

## Select drug products for the treatment of asthma and chronic obstructive pulmonary disease (COPD) eligible for coverage via Step Therapy on the *Alberta Drug Benefit List (ADBL)* effective February 1, 2017 for government-sponsored programs.

Effective February 1, 2017, select inhaled combination drug products for the treatment of asthma and chronic obstructive pulmonary disease (COPD) will now be eligible via Step Therapy. These drug products include inhaled corticosteroid/long-acting beta-2-agonist (ICS/LABA) combination products and inhaled long-acting beta-2-agonist/long-acting muscarinic antagonist (LABA/LAMA) combination products.

Summary of the changes based on product category:

Product category	Current listing status	Listing status change
ICS/LABA	Open benefits*	Change to Step Therapy/SA
LABA/LAMA	Special Authorization (SA)	Change to Step Therapy/SA

\*Breo Ellipta is an exception in that it is currently listed via Special Authorization.

Step Therapy is an enhancement that may provide drug coverage without the members having to visit 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. In cases where prior history of a prerequisite medication is not available, pharmacists using professional judgment will be able to use an intervention code(s) to submit a claim, if appropriate. A detailed explanation of the Step Therapy process can be found on Section 1-52 at the following link:

[https://idbl.ab.bluecross.ca/idbl/PDFS/dbl\\_sec1\\_sa.pdf](https://idbl.ab.bluecross.ca/idbl/PDFS/dbl_sec1_sa.pdf).

**Note:** Special Authorization continues to be available for these products if step adjudication is not appropriate. Additionally, it is important to note that patients who are already receiving coverage for a combination inhaler through their government program prior to the change in status will continue to do so.

Outlined on the next pages are the drugs eligible for Step Therapy by product category, as well as examples of first-line therapies patients are required to have tried before being eligible for the Step Therapy drug product(s).

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## Step Therapy drug products for inhaled ICS/LABA combination for the treatment of asthma

In order to meet eligibility criteria for inhaled ICS/LABA combination products for the treatment of asthma, patients must have been uncontrolled on inhaled steroid therapy.

<b>Step Therapy drug products (inhaled ICS/LABA combination products). Eligibility is based on utilization of one or more of the first-line therapy drug products.</b>	<b>First-line therapy—inhaled corticosteroids (ICS) including any of the following that are eligible for coverage on the ADBL.</b>
Advair 100, 250 and 500 Diskus Advair 125 mcg and 250 mcg MDI Breo Ellipta 100 mcg/25 mcg Breo Ellipta 200 mcg/25 mcg Symbicort 100 and 200 Turbuhaler	Beclomethasone dipropionate (e.g. QVAR) Budesonide (e.g. Pulmicort) Ciclesonide (e.g. Alvesco) Fluticasone propionate (e.g. Flovent) Fluticasone furoate (e.g. Arnuity) Mometasone furoate (e.g. Asmanex)

## Step Therapy drug products for inhaled ICS/LABA or LABA/LAMA combination for the treatment of COPD

In order to meet eligibility criteria for inhaled ICS/LABA or LABA/LAMA combination products for the treatment of COPD, patients must have had an inadequate response to a long-acting bronchodilator (i.e. long-acting beta-2-agonist [LABA] or long-acting muscarinic antagonist [LAMA]) or have severe COPD (i.e. FEV1 < 50% predicted).

<b>Step Therapy drug products (inhaled ICS/LABA or LABA/LAMA). Eligibility is based on utilization of one or more of the first-line therapy drug products.</b>	<b>First-line therapy—long-acting bronchodilators (i.e. long-acting beta-2-agonist [LABA] or long-acting muscarinic antagonist [LAMA]) including any of the following that are eligible for coverage on the ADBL.</b>
Advair 250 and 500 Diskus Anoro Ellipta 62.5 mcg/25 mcg Breo Ellipta 100 mcg/25 mcg Duaklir Genuair 400 mcg/12 mcg Inspiralto Respimat 2.5 mcg/actuation Symbicort 100 and 200 Turbuhaler Ultibro Breezhaler 110 mcg/50 mcg	Aclidinium bromide (e.g. Tudorza Genuair) Formoterol fumarate (e.g. Foradil) Formoterol fumarate dihydrate (e.g. Oxeze) Glycopyrronium bromide (e.g. Seebri Breezhaler) Indacaterol maleate (e.g. Onbrez Breezhaler) Salmeterol xinafoate (e.g. Serevent) Tiotropium bromide monohydrate (e.g. Spiriva, Spiriva Respimat) Umeclidinium bromide (e.g. Incruse Ellipta)

## Claims adjudication

The Alberta Blue Cross PRIDE<sup>RT</sup> claim adjudication system will read the member/patient's claims history to determine if the required first-line therapy drug product(s) have been claimed within the preceding 12 months. Claims for the Step Therapy drug products will continue to be covered as long as they have been claimed within the preceding 12 months, based on the date of service of the claim.

If the above-noted criteria for coverage are not met, the claim may be rejected with the following response codes:

- **QO**—preference or step drug available; and
- **CP**—eligible for special authorization.

## Intervention code

When the pharmacy provider has supporting documentation of the patient meeting the above-noted criteria, coverage may be provided if the following intervention code is used:

- **UP**—first-line therapy ineffective.

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## Special Authorization

Special Authorization (criteria for coverage as per Section 3 of the *ADBL*) will be available as an option for coverage of the Step Therapy drug products in those instances where:

- the automated review of the member/patient claims history does not identify claims for the Step Therapy drug products or required previous therapies,
- the pharmacy provider does not have supporting documentation of the member/patient meeting the above-noted criteria, and
- in patients whom the clinical diagnosis of chronic obstructive pulmonary disease (COPD) (i.e. FEV1 < 50% predicted) is made in the setting of the initial exacerbation.

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### When you have questions:

For assistance with benefit or claim inquiries, please contact an Alberta Blue Cross Pharmacy Services Provider Relations contact centre representative at:

**780-498-8370** (Edmonton and area) • **403-294-4041** (Calgary and area) • **1-800-361-9632** (toll free)

**FAX 780-498-8406** (Edmonton and area) • **FAX 1-877-305-9911** (toll free)

Alberta Blue Cross offers online access to current Pharmacy Benefacts and supplemental claiming information to assist with the submission of your direct bill drug claims. Visit <https://www.ab.bluecross.ca/providers/pharmacy-home.php>



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