

# STEP THERAPY IN MEDICARE PART D

---

Sarkis Kavarian, PharmD Candidate '15

Preceptor Dr. Craig Stern

Pro Pharma Pharmaceutical Consultants, Inc.

May 1<sup>st</sup>, 2015

# Objectives

- Why is this important?
- Medicare Part D
- Step Therapy – Definition, Principles, and Process
- Common Step Therapy Programs
- Examples of Step Therapy Criteria
  - Health Net
  - Express Scripts (Value & Choice Plan)
  - Group Health Medicare Advantage HMO & PPO
  - BlueCross BlueShield of North Carolina
  - Medi-Cal
- Step Therapy Drug Request Form
- Application to Pharmacy
- Summary



# Why is this Important?

- Awareness of the many barriers to control healthcare costs
- There are drugs that work just as well as other, more expensive, drugs.
- Not every drug is available to us.
- Awareness of the process of Step Therapy; it may affect our treatment options
- We need to work closely with our healthcare providers and follow up on the process to make sure we get the medications we need.

# Medicare Part D – A Quick Overview

- Enacted as part of the **Medicare Modernization Act of 2003**
- US federal government program to subsidize costs of prescription drugs and prescription drug insurance premiums for Medicare beneficiaries
- Individuals are eligible for prescription drug coverage under a Part D plan if they are signed up for benefits under Medicare Part A and/or Part B
- Step therapy as it pertains to Medicare Part D is outlined and created by **P&T Committees** assigned by CMS

# Step Therapy – Definition

- Definition per the Centers for Medicare and Medicaid (CMS):
  - “In some cases, plans require you to first try one drug before they will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, a plan may require your doctor to prescribe Drug A first. If Drug A does not work for you, then the plan will cover Drug B.” (source: Medicare.gov)
- A type of **prior authorization**
- Enhanced **drug utilization management** process or a set of drug use protocols that promote the **safe and cost-effective** use of a drug based on nationally accepted **standards of care** and well-documented clinical drug studies

# Step Therapy – Principles

- The goal of step therapy is to **reduce cost while providing appropriate clinical care**
  - The patient must first try less expensive drugs that have proven effective for the particular condition before he/she may move up a “step” to a more expensive drug
  - Eg: generic drug → less expensive brand name drug → more expensive brand name drug
- Two Main Concepts – need both
  - **Clinical Approach:** based on appropriate clinical guidelines
    - Related to formulary
  - **Financial Approach:** want to use the cheaper drug before the more expensive one

# Step Therapy – the Process

## Step 1:

- First- line drug is used **before** a claim can be processed for a second-line drug.
- If one or more Step 1 drugs exist in claims history, and/or valid clinical exceptions are documented, Step 2 drug claim will process automatically.

## Step 2:

- Information needs to be provided to determine if Step 2 drug meets established use criteria (i.e. medical diagnosis)
- May need prior authorization (to be completed by physician)
- **Treatment Authorization Request**
- **Look Back Period**

# Step Therapy – Issues?

- **No-Medication Outcome**
- A portion of members with a claim rejection at the point-of-service do not receive a medication in that class
- Two methods used by PBMs to **decrease** rate of no-medication outcome
  - **Retrospective Drug Utilization Review (RetroDUR)**
    - Providers notified of patients with step therapy rejection and have not yet obtained medication
  - **Medical & Pharmacy Claims Integrated Smart Edit**
    - Real-time integration of member's medical diagnosis at POS transaction
    - Patients with high-risk diagnoses may bypass the edit



# Step Therapy – Common Programs

Core Area	First Line	Second Line	PMPM Savings	No Medication After Step-Therapy Claim Rejection
ADHD	Generic stimulants	Strattera or brand stimulants	No published data	No published data
Allergy	Nasal steroids	Leukotriene modifiers	No published data	No published data
Cholesterol	Generic statins	Brand statins	No published data	No published data
Depression <sup>4,5</sup>	Generic SSRIs	Brand SSRIs, brand SNRIs	\$0.00-\$0.36	11%
Gastrointestinals <sup>4</sup>	Generic PPI	Brand PPIs	\$0.48	22%
Hypertension <sup>2,3</sup>	Generic ACEIs	Brand ACEIs, brand ARBs	\$0.03-\$0.11	7%-9%
Pain <sup>4</sup>	Generic NSAIDs	Brand NSAIDs, COX-2s	\$0.29	15%
Pain	Generic gabapentin or tricyclic antidepressants	Lyrica or Topamax	No published data	No published data
Rheumatoid arthritis	Methotrexate	TNF-blockers	No published data	No published data

*ACEIs = angiotensin-converting enzyme inhibitors; ARBs = angiotensin II receptor blockers; COX-2s = cyclooxygenase-2 inhibitors; NSAIDs = nonsteroidal anti-inflammatory drugs; PMPM = per member per month; PPIs = proton pump inhibitors; SNRIs = serotonin norepinephrine reuptake inhibitors; SSRIs = selective serotonin reuptake inhibitors; TNF = tumor necrosis factor.*

# Examples of Step Therapy Criteria

Type of Health Plan	ADHD	Allergy	Cholesterol	Depression	GI	Hypertension	Pain	RA
Health Net (Medicare-Medicaid Plan, HMO, PPO)			X	X	X			
Express Scripts (Value & Choice Plan)	X	X	X	X	X	X	X	X
BlueCross BlueShield of North Carolina (Blue Medicare HMO Standard, Blue Medicare HMO Enhanced and Blue Medicare PPO)				X			X	X
Medi-Cal							X	X
Group Health Medicare Advantage HMO & PPO	<ul style="list-style-type: none"> <li>- Antidiabetic Agents (Metformin, Januvia, Sulfonylureas)</li> <li>- Antispasmodics, Urinary</li> <li>- Asthma Medications</li> </ul>							

# Step Therapy – Health Net (Medicare-Medicaid Plan, HMO, PPO)

Drug Name	Step Therapy Criteria
<b>APLENZIN</b> ( <i>bupropion hbr</i> )	<b>Applies to all formularies except the Cal MediConnect Drug List</b> Must have a paid claims history of one of the following: <ul style="list-style-type: none"> <li>mirtazapine, nefazodone, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, duloxetine, venlafaxine, OR bupropion</li> </ul>
<b>BRINTELLIX</b> ( <i>vortioxetine</i> )	Must have a paid claims history of one of the following: <ul style="list-style-type: none"> <li>mirtazapine, nefazodone, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, duloxetine, venlafaxine, OR bupropion</li> </ul>
<b>BYETTA</b> ( <i>exenatide</i> )	Must have a paid claims history of: <ul style="list-style-type: none"> <li>metformin HCL</li> </ul>
<b>BYDUREON</b> ( <i>exenatide extended release</i> )	<b>Applies to all formularies except the Cal MediConnect Drug List</b> Must have a paid claims history of: <ul style="list-style-type: none"> <li>metformin HCL</li> </ul>
<b>CRESTOR</b> ( <i>rosuvastatin calcium</i> )	<b>Applies to all formularies except the Cal MediConnect Drug List</b> Must have a paid claims history of: <ul style="list-style-type: none"> <li>atorvastatin calcium</li> </ul>
<b>DESVENLAFAXINE ER</b> ( <i>desvenlafaxine er</i> )	Must have a paid claims history of one of the following: <ul style="list-style-type: none"> <li>mirtazapine, nefazodone, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, duloxetine, venlafaxine, OR bupropion</li> </ul>
<b>DEXILANT</b> ( <i>dexlansoprazole</i> )	Must have a paid claims history of one of the following: <ul style="list-style-type: none"> <li>lansoprazole</li> <li>omeprazole</li> <li>pantoprazole</li> </ul>
<b>ESOMEPRAZOLE</b> <b>STRONTIUM</b> ( <i>esomeprazole strontium</i> )	<b>Applies only to the Employer Group Formulary</b> Must have a paid claims history of <b>two</b> of the following: <ul style="list-style-type: none"> <li>lansoprazole</li> <li>omeprazole</li> <li>pantoprazole</li> </ul>

Drug Name	Step Therapy Criteria
<b>FETZIMA</b> ( <i>levomilnacipran</i> )	Must have a paid claims history of one of the following: <ul style="list-style-type: none"> <li>mirtazapine, nefazodone, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, duloxetine, venlafaxine, OR bupropion</li> </ul>
<b>FORFIVO XL</b> ( <i>bupropion hcl</i> )	<b>Applies to all formularies except the Cal MediConnect Drug List</b> Must have a paid claims history of one of the following: <ul style="list-style-type: none"> <li>mirtazapine, nefazodone, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, duloxetine, venlafaxine, OR bupropion</li> </ul>
<b>KHEDEZLA</b> ( <i>desvenlafaxine sustained release</i> )	Must have a paid claims history of one of the following: <ul style="list-style-type: none"> <li>mirtazapine, nefazodone, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, duloxetine, venlafaxine, OR bupropion</li> </ul>
<b>NEXIUM</b> ( <i>esomeprazole</i> )	<b>Applies only to the Employer Group Formulary</b> Must have a paid claims history of <b>two</b> of the following: <ul style="list-style-type: none"> <li>lansoprazole</li> <li>omeprazole</li> <li>pantoprazole</li> </ul>
<b>PEXEVA</b> ( <i>paroxetine mesylate</i> )	<b>Applies to all formularies except the Cal MediConnect Drug List</b> Must have a paid claims history of one of the following: <ul style="list-style-type: none"> <li>mirtazapine, nefazodone, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, duloxetine, venlafaxine, OR bupropion</li> </ul>
<b>PRISTIQ</b> ( <i>desvenlafaxine succinate</i> )	Must have a paid claims history of one of the following: <ul style="list-style-type: none"> <li>mirtazapine, nefazodone, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, duloxetine, venlafaxine, OR bupropion</li> </ul>
<b>TANZEUM</b> ( <i>albiglutide for soln pen-injector</i> )	<b>Applies to all formularies except the Cal MediConnect Drug List</b> Must have a paid claims history of: <ul style="list-style-type: none"> <li>metformin HCL</li> </ul>

# Step Therapy – Health Net (continued)

Drug Name	Step Therapy Criteria
VENLAFAXINE ER ( <i>venlafaxine er</i> )	Must have a paid claims history of one of the following: <ul style="list-style-type: none"> <li>• mirtazapine, nefazodone, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, duloxetine, venlafaxine, OR bupropion</li> </ul>
VICTOZA ( <i>liraglutide</i> )	Must have a paid claims history of: <ul style="list-style-type: none"> <li>• metformin HCL</li> </ul>
VIIBRYD ( <i>vilazodone hcl</i> )	Must have a paid claims history of one of the following: <ul style="list-style-type: none"> <li>• mirtazapine, nefazodone, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, duloxetine, venlafaxine, OR bupropion</li> </ul>
ZEGERID ( <i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i> ).	<b>Applies only to the Employer Group Formulary</b> Must have a paid claims history of <b>two</b> of the following: <ul style="list-style-type: none"> <li>• lansoprazole</li> <li>• omeprazole</li> <li>• pantoprazole</li> </ul>

# Express Scripts Medicare – Value Plan

## HIGH RISK MEDICATIONS - LONG ACTING

### SULFONYLUREAS

#### Products Affected

##### Step 2:

- glyburide 1.25 mg tablet
- glyburide 1.25 mg-metformin 250 mg tablet
- glyburide 2.5 mg tablet
- glyburide 2.5 mg-metformin 500 mg tablet
- glyburide 5 mg tablet
- glyburide 5 mg-metformin 500 mg tabl
- glyburide micronized 1.5 mg tablet
- glyburide micronized 3 mg tablet
- glyburide micronized 6 mg tablet

#### Details

Criteria	
	If the patient has tried a step 1 drug, the authorization for a Step 2 drug may be given. This step therapy program applies to new utilizers aged greater than 64 years only. Authorization may be given for a Step 2 drug if the patient is currently taking (or has taken in the past) the requested agent.

## HIGH RISK MEDICATIONS - SEDATIVE HYPNOTICS

#### Products Affected

##### Step 2:

- eszopiclone 1 mg tablet
- eszopiclone 2 mg tablet
- eszopiclone 3 mg tablet
- zaleplon 10 mg capsule
- zaleplon 5 mg capsule
- zolpidem 10 mg tablet
- zolpidem 5 mg tablet
- zolpidem ER 12.5 mg tablet,extended release,multiphase
- zolpidem ER 6.25 mg tablet,extended release,multiphase

#### Details

Criteria	
	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. This step therapy program applies to chronic utilizers greater than 64 years of age only. Authorization for zolpidem or zolpidem Er (brand or generic) may be given if being used for neuroleptic induced parkinsonism, dystonia, restless leg syndrome, or supranuclear paralysis. Authorization for a step 2 drug may be given in patients aged less than 65 years.

- Look back period not designated
- Applies only to new utilizers
- One Step 1 drug needs to be tried prior to Step 2 drug

# Express Scripts Medicare – Choice Plan

## HIGH RISK MEDICATIONS - SEDATIVE HYPNOTICS

### Products Affected

#### Step 2:

- eszopiclone 1 mg tablet
- eszopiclone 2 mg tablet
- eszopiclone 3 mg tablet
- Lunesta 1 mg tablet
- Lunesta 2 mg tablet
- Lunesta 3 mg tablet
- zaleplon 10 mg capsule
- zaleplon 5 mg capsule
- zolpidem 10 mg tablet
- zolpidem 5 mg tablet
- zolpidem ER 12.5 mg tablet,extended release,multiphase
- zolpidem ER 6.25 mg tablet,extended release,multiphase

- Lunesta 1, 2, and 3 mg tablets included in Step 2 drug list

### Details

<b>Criteria</b>	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. This step therapy program applies to chronic utilizers greater than 64 years of age only. Authorization for zolpidem or zolpidem Er (brand or generic) may be given if being used for neuroleptic induced parkinsonism, dystonia, restless leg syndrome, or supranuclear paralysis. Authorization for a step 2 drug may be given in patients aged less than 65 years.
-----------------	--

# Group Health Medicare Advantage HMO & PPO

Drug Name	Step Therapy Criteria
SYMBICORT ( <b>BUDESONIDE- FORMOTEROL</b> )	A TRIAL MOMETASONE/FORMOTEROL (DULERA) AND FLUTICASONE/SALMETEROL (ADVAIR) WITHIN THE PAST 180 DAYS.
ADVAIR DISKUS   ADVAIR HFA ( <b>FLUTICASONE- SALMETEROL</b> )	A TRIAL OF MOMETASONE/FORMOTEROL (DULERA) WITHIN THE PAST 180 DAYS.
DIABETA   GLUCOVANCE   GLYBURIDE   GLYBURIDE MICRONIZED   GLYBURIDE-METFORMIN HCL   GLYNASE ( <b>GLYBURIDE</b> )	A TRIAL OF GLIPIZIDE OR GLIMEPIRIDE WITHIN THE PAST 180 DAYS.

# Group Health Medicare Advantage HMO & PPO (continued)

DETROL | DETROL LA |  
DITROPAN XL |  
ENABLEX | GELNIQUE |  
MYRBETRIQ | OXYTROL  
| SANCTURA | TOVIAZ |  
VESICARE (PREFERRED  
ANTISPASMODICS )

A TRIAL OF TWO OF THE  
FOLLOWING URINARY  
ANTISPASMODICS  
(OXYBUTYNIN,  
TOLTERODINE, AND  
TROSPIUM) IN THE PAST  
180 DAYS.

- Look Back Period = 180  
days

JANUMET | JANUMET XR  
| JANUVIA | KAZANO |  
KOMBIGLYZE XR |  
NESINA | ONGLYZA |  
OSENI (PREFERRED  
DPP-4)

A TRIAL OF LINAGLIPTIN  
(TRADJENTA) OR  
LINAGLIPTIN/METFORMI  
N (JENTADUETO) WITHIN  
THE PAST 180 DAYS.



# Medi-Cal – Step Therapy Drugs

The following are therapeutic drugs subject to Step Therapy:

**Note:** It is the intent of the Department of Health Care Services (DHCS) to allow claims for COX-2 inhibitors for patients with a diagnosis of rheumatoid arthritis to pay without meeting any of the clinical exceptions described below or first requiring the use of two Step 1 drugs. Due to system limitations, this will not happen on the December 1, 2004 implementation date. As soon as the Medi-Cal system is updated, providers will be notified.

- Look back period = 120 days
- Two Step 1 drugs need to be used prior to receiving a Step 2 drug

Category	Step 1	Step 2	Clinical Exceptions
<p>Selective COX-2 Inhibitors</p> <p>Code 1: Arthritis A diagnosis code must be submitted on a pharmacy claim using ICD-9-CM codes 714.xx, 715.xx or 720.xx</p> <p><b>Note:</b> A patient must try at least two Step 1 drugs before receiving a Step 2 drug.</p>	<p>Diclofenac Sodium *</p> <p>Etodolac</p> <p>Fenoprofen *</p> <p>Ibuprofen *</p> <p>Indomethacin *</p> <p>Ketoprofen *</p> <p>Meclofenamate Sodium</p> <p>Mefenamate</p> <p>Meloxicam *</p> <p>Nabumetone *</p> <p>Naproxen Sodium</p> <p>Naproxen *</p> <p>Oxaprozin</p> <p>Piroxicam *</p> <p>Sulindac *</p> <p>Tolmetin *</p> <p>* These drugs are currently covered under the <i>Medi-Cal List of Contract Drugs</i> and should be used first, if possible.</p>	<p>Celecoxib</p> <p>Valdecoxib</p>	<p>Beneficiaries with one of the following:</p> <ul style="list-style-type: none"> <li>• age ≥ 65 years</li> <li>• a history of ulcer</li> <li>• concurrent use of oral corticosteroids</li> <li>• concurrent use of anticoagulants</li> <li>• rheumatoid arthritis (ICD-9-CM code 714.xx)</li> </ul>

**Note:** Patients currently receiving a COX-2 Inhibitor, and have a paid claim within the last 120 days, may continue to receive their medication.

# BlueCross BlueShield of North Carolina

- Look Back Period = 90 days, 365 days
- Differences in Age (Muscle relaxant ≥65 yo VS Topical NSAID ≥75 yo)

Step Therapy Group	Drug Name	Criteria
ATOPIC DERMATITIS ST	ELIDEL Tacrolimus Ointment	Criteria for approval require ONE of the following: 1. Patient's medication history includes evidence of a claim within the <b>past 365 days</b> for any topical corticosteroid or topical corticosteroid combination preparation OR 2. Patient has a documented intolerance, ineffective treatment response, FDA labeled contraindication, or hypersensitivity to topical corticosteroids or topical corticosteroid combination preparations
MUSCLE RELAXANT ST	Cyclobenzaprine 5 mg, 7.5 mg, 10 mg tablet  Methocarbamol 500 mg, 750 mg tablet	Step Therapy does NOT apply to patients less than <b>65</b> yrs of age. Criteria for approval require ONE of the following: 1. Patient's medication history includes evidence of a claim within the <b>past 90 days</b> for generic tizanidine, generic baclofen, or prescription generic oral NSAID (non-steroidal anti-inflammatory drug) product OR 2. Patient has a documented intolerance, ineffective treatment response, FDA labeled contraindication, or hypersensitivity to generic tizanidine, generic baclofen, or prescription generic oral NSAID product
TOPICAL NSAID ST	VOLTAREN GEL	Criteria for approval require ANY ONE of the following: 1. Patient is <b>75</b> years of age or older OR 2. Patient's medication history includes evidence of a claim within the <b>past 90 days</b> for a prescription generic oral NSAID (non-steroidal anti-inflammatory drug) OR 3. Patient has a documented intolerance, ineffective treatment response, FDA labeled contraindication, or hypersensitivity to a prescription generic oral NSAID

# Drug Request Form - Definition

- A **type of appeal** in which a physician submits a form requesting that a Step 2 drug be used for the patient
- **Scenarios** in which a Drug Request Form is completed?
  - Patient has tried a Step 1 drug and therapy was **not effective**
  - Physician feels that Step 1 drug will **not benefit** patient and wants to start the patient directly on Step 2 drug
  - The patient has an **FDA-labeled contraindication, intolerance, and/or hypersensitivity** to the Step 1 drug
- Usually includes patient information (diagnosis), physician information, and physician's rationale
- May be submitted electronically

# Example of Drug Request Form

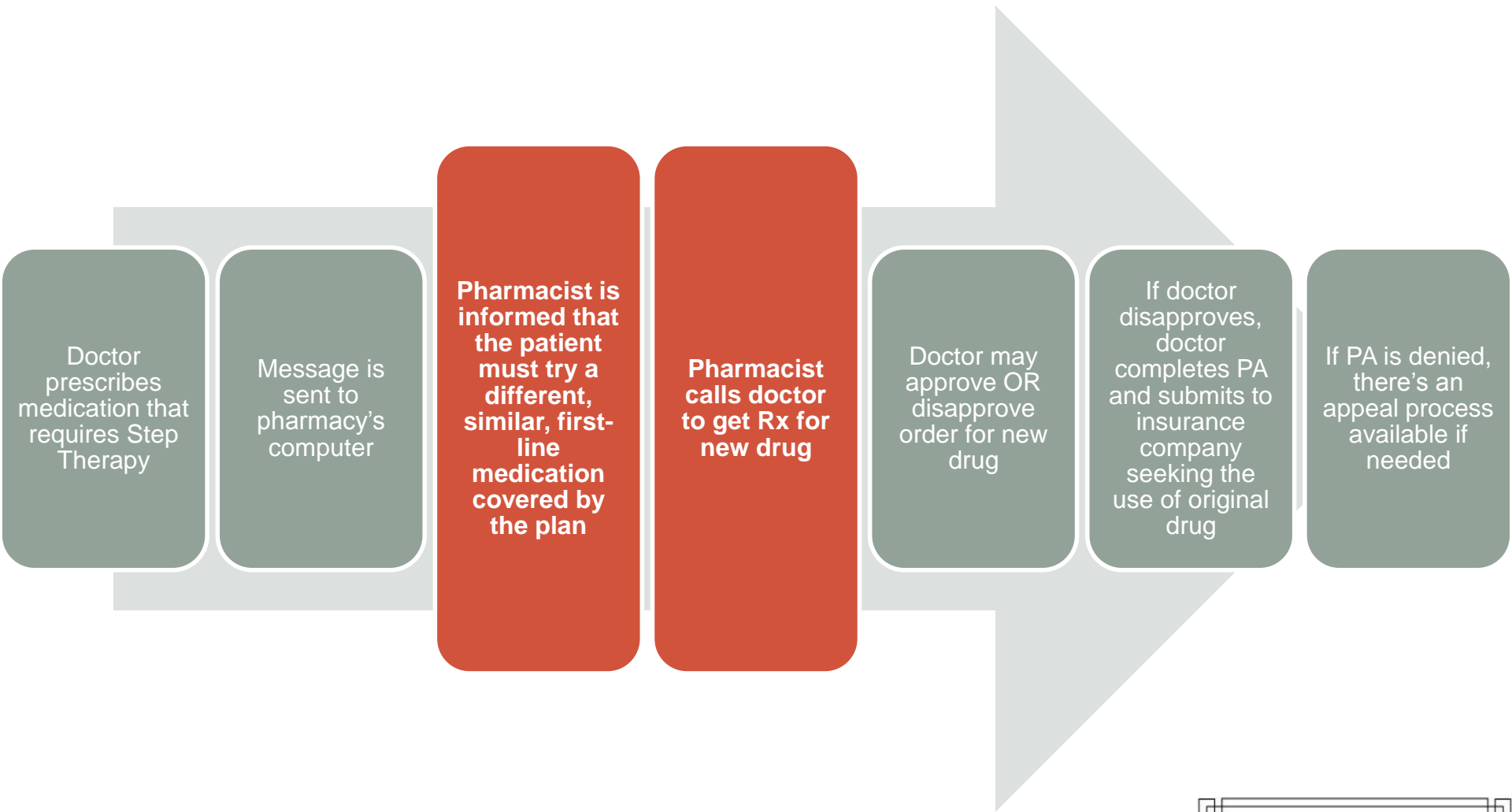
## STEP THERAPY DRUG REQUEST FORM

(Incomplete form may delay processing)

Prescriber Information		Patient Information	
Physician Name:	NPI #:	Patient Name:	
Office Contact Person:		Patient ID #:	
Office Phone #:	Office Fax #:	Home Phone #:	
Address:		Sex (circle): M F	DOB:
City:	State:	Zip:	
FORM CANNOT BE PROCESSED WITHOUT REQUIRED EXPLANATION			
<p><i>NOTE: Information on Step Therapy criteria can be found at <a href="http://www.bcbssc.com/content/medicare/member/policies/approval.htm">http://www.bcbssc.com/content/medicare/member/policies/approval.htm</a>.</i></p> <ul style="list-style-type: none"> <li>The Step 2 (non-preferred) drugs listed below require prescriber certification that the member has previously used at least one Step 1 prerequisite medication in that class, OR the patient has a documented intolerance, FDA-labeled contraindication, or hypersensitivity to preferred agents.</li> </ul>			
ATOPIC DERMATITIS AGENTS			
<b>STEP 2 ATOPIC DERMATITIS AGENT Requested:</b> <input type="checkbox"/> Eidel <sup>®</sup>		<b>Required:</b> Indicate the <u>formulary Step 1 (prerequisite) topical corticosteroid or topical corticosteroid combination(s)</u> previously taken by the patient, or provide an explanation:	
MUSCLE RELAXANTS Is this patient 65 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>STEP 2 MUSCLE RELAXANT Requested:</b> <input type="checkbox"/> Cyclobenzaprine <input type="checkbox"/> Methocarbamol		<b>Required:</b> Indicate the <u>formulary Step 1 (prerequisite) generic tizanidine, baclofen or prescription oral NSAID(s)</u> previously taken by the patient, or provide an explanation:	
TOPICAL NSAIDS Is this patient 75 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>STEP 2 TOPICAL NSAID Requested:</b> <input type="checkbox"/> Voltaren Gel <sup>®</sup>		<b>Required:</b> Indicate the <u>formulary Step 1 (prerequisite) generic prescription oral NSAID(s)</u> previously taken by the patient, or provide an explanation:	
I certify that, to the best of my knowledge, the above-referenced patient has previously used at least one Step 1 prerequisite medication(s) and whose therapy now requires the requested Step 2 (non-preferred) medication.			
Prescriber's Signature: _____		Date: _____	

BlueCross BlueShield of North Carolina

# Application to Pharmacy



# Summary

- Step Therapy is a **multi-step, type of prior authorization procedure** in which a cheaper drug is used prior to a more expensive alternative, provided that the former drug possesses the same clinical benefit to the patient as the more expensive drug.
- **Common Step Therapy criteria** include medications in the following areas: ADHD, Allergy, Gastrointestinal, Depression, Hypertension, and Pain Management.
- Physicians often complete **Drug Request Forms** when they would like a Step 2 drug to be covered by the insurance company.

# References

- Academy of Managed Care Pharmacy. Concepts in Managed Care Pharmacy Series – Prior Authorization. 2012
- How Medicare Prescription Drug Plans and Medicare Advantage Plans with Prescription Drug Coverage (MA-PDs) Use Pharmacies, Formularies, & Common Coverage Rules. Revised 7/14. (<https://www.medicare.gov/Pubs/pdf/11136.pdf>)
- Centers for Medicare & Medicaid Services. Medicare Prescription Drug Benefit Manual. Part D Drugs and Formulary Requirements. 6. 2/10.
- Gleason, PP. Assessing Step-Therapy Programs: A Step in the Right Direction. JMCP. 13(3). 4/07.
- <https://www.bcbsnc.com/content/medicare/member/policies/approval.htm>
- <https://www.express-scripts.com/services/physicians/medicare/>
- [https://www.files.medi-cal.ca.gov/pubsdoco/manual/man\\_query.asp?](https://www.files.medi-cal.ca.gov/pubsdoco/manual/man_query.asp?)

# Thank You for Your Attention

## Any Questions?

