

Step Therapy

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. Our program only affects the medications your benefit plan covers. You and your doctor should make the final decision about the medications that are right for you.

What Medications Are Included?

See the list below that applies to most plans. Check your benefit information to see if step therapy applies to you. You can also view personalized benefit information on our website.

If your doctor prescribes a Second Choice medication and First Choice medications are not right for you, please have your doctor call the Caremark Prior Authorization department at 800-294-5979. Your doctor can also fax requests to 888-836-0730. Caremark is an independent company that administers the Step Therapy program 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, the pharmacist will fill your prescription for your Second Choice medication. In some cases, the system will also check for other medications you are using that may be unsafe to take with a First Choice medication. If one is found, the pharmacist will fill your prescription. 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.

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.

Step Therapy Drug List

You must try one of these drugs first or your doctor must request an exception for you ...	Used to treat	... before you can get coverage for these drugs
First Choice Drugs		Second Choice Drugs
generic topical tretinoin	Acne	Differin (including adapalene and other generics), Fabior, Tazorac, Tretin-X, Veltin or Ziana
minocycline (immediate release) AND doxycycline or erythromycin or tetracycline	Acne	minocycline HCL extended release*
Over-the-counter allergy medications** (Alavert, Alavert-D, Allegra Allergy, Claritin, Claritin-D, Zyrtec or Zyrtec-D or a store-brand version of these products)	Allergies	Clarinex, Clarinex-D, Xyzal
aripiprazole, clozapine, clozapine ODT, olanzapine, paliperidone, quetiapine, risperidone, ziprasidone, Seroquel XR	Behavioral Health	Abilify, Clozaril, Fanapt, Fazaclo, Geodon, Invega, Latuda, Risperdal, Saphris, Seroquel, Versacloz or Zyprexa
venlafaxine, venlafaxine extended release	Depression	Desvenlafaxine ER, Fetzima, Khedezla, Pristiq
allopurinol	Gout	Uloric
Over-the-counter heartburn medications** (Nexium 24 HR, Prevacid 24 HR, Prilosec OTC or a store-brand version of these products) or prescription esomeprazole, lansoprazole, omeprazole, pantoprazole or rabeprazole.	Heartburn or Acid Reflux	Aciphex, Dexilant, First-omeprazole, lansoprazole suspension, Nexium*, Prevacid, Prilosec or Protonix
fenofibrate or fenofibric acid	High Triglycerides	Antara, Fibracor, Lipofen, Lofibra, Tricor, Triglide or Trilipix

Effective 1/1/2017

*Minocycline HCL extended release requires that the member try more than one drug. Nexium requires that the member try both Nexium 24HR (OTC) **and** a prescription generic heartburn drug listed in the left-hand column.

**With your doctor's prescription, you will pay your plan's generic copayment or coinsurance (if applicable) for these over-the-counter products!

Your benefit document defines actual benefits available and may exclude coverage for certain drugs listed herein. 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 may change or expand from time to time without prior notice. **When we list brand-name drugs, programs may also apply to any available generic equivalents.**

Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice.

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance online at contact@hcrcompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1-844-396-0188]。 (Chinese)

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

이 건보함에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187 로 연락주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. PC 명조 (Korean)

Kung ikaw, o ang iyong tinutulongan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839 . (Tagalog)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل ب 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de ce plan médical, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)
