	Fetzima, Khedezla
<b>Diabetes (GLP-1)</b>	metformin	Bydureon/BCISE, Victoza
<b>Gout</b>	allopurinol	Uloric
<b>High Triglycerides</b>	fenofibrate or fenofibric acid	Fibracor, Tricor, Trilipix