

Alberta Blue Cross group and individual plans—Step Therapy program

On January 1, 2012, drug products noted in the table below will be eligible for coverage via Step Therapy for select Alberta Blue Cross employer-sponsored group plans and all individual plans. This enhancement may provide drug coverage without the members having to revisit their doctor to request Special Authorization. Step Therapy will require the use of one or more “first-line” drug products, within a given time period, before a Step Therapy drug product (“second-line” drug product) is approved for coverage.

Those members who have been receiving coverage for a Step Therapy drug prior to January 1, 2012 will continue to be covered as long as the Step Therapy drug has been claimed within the preceding 12 months.

For members receiving a Step Therapy drug for the first time, submitted claims may be covered if, at time of claim, the Alberta Blue Cross Pride^{RT} real-time adjudication system identifies that members have already claimed for first-line therapy drug within the prior 12 months, based on the date of service of the claim.

If the member’s claim history does not indicate the first-line drug, pharmacists may use the following intervention codes at time of claim if they have a documented prescription history of the member having received the first-line drug products:

- **UP** – first-line therapy ineffective
- or
- **UQ** – first-line therapy not tolerated by patient

If there is no history of a member having claimed the first-line therapy drug(s), the claim for the Step Therapy drug will reject. Pharmacist will receive the following reject messages: **QO** – *Preference or step drug available* and **CP** – *Eligible for special authorization*. The members may discuss with their physicians whether it is appropriate to pursue Special Authorization.

Products are eligible for step therapy according to the following criteria:

Step Therapy drug(s)	First-line drug(s) required before member is eligible for Step Therapy drug
pimecrolimus tacrolimus	topical corticosteroids
cabergoline quinagolide	bromocriptine

Step Therapy drug(s)	First-line drug(s) required before member is eligible for Step Therapy drug
pioglitazone rosiglitazone rosiglitazone/glimepiride rosiglitazone/metformin sitagliptin sitagliptin/metformin saxagliptin liraglutide injection linagliptin exenatide injection	metformin, or meglitinides, or sulfonylureas
montelukast	inhaled corticosteroids, or inhaled beta agonist, or antihistamines, or nasal steroid
zafirlukast	inhaled corticosteroids, or inhaled beta agonist
tolterodine trospium darifenacin solifenacin oxybutynin controlled or extended release oxybutynin transdermal patches	immediate release oxybutynin
risedronate delayed release	regular release risedronate



For more information on pharmacy topics, please contact your Pharmacy Services representatives at:

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