



Prescription Step Therapy Program Frequently Asked Questions

1. What Is Step Therapy?

Step therapy is a **program for people who take prescription drugs regularly to treat a medical condition**, such as arthritis, asthma or high blood pressure. For some of these conditions, more than one medication has been determined-based on medical review- to be medically effective. Step Therapy monitors certain therapy classes to identify the availability of these medications and their effectiveness in accordance with evidence based clinical protocols. Based on this process, this program requires authorization to select and receive certain medications when a lower cost alternative that provides the same benefit is available. Should the lower cost drug not provide the desired outcome, the provider can contact Express Scripts to obtain authorization for more the expensive alternative.

In step therapy, drugs are grouped in categories, based on treatment and cost:

- **First-line drugs** – the first step – are generic and sometimes lower-cost brand drugs proven to be safe, effective and affordable. In most cases, you should try these drugs first because they usually provide the same health benefit as a more expensive drug, at a lower cost.
- **Second-line drugs** – Step 2 and step 3 drugs – are brand-name drugs that generally are necessary for only a small number of patients. Back-up drugs are the most expensive option.

2. Who decides what drugs are covered in step therapy?

Step therapy is **developed under the guidance and direction of independent, licensed doctors, pharmacists and other medical experts**. Together with Express Scripts – the company chosen to manage your pharmacy benefit plan – they review the most current research on thousands of drugs tested and approved by the FDA for safety and effectiveness. Then they recommend appropriate prescription drugs for the step therapy program, **and your organization's pharmacy benefit plan chooses the drugs that will be covered**.

Pharmacy Process

3. Why couldn't I fill my prescription at the pharmacy?

The first time you submit a prescription that isn't for a first-line drug; your pharmacist should inform you that with step therapy you need to first try a first-line drug if you'd rather not pay full price for your prescription drug.

To receive a first-line drug:

- **Ask your pharmacist to call your doctor** and request a new prescription.
OR
- **Contact your doctor** to get a new prescription.

Only your doctor can change your current prescription to a first-step drug covered by your program.

4. How do I know what first-line drug my doctor should prescribe?

Only your doctor can make that decision. You can access a list of first-line medications by visiting Express-Scripts. Give this drug list to your doctor so he or she is aware of the first-line options.

5. What if I need a prescription filled immediately?

If you've just started taking a prescription drug regularly or if you're a new plan member, you may be informed at your pharmacy that your drug isn't covered. If this should happen and you need your medication right away, you can:

- **Talk with your pharmacist about filling a small supply** of your prescription right away. (You may have to pay full price for this quantity of the drug.) Then, to ensure your medication will be covered by your plan, ask your doctor to write you a new prescription for a first-line drug. Remember: only your doctor can change your prescription to a first-line drug.

To a Second-Line Drug:

6. What if I can't use the less expensive (first-line) drug?

With step therapy, more expensive brand-name drugs are usually covered as a back-up in the program if:

- 1) You've already tried the generic drugs covered in your step therapy program
- 2) You can't take a generic drug (for example, because of an allergy)
- 3) Your doctor decides, for medical reasons, that you need a brand-name drug

If one of these situations applies to you, your doctor can request an override or a "prior authorization" for you, allowing you to take a back-up prescription drug. Once the prior authorization is approved, you'll pay the appropriate copayment for this drug.

7. How does my physician request prior authorization for second line drug?

Prescribing physicians may file for a prior authorization in two ways:

1. Calling Express Scripts Prior Authorization – **800-753-2851**
2. Faxing supporting medical documentation to **800-357-9577**

Often, if a physician calls in to Express Scripts, a determination can be made instantaneously. Faxed prior authorization requests can take 3-5 business days for a determination. If approved Clinical Exceptions are generally valid for 12 months.

8. What happens if my doctor's request for prior authorization is denied?

As a member of the CJHIF, you may file an appeal to the Fund requesting reconsideration of the prior authorization denial. For information about prescription appeals or to file one, contact PERMA at 866-834-0022.

It is important to include documentation from the prescribing provider, the CJHIF will submit to an Independent Review Organization (IRO) for a recommendation on final determination.

More About Generic Drugs

9. What are generic drugs?

Generic alternatives have the same chemical makeup and same effect in the body as their original brand-name counterparts. Though generics may have a different name, color, and/or shape, generics have undergone rigorous clinical testing and been approved by the U.S. Food & Drug Administration (FDA) as safe and effective.

Unlike manufacturers of brand-name drugs, the companies that make generic drugs don't need to spend as much money on research and advertising. As a result, generic drugs cost less than the original brand-name drug, and the savings get passed on to you.

Home Delivery and Step Therapy

10. I sent in a prescription to home delivery and was told I need to use a first-line drug. What happens now?

Step therapy applies to prescriptions you receive at your local pharmacy, as well as those you order through home delivery, so the same basic process applies. Your doctor may write a prescription for a first-line drug covered by your plan, or your doctor can request an override.