

A pharmacist's guide to understanding

Step Therapy

Implemented by Alberta Blue Cross as an enhancement to the Special Authorization process, Step Therapy promotes the use of safe, effective and/or less expensive drugs (first-line therapy) before the member "steps up" to other alternatives (second-line therapy).

Step Therapy is in place for Alberta government-sponsored drug programs, individual products plans and select employer-sponsored group plans.

Relying on your professional judgement to determine when intervention codes can be used will facilitate seamless adjudication and reduce the number of instances when you need to call Alberta Blue Cross for assistance.



Intervention codes for Step Therapy

When the member's claims history with Alberta Blue Cross shows no record of receiving first-line therapy in the past 12 months, you may deem it appropriate to use one or more of the intervention codes noted in the following table when resubmitting a claim to Alberta Blue Cross.

Use your professional judgement and document on the member's record the rationale for using the second-line therapy drug. For example, you may use the patient's medication history and communication or documentation you've received from the prescriber.

Available intervention codes for Step Therapy drugs		Explanation
UP	First-line therapy ineffective	The first-line therapy drug did not produce the desired therapeutic effect.
UQ	First-line therapy not tolerated	The first-line therapy drug is contraindicated or caused an adverse reaction (for example, lactic acidosis with metformin).
CA (gov't program only)	Prior adverse reaction	Insulin product(s) caused an adverse reaction such as injection site reactions.
CB (gov't program only)	Previous treatment failure	Insulin product(s) did not produce the desired therapeutic effect.
CJ (gov't program only)	Product is not effective	Contraindications to use of insulin product(s) or where insulin is not an option (for example, insulin cannot be used because of blindness or cognitive impairment).

Step Therapy relies on the Alberta Blue Cross real-time claim adjudication system to process drug claims according to the following three scenarios

#1 Claim is adjudicated. No action is required.

1. Member presents a prescription for a Step Therapy drug.
2. Member's current claims history with Alberta Blue Cross indicates first-line therapy drugs in the past 12 months.
3. Claim is paid according to the member's coverage.



#2 The use of intervention code(s) is appropriate. Pharmacist resubmits the claim.

1. Member presents a prescription for a Step Therapy drug.
2. Member's current claims history with Alberta Blue Cross does not indicate first-line therapy drugs in the past 12 months.
3. Claim is rejected with response codes:
QO - Preference or step drug available or
CP - Eligible for special authorization
4. Pharmacist determines the use of intervention code(s) is appropriate, resubmits the claim and documents the rationale on the member's record.
5. Claim is paid according to the member's coverage.

#3 The use of intervention code(s) is not appropriate. Pharmacist discusses further options with the member.

1. Member presents a prescription for a Step Therapy drug.
2. Member's current claims history with Alberta Blue Cross does not indicate first-line therapy drugs in the past 12 months.
3. Claim is rejected with response codes:
QO - Preference or step drug available or
CP - Eligible for special authorization
4. Pharmacist determines the use of intervention code(s) is not appropriate.
5. Pharmacist informs the member of available options, such as
 - applying for Special Authorization**OR**
 - speaking to a prescriber about changing the prescription to first-line therapy**OR**
 - assuming responsibility for the cost of the prescription