

Alberta School Employee Benefit Plan – Step Therapy Program

On January 1, 2011, the Alberta School Employee Benefit Plan (ASEBP) will implement step therapy for some prescription drug products. To be eligible for coverage, plan members must meet specific criteria for the prescription drug product(s).

Step therapy will require the use of one or more “first-line” drug products before a step therapy drug product (“second-line” drug product) is approved for coverage. A first-line product includes any drug product(s) that, under the step therapy drug product’s Special Authorization criteria, is required to be utilized before coverage for the step therapy drug product is permitted.

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

Step therapy drug(s) (second-line drug) eligibility is based on prior utilization of one or more first-line drug(s) as per criteria or approved Special Authorization	First-line drug(s) must be used (as per criteria) before member is eligible for step therapy (second-line drug)	Special Authorization criteria for step therapy drug(s)
pimecrolimus, tacrolimus (i.e. Protopic topical ointment)	Topical Corticosteroids For example: • betamethasone dipropionate • 0.05%, clobetasol 17-p	For patients who are intolerant to or have failed topical corticosteroids
cabergoline, quinagolide	bromocriptine	For patients who are intolerant to or have failed bromocriptine
pioglitazone HCL, rosiglitazone maleate, rosiglitazone maleate/glimepiride, rosiglitazone maleate/metformin HCL	metformin, gliclazide, repaglinide	For patients who are intolerant to or have failed an alternate oral antidiabetic medication in the following drug class: biguanide, meglitinide or sulfonylurea

The Alberta Blue Cross PRIDE^{RT} real-time claim adjudication system will read the plan member’s claim history to determine if the required first-line drug product(s) has been claimed within the preceding 12 months. If the plan member’s history identifies utilization of the first-line drug product(s) within the preceding 12 months, the claim for the second-line step therapy drug will be accepted. Subsequent claims for second-line therapy drug product(s) will continue to be covered as long as the second-line drug product has been claimed within the preceding 12 months, based on the date of service of the claim.

Special Authorization will be available as an option for coverage of the second-line step therapy drug in those instances where

- the automated review of the plan member's claim history does not identify claims for the first-line drug product(s) and
- the pharmacy service provider does not have documented prescription history of the first-line drug product(s).

Alternatively, coverage may be provided for the second-line step therapy drug if the pharmacy service provider uses the intervention code that meets specific guidelines. The following intervention codes will be accepted:

- UP – First-line therapy ineffective or
- UQ – First-line therapy not tolerated by patient.

Reject codes associated with the step therapy process, which may be submitted back to your pharmacy when a product is eligible for step therapy/special authorization, are as follows:

- QO – Preference or step drug available and
- CP – Eligible for special authorization.

Examples of adjudication outcomes

Date of service (DOS) of claim for step therapy drug	Claim history review for 12 months preceding DOS	Adjudication outcomes	Response code
January 4, 2011	Identifies history of first-line drug product(s) and/or step therapy drug	Claim accepted	
January 4, 2011	No claim history of first-line drug product(s) and/or step therapy drug	Claim rejected	QO – Preference or step drug available and CP – Eligible for special authorization
January 4, 2011 Claim submitted with intervention code UP or UQ	No claims history of first-line drug products Pharmacy service provider's documented prescription history indicates use of first-line drug product(s)	Claim accepted	



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