

Department:	Pharmacy	Original Approval:	07/08/2009
Policy #:	PM507	Last Approval:	03/13/2019
Title:	Step Therapy		
Approved By:	Medical Management Leadership Team		
Dependencies:	None		

Purpose

This Community Health Plan of Washington (CHPW) policy describes the processes for approving and implementing Step Therapy protocols and for reviewing and making determinations regarding requests for exemptions from Step Therapy for the Medicaid line of business.

Policy

CHPW uses Step Therapy to promote cost-effective pharmaceutical management when there are multiple effective drugs to treat a condition.

IMPLEMENTATION GUIDELINES

1. Step Therapy is used to promote the use of cost-effective drugs before progressing to less cost-effective alternatives.
 - a. Step Therapy requires that one or more “prerequisite” first step drugs be tried before progressing to second step drugs.
 - b. First step medications and the corresponding second step medications are FDA-approved and are used to treat the same conditions.
2. Drugs are considered for Step Therapy based on any of the following criteria:
 - a. There are efficacious, cost effective drugs to treat the condition in addition to expensive alternatives.
 - b. There is expert consensus on an appropriate sequence of drugs or drug classes to treat a specific condition.
 - c. There is expert consensus that specific drugs are not considered first line treatment.
3. Step Therapy protocols are based upon information from authoritative sources (including peer-reviewed clinical trials, articles, studies, and organizations such as the FDA) considered in light of the characteristics of CHPW’s member population and local practice conditions.
4. If medically necessary, a second step medication can be obtained without first trying a first step medication.

EXEMPTION REQUEST

The treating practitioner can request an exemption from the Step Therapy protocol by calling the PBM at 1-844-605-8168 (24 hours a day, 365 days a year). Requests can also be made by fax to 877-251-5896 as well as electronically at www.express-scripts.com/PA.

If the provider or designee calls the PBM, the following steps take place while the provider or designee is on the phone with the PBM.

1. A Clinical Specialist, under supervision of a Clinical Pharmacist, reviews the request for suitable justification based on the written criteria provided by CHPW and either approves the prior authorization or requests additional information from the requesting provider during the call.
2. If the request is approved, the Clinical Specialist informs the requesting provider and a payment authorization is entered in the system.
3. If there is uncertainty whether the request meets the criteria for approval by the Clinical Specialist or Clinical Pharmacist, the information is evaluated by a physician.
 - a. If the physician approves the request, the process continues from the step above.
 - b. If the physician denies the request, the provider is notified either verbally or in writing and the member is informed in writing of the reason for the denial of coverage and also of the process for filing an appeal with CHPW.

TIMEFRAMES

All authorization determinations for prescriptions or over-the-counter drugs must be made no later than the following business day after receipt of the request for service unless additional information is required. Any additional information needed must be requested within one business day of the initial request for authorization. Providers have 3 business days to respond to the request. The final determinations must be made no later than one business day after receipt of the additional information.

List of Appendices

None

Citations & References

CFR	
WAC	
RCW	
Contract Citation	<input checked="" type="checkbox"/> WAH
	<input checked="" type="checkbox"/> IMC
	<input type="checkbox"/> MA
Other Requirements	
NCQA Elements	2018 NQCA UM 11

Revision History

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06/25/2009	Policy Creation	Eric Guyette
06/08/2010	Approval	MMLT
05/26/2011	Updated Citations Table	Eric Guyette
06/08/2011	Approval	MMLT
03/27/2012	Content Update	Eric Guyette
04/04/2012	Approval	MMLT
03/28/2013	Content update. Updated Citations Table	Reid Yamamoto
04/19/2013	Approval	MMLT
04/16/2014	Review. No Changes	Steven Zona
04/23/2014	Approval	MMLT
03/26/2015	Updated Citation Table, and timeframe	Nonye Connor
04/07/2015	Approval	MMLT
07/07/2015	Added Health Benefit Exchange LOB	Mary Eckhart
07/22/2015	Approval	MMLT
03/04/2016	Minor text edits. Updated citations table.	Mary Eckhart
03/18/2016	Approval	MMLT
03/01/2017	Moved to new template. Minor edits.	Mary Eckhart
03/14/2017	Approval	MMLT
03/02/2018	Moved to new template. Added extra PBM contact methods. Removed Exchange LOB.	Mary Eckhart
03/13/2018	Approval	MMLT
03/12/2019	Reviewed, no changes	Erin Riddle
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