

# 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 that applies to most plans below. 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. On behalf of your health plan, Caremark administers the Prior Authorization program. Caremark is an independent company that manages pharmacy benefits.

## 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:

1. You or your pharmacist can call your doctor to change your prescription to a First Choice medication.
2. You can pay full price for your Second Choice medication prescription.
3. 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 option 1 or 2.

If you submit your prescription to your plan's mail-order pharmacy and do 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 these drugs first or your doctor must request an exception for you...	Used to	...before you can get coverage for these drugs
First Choice Drugs	treat	Second Choice Drugs
minocycline (immediate release) <b>AND</b> doxycycline or erythromycin or tetracycline	Acne	Solodyn
prescription benzoyl peroxide	Acne	Amnesteem, Atralin, Avita, Claravis, Differin, Retin-A, Retin-A Micro, Sotret, Tazorac, Tretin-X, Veltin or Ziana
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	Allegra, Allegra-D, Clarinex, Clarinex-D, fexofenadine, fexofenadine-pseudoephedrine, levocetirizine or Xyzal
Must have filled 290 days supply of Vytorin 10/80mg, Zocor 80mg or simvastatin 80mg in previous 365 days	Cholesterol	Vytorin 10/80, Zocor 80mg, simvastatin 80mg
amcinonide halcinonide, betamethasone, clobetasol, clocortolone, desoximetasone, diflorasone, fluandrenolide, fluocinolone, fluocinonide, fluticasone, halobetasol, hydrocortisone, prednicarbate or triamcinolone	Eczema	Elidel or Protopic
allopurinol or probenecid	Gout	Uloric
Over-the-counter heartburn medications* (Prevacid 24 HR, Prilosec OTC, Zegerid OTC or a store-brand version of these products) or prescription lansoprazole, omeprazole, pantoprazole or Nexium	Heartburn or Acid Reflux	Aciphex, Dexilant, omeprazole/bicarb (generic Zegerid), Prevacid, Prilosec, Protonix or Zegerid
fenofibrate or fenofibric acid	High Triglycerides	Antara, Fenoglide, Fibracor, Lipofen, Lofibra, Tricor, Triglide or Trilipix
Generic risperidone, Geodon, Seroquel, Seroquel XR, Zyprexa	Mental Illness	Abilify, Fanapt, Invega, Latuda, Saphris
zaleplon or zolpidem	Problems Sleeping	Ambien, Ambien CR, Edluar, Lunesta, Rozerem, Silenor, Sonata or Zolpimist

\*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 also apply to any available generic equivalents.