

Health Care Fund Expands Step Therapy Program

In January 2008, the Local One Health Care Fund introduced Step Therapy as part of the prescription Drug Program. Often various drugs are available to effectively treat a medical condition. The cost of these drugs can vary greatly. The goal of Step Therapy is to ensure that participants receive the most cost effective medications for treatment. **Step Therapy** is a process that requires the use of a preferred medication or specific criteria to be met before a particular drug can be approved. If a prescription for a medication requiring Step Therapy is presented to the pharmacy, your prescription profile is instantly reviewed when the claim is electronically submitted to InformedRx. Based on the history in your file, the prescription claim may be approved automatically. If the prescription rejects, two options exist. The pharmacist may call the physician to obtain a prescription for the preferred medication, or you may pursue approval of the prescription through the Prior Authorization process. If you currently take any of the medications listed in the Step Therapy Program, you can avoid an extra trip to the pharmacy by asking your physician for a prescription for the preferred medication. If you and your physician decide this is not appropriate therapy for you, please contact InformedRx to begin the Prior Authorization process. A fax will be sent to the prescribing physician requesting documentation of your diagnosis and previous therapy. Once the physician completes and returns the form, a clinical pharmacist will review it to determine whether you meet the approval criteria.

The table below indicates medications included in Step Therapy Programs:

Drug Class	Preferred Product	Affected Medications
Cholesterol Lowering – Statins Class – Added 1/1/2010	Generic Statin before brand only	Lipitor, Crestor
Antidepressants – SSRI & SNRI Classes – Added 1/1/2010	Generic prior to less cost effective brand	(MANY)
Proton Pump Inhibitors	**Prilosec OTC	Aciphex, Nexium, Prevacid, Protonix, Kapidex
Non-Sedating Antihistamines	**Claritin OTC or Zyrtec OTC	Allegra/D, Clarinex/D, Xyzal
Anti-inflammatory Cox-2 Inhibitors	Traditional NSAIDs (ibuprofen, naproxen)	Celebrex
*Angiotensin II Receptor Blockers (ARBs)	ACE Inhibitors (captopril, enalapril, fosinopril, lisinopril, quinapril, etc.)	*Atacand, Avapro, Benicar, Cozaar, Diovan, Hyzaar, Micardis, Teveten
*Dermatological	Generic topical steroid (hydrocortisone, triamcinolone, fluocinonide)	*Elidel and Protopic
*Antiasthmatic Agents	albuterol	*Xopenex
*Allergic Rhinitis (Runny nose, watery/itchy eyes)	Steroid Nasal Spray <u>plus</u> an Antihistamine	*Singulair, Zyflo, Accolate

***Grandfathering:** If the member has been on this medication in the past 6 months the claim will automatically be approved.

****OTC (over the counter) Prilosec, Zyrtec, Claritin and Allegra** require a valid prescription and are covered with **no copay**.

It is always important to discuss any change in therapy with your physician.

Questions - Please contact Catamaran Rx at 1-888-354-0090 or UFCW Local One at 1-800-959-9497