



CIGNA MEDICAL COVERAGE POLICY

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Subject **Step Therapy**

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Hyperlink to Related Coverage Policies

INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain **standard** CIGNA HealthCare benefit plans. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document **always supercedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. Proprietary information of CIGNA. Copyright ©2011 CIGNA

Coverage Policy

CIGNA covers drugs with Step Therapy requirements, in accordance with benefit plan specifications, as medically necessary when there has been a failure, contraindication, or intolerance to the specified alternatives in the tables below:

Step Therapy (ST) Benefit Options:

- **Generic First Step Therapy** – one or more generic drugs in the class are required BEFORE Preferred or Non Preferred Brands
- **Generic OR Preferred Brand (PB) First Step Therapy** – one or more generic or Preferred Brand drugs in the class are required BEFORE Non Preferred Brands
- **Generic AND Preferred Brand First Step Therapy** – one or more generic AND one or more Preferred Brand drugs in the class are required BEFORE Non Preferred Brands.
 - Prerequisite requirement can be either:
 - Sequential (Generic then Preferred Brand)
 - Random (Generic then Preferred Brand or Preferred Brand then Generic)

Step Therapy Drugs are updated as new generics become available to the market (Step 1), as new Preferred Brand drugs are added to the Drug List (Step 2), and as newly FDA approved Non Preferred Brand drugs become available to the market (Step 3).

(Note: Employer Benefit Plan or contracted benefit plan selections determine the type of Step Therapy program in place for an individual)

Step Therapy Criteria by Drug Class

Drug Class	Type of Step Therapy	Number of GENERIC Prerequisites	Number of PREFERRED BRAND Prerequisites	Additional Criteria or Comments
ACE ARB Antihypertensive ACE Inhibitors Angiotensin Receptor Blockers ACEI List	Generic First	2	Not Applicable	Diabetes and renal failure diagnoses are exempt
	Generic or PB First	2	1	
	2-Step	2	1	
	Generic AND PB First	2	1	
ADHD – Attention Deficit Hyperactive Disorder ADHD List	Generic First	1	Not Applicable	
	Generic or PB First	1	1	
	2-Step	1	1	
	Generic AND PB First	1	1	
Asthma Short-Acting Beta Agonists Nebulizer Solutions Asthma List	Generic First	1	Not Applicable	
	Generic or PB First	1	1	
Atypical Antipsychotic Agents Atypical List	Generic or PB First	1	1	
Bone Resorption Inhibitors Bone List	Generic First	1	Not Applicable	
	Generic or PB First	1	1	
	2-Step	1	1	
	Generic AND PB First	1	1	
Hypnotics Hypnotic List	Generic First	1	Not Applicable	
Acute Oral Narcotics Narcotic List	Generic First	2	Not Applicable	
	Generic or PB First	2	1	
	2-Step	2	1	
	Generic AND PB First	2	1	

Drug Class	Type of Step Therapy	Number of GENERIC Prerequisites	Number of PREFERRED BRAND Prerequisites	Additional Criteria or Comments
Nasal Steroids Nasal List	Generic First	1	Not Applicable	
	Generic or PB First	1	1	
	2-Step	1	1	
	Generic AND PB First	1	1	
NSAIDS – Non Steroidal Anti Inflammatory Drugs NSAID List	Generic First	2	Not Applicable	
	Generic or PB First	2	1	
	2-Step	2	1	
	Generic AND PB First	2	1	
Urinary Tract Antispasmodic Agents Overactive Bladder List	Generic First	1	Not Applicable	
	Generic or PB First	1	1	
	2-Step	1	1	
	Generic AND PB First	1	1	
Proton Pump Inhibitors PPI List	Generic First	1	Not Applicable	
	Generic or PB First	1	1	
	2-Step	1	1	
	Generic AND PB First	1	1	
	Generic or PB First	1	1	
SSRI/SNRI Serotonin Selective / Serotonin Norepinephrine Receptor Inhibitor Antidepressants SSRI List	Generic First	2	Not Applicable	Limited to Depression Diagnosis only.
	Generic or PB First	2	1	
	2-Step	2	1	
	Generic AND PB First	2	1	
Statin – HMG-CoA- Reductase Inhibitor Cholesterol Lowering Statin List	Generic First	1	Not Applicable	
	Generic or PB First	1	1	
	2-Step	1	1	
	Generic AND PB First	1	1	
Topical Corticosteroid/ Immunomodulators TI List	Generic First	2	Not Applicable	
	Generic or PB First	2	1	
	2-Step	2	1	
	Generic AND	2	1	

Step Therapy List Edition: 5/15/2011

General Background

Step Therapy, a prior authorization program, creates a sequence of “steps” in the choice of medications. The program is designed to encourage the use of generic or preferred therapeutic alternatives with the same indications for use, before moving to non preferred alternatives, unless prior authorization for coverage under the benefit plan is obtained. Criteria for authorization include failure, intolerance, or contraindication to the prerequisite agents.

Medications to treat several common medical conditions are included in the Step Therapy program. These include:

- Angiotensin Converting Enzyme Inhibitors (ACEI)/ and Angiotensin Receptor Blockers (ARB) to treat hypertension
- HMG-CoA-Reductase inhibitors (“statins”) to treat hypercholesteremia,
- Proton Pump Inhibitors (PPI) to treat gastric acid conditions
- Urinary Tract Antispasmodics
- Hypnotics (non-benzodiazepine)
- Inhaled Nasal Steroids
- Serotonin Selective / Serotonin Norepinephrine Receptor Inhibitors (SSRI/SNRI) to treat depression
- Topical Corticosteroids / Immunomodulators
- Atypical Antipsychotic Agents
- Non Steroidal Antiinflammatory Drugs (NSAID)
- Attention Deficit Hyperactivity Disorder (ADHD) Stimulants
- Beta Adrenergic Nebulizer Solutions for Asthma
- Oral Narcotic Analgesics for Acute Pain
- Bone Resorption Inhibitors

Employers that have selected CIGNA HealthCare benefit plans may choose from several different types of Step Therapy methods, each with different step requirements. Refer to the Step Therapy drug classes, individual drugs, and criteria in the tables above.

Example: Two-Step Process:

The Two Step process is described below. Other Step Therapy types work in a similar fashion:

- Individual tries one or more Step 1 medication, typically generics. There is no prior authorization required for Step 1 medications.
- If an individual tries one or more Step 1 medications without success, then one or more Step 2 medications (typically Preferred Brands) would be eligible for coverage without the need for prior authorization.
- If an individual tries both Step 1 and Step 2 medications without success, then Step 3 medications (typically Non-Preferred Bands) would be eligible for coverage without the need for prior authorization.

Other Program Features:

Additional program features are a part of Step Therapy programs, including an initial “Grace Period”, a “first fill pay and educate” notification process, age exemptions, and a prior authorization option.

- Initial Grace Period – Upon introduction of the Step Therapy program, many plans will incorporate an Initial Grace Period, typically 60 days, during which time the program is not yet active at dispensing pharmacies, but introduction letters are sent to individuals alerting them of the new program.
- First Fill Pay & Educate – To help minimize disruption, the first fill of a medication subject to Step Therapy requirements will be covered without interruption, but will trigger written notification to prescribing health care professionals and individuals, advising that action needs to be taken before the next fill.

- Age Exemptions – For all Step Therapy drug classes EXCEPT Attention Deficit Hyperactivity Disorder (ADHD), individuals under 18 years of age are exempt from the program. The ADHD drug class has no age exemption.
- Prior Authorization – At any time, a health care professional can request prior authorization for coverage for a Step 2 or Step 3 medication if clinically indicated. Prior authorization is not required for Step 1 medications. Prior authorization requests should document evidence of failure, intolerance, or contraindication to a prerequisite medication.

Coding/Billing Information

Note: This section is not used.

References

1. McEvoy GK, ed. AHFS 2011 Drug Information. Bethesda, MD: American Society of Health-Systems Pharmacists, Inc; 2011.
 2. Individual Drug Name Entries. Drug Facts and Comparisons. Facts & Comparisons® eAnswers [online]. 2011. Available from Wolters Kluwer Health, Inc. Accessed March, 2011.
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Appendix CIGNA Step Therapy Program Medications

Step 1 Medications*	Step 2 Medications**	Step 3 Medications***
ACEI/ARB – Antihypertensive ACE-Inhibitors / Angiotensin Receptor Blockers		
benazepril (generic Lotensin®) benazepril/HCTZ (generic Lotensin HCT®) captopril (generic Capoten®) captopril/HCTZ (generic Capozide®) enalapril (generic Vasotec®) enalapril/HCTZ (generic Vaseretic®) fosinopril (generic Monopril®) fosinopril/HCTZ (generic Monopril HCT®) lisinopril (generic Prinivil®/Zestril®) lisinopril/HCTZ (generic Prinzide®/Zestoretic®) losartan (generic Cozaar®) losartan/HCTZ (generic Hyzaar®) moexipril (generic Univasc®) moexipril/HCTZ (generic Uniretic®) perindopril (generic Aceon®) quinapril (generic Accupril®) quinapril/HCTZ (generic Accuretic®) trandolapril (generic Mavik®)	Altace® Diovan® Diovan HCT® Tekturna® Tekturna HCT® Valturna®	Accupril® (brand only) Accuretic® (brand only) Aceon® (brand only) Atacand® Atacand HCT® Avalide® Avapro® Benicar® Benicar HCT® Capoten® (brand only) Capozide® (brand only) Cozaar® (brand only) Hyzaar® (brand only) Lotensin® (brand only) Lotensin HCT® (brand only) Mavik® (brand only) Micardis® Micardis HCT® Monopril® (brand only) Monopril HCT® (brand only) Prinivil®/Zestril® (brand only) Prinzide®/Zestoretic® (brand only) Teveten® Teveten HCT® Uniretic® (brand only) Univasc® (brand only) Vaseretic® (brand only) Vasotec® (brand only)
Step 1 Medications*	Step 2 Medications**	Step 3 Medications***
ADHD – Attention Deficit Hyperactive Disorder		
amphetamine/dextroamphetamine (generic Adderall®) d-amphetamine (generic Dexedrine®/Dextrostat®) dexmethylphenidate (generic Focalin®) methamphetamine (generic Desoxyn®) methylphenidate (generic Ritalin®/Ritalin SR®/Metadate ER®)	Adderall XR® (brand only) Concerta® Focalin®/Focalin XR® (brand only) Metadate ER® 10mg Ritalin LA® Vyvanse®	Adderall® (brand only) Daytrana® Desoxyn® (brand only) Dexedrine® (brand only) Dextrostat® (brand only) Metadate CD® Metadate ER® (brand only) Methylin® Ritalin®/Ritalin SR® (brand only)
Step 1 Medications*	Step 2 Medications**	Step 3 Medications***
Asthma Short-Acting Beta Agonists Nebulizer Solutions		
albuterol (generic Accuneb®) albuterol sulfate levalbuterol (generic Xopenex®) metaproterenol sulfate		Accuneb® (brand only) Brovana® Perforomist® Xopenex® (brand only)
Step 1 Medications*	Step 2 Medications**	Step 3 Medications***
Atypical Antipsychotic Agents		
clozapine (generic Clozaril®) risperidone (generic Risperdal®/Risperdal M®) risperidone ODT	Seroquel®/Seroquel XR® Zyprexa®/Zyprexa Zydis®	Abilify®/Abilify Discmelt® Clozaril® (brand only) Fanapt® Fazaclo® Geodon® Invega® Latuda® Risperdal®/Risperdal M® (brand only) Saphris®

*Step 1 medications are typically generics but may vary based on benefit plan.

**Step 2 medications are typically Preferred Brand medications but may vary based on benefit plan.

***Step 3 medications are typically Non-Preferred Brand medications but may vary based on benefit plan.

Step 1 Medications*	Step 2 Medications**	Step 3 Medications***
Bone Resorption Inhibitors		
alendronate (generic Fosamax®) etidronate (generic Didronel®)	Boniva® Didronel® (brand only) Evista® Forteo®	Actonel® Actonel with Calcium® Altevia® Fosamax® (brand only) Fosamax Plus D® Skelid®
Step 1 Medications*	Step 2 Medications**	Step 3 Medications***
Hypnotics		
zaleplon (generic Sonata®) zolpidem (generic Ambien®) zolpidem ER (generic Ambien CR®)		Ambien® (brand only) Ambien CR® (brand only) Edluar® Lunesta® Rozerem® Silenor® Sonata® (brand only) Zolpimist®
Step 1 Medications*	Step 2 Medications**	Step 3 Medications***
Acute Oral Narcotics		
aspirin w/codeine butorphanol codeine codeine phos/carisoprodol/asa dhcodeine bt/acetaminophen/caff (generic Panlor SS®) hydrocodone w/acetaminophen (generic Lortab®/Lorcet®/Lorcet Plus®/Norco®/Vicodin®/Vicodin ES®/Vicodin HP®/Xodol®) hydrocodone w/aspirin (generic Lortab ASA®) hydromorphone (generic Dilaudid®) ibuprofen/hydrocod (generic Vicoprofen®) levorphanol tartrate meperidine (generic Demerol®) morphine sulfate (generic MSIR®/Roxanol®) opium tincture opium/belladonna alkaloids (generic B and O Supporettes®) oxycodone (generic Roxicodone®/Roxicodone Intensol®) oxycodone w/acetaminophen (generic Percocet®/Tylox®/Primlev®/Xolox®) pentazocine-acetaminophen pentazocine-naloxone tramadol (generic Ultram®/Ultram ER®) tramadol w/acetaminophen (generic Ultracet®)	B and O Supporettes® (brand only) Lortab® (brand only) MSIR® Solution Nucynta® Roxicet®	Demerol® (brand only) Dilaudid® (brand only) Hycet® Lorcet®/Lorcet Plus® (brand only) Lortab®/Lortab ASA® (brand only) Magnacet® Maxidone® Norco® (brand only) Panlor SS® (brand only) Percocet® (brand only) Percodan® (brand only) Primlev® (brand only) Roxicodone®/Roxicodone Intensol® (brand only) Ryzolt® Synalgos-DC® Tylox® (brand only) Ultracet® (brand only) Ultram®/Ultram ER® (brand only) Vicodin®/Vicodin ES®/Vicodin HP® (brand only) Vicoprofen® (brand only) Xodol® (brand only) Xolox® (brand only) Zamicet® Zolvit® Zydone®
Step 1 Medications*	Step 2 Medications**	Step 3 Medications***
Nasal Steroids		
flunisolide (generic Nasarel®) fluticasone (generic Flonase®)	Nasonex® Veramyst®	Beconase AQ® Flonase® (brand only) Nasacort AQ® Omnaris® Rhinocort Aqua®

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Step 1 Medications*	Step 2 Medications**	Step 3 Medications***
NSAIDS – Non Steroidal Anti Inflammatory Drugs		
diclofenac (generic Voltaren®/Voltaren-XR®/Cataflam®) etodolac (generic Lodine®/Lodine XL®) fenoprofen calcium flurbiprofen (generic Ansaid®) ibuprofen (generic Motrin®) indomethacin (generic Indocin®/Indocin SR®) ketoprofen (generic Oruvail®) meclofenamate sodium mefenamic acid (generic Ponstel®) meloxicam (generic Mobic®) nabumetone naproxen (generic Naprosyn®/EC-Naprosyn®/Anaprox®) oxaprozin (generic Daypro®) piroxicam (generic Feldene®) sulindac (generic Clinoril®) tolmetin (generic Tolectin®/Tolectin DS®)	Celebrex® Feldene® (brand only) Indocin® Oral Susp Indocin® Suppos Lodine XL® (brand only) Oruvail® (brand only) Ponstel® (brand only) Tolectin® (brand only) Vimovo®	Anaprox® (brand only) Arthrotec® Cambia® Cataflam® (brand only) Clinoril® (brand only) Daypro® (brand only) Flector® Indocin SR® (brand only) Lodine®/Lodine XL® (brand only) Mobic® (brand only) Motrin® (brand only) Nalfon® Naprelan®/Naprelan CR Dosepak® Naprosyn®/EC-Naprosyn® (brand only) Pennsaid® Tolectin DS® (brand only) Voltaren®/Voltaren-XR® (brand only) Voltaren® Gel Zipsor®
Step 1 Medications*	Step 2 Medications**	Step 3 Medications***
Urinary Tract Antispasmodic Agents		
flavoxate (generic Urispas®) oxybutynin (generic Ditropan®/Ditropan XL®) trospium (generic Sanctura®)	Detrol®/ Detrol LA® Oxytrol® Toviaz® Vesicare®	Ditropan XL® (brand only) Enablex® Gelnique® Sanctura® (brand only) Sanctura XR®
Step 1 Medications*	Step 2 Medications**	Step 3 Medications***
Proton Pump Inhibitors		
lansoprazole (generic Prevacid®) omeprazole (generic Prilosec®) omeprazole/sod bicarb 20mg, 40mg capsules (generic Zegerid®) pantoprazole (generic Protonix®)	Dexilant®(formerly known as Kapidex®)	Aciphex® Nexium® Prevacid® (brand only) Prilosec® (brand only) Protonix® (brand only) Zegerid®
Step 1 Medications*	Step 2 Medications**	Step 3 Medications***
SSRI/SNRI Serotonin Selective / Serotonin Norepinephrine Receptor Inhibitor Antidepressants		
bupropion (generic Wellbutrin®/Wellbutrin SR®/Wellbutrin XL®) citalopram (generic Celexa®) fluoxetine (generic Prozac®/Prozac Weekly®/Selfemra®/Sarafem®/Rapiflux®) fluvoxamine paroxetine (generic Paxil®/Paxil CR®) sertraline (generic Zoloft®) venlafaxine (generic Effexor®/Effexor XR®)	Cymbalta® Lexapro® Paxil CR® (brand only) Pristiq® Wellbutrin XL® (brand only)	Aplenzin® Celexa® (brand only) Effexor® (brand only) Effexor XR® (brand only) Paxil® (brand only) Pexeva® Prozac® (brand only) Prozac Weekly® (brand only) Rapiflux® (brand only) Sarafem® (brand only) Selfemra® (brand only) Venlafaxine ER® Viibryd® Wellbutrin® (brand only) Wellbutrin SR® (brand only) Zoloft® (brand only)

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**Step 2 medications are typically Preferred Brand medications but may vary based on benefit plan.

***Step 3 medications are typically Non-Preferred Brand medications but may vary based on benefit plan.

Step 1 Medications*	Step 2 Medications**	Step 3 Medications***
Statin – HMG-CoA- Reductase Inhibitor Cholesterol Lowering		
lovastatin (generic Mevacor®) pravastatin (generic Pravachol®) simvastatin (generic Zocor®)	Lipitor® 10mg, 20mg, 40mg	Altoprev® Crestor® 5mg, 10mg Livalo® Mevacor® (brand only) Pravachol® (brand only) Zocor® (brand only)
Step 1 Medications*	Step 2 Medications**	Step 3 Medications***
Topical Corticosteroid / Immunomodulators		
alclometasone (generic Aclovate®) aminonide betamethasone (generic Diprosone®/Diprolene®/ Diprolene AF®/Valisone®) clobetasol (generic Olux®/Temovate®) desonide (generic Tridesilon®/Desowen®) desoximetasone (generic Topicort®/Topicort LP®) diflorasone (generic Psorcon®/Psorcon E®) fluocinonide (generic Lidex®) fluticasone (generic Cutivate®) halobetasol (generic Ultravate®/Ultravate PAC®) hydrocortisone (generic Lacticare- HC®/Nuzon®/Carmol HC®/Locoid®/Westcort®) mometasone (generic Elocon®) prednicarbate (generic Dermatop®) triamcinolone (generic Kenalog®)	Aquaphilic w/Tac+Carbamide® Aquaphilic w/Triamcinolone® Aristocort A® Capex Shampoo® Carmol HC® (brand only) Cloderm® Cordran®/Cordran SP® Derma-Smooth®/FS® Diprolene® (brand only) Diprosone® (brand only) Halog-E® Kenalog® (brand only) Locoid® Locoid Lipocream® Psorcon® (brand only) Synemol® Texacort®	Aclovate® (brand only) Clobex® Coraz® Cutivate® (brand only) Dermatop® (brand only) Desonate®/Desowen® (brand only) Diprolene®/Diprolene AF® (brand only) Diprosone® (brand only) Eliel®/Elocon® (brand only) First Hydrocort® Halog® Kenalog® (brand only) Lacticare-HC® (brand only) Lidex® (brand only) Locoid® (brand only) Luxiq® Momexin® Nucort® Nuzon® (brand only) Olux®/Olux-E® (brand only) Pandel® Pediaderm HC® Protopic® Psorcon®/Psorcon E® (brand only) Scalacort DK® Temovate® (brand only) Topicort®/Topicort LP® (brand only) Tridesilon® (brand only) Ultravate®/Ultravate PAC®(brand only) Valisone® (brand only) Vanos® Verdeso® Westcort® (brand only) Zytopic®

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Step Therapy List Edition: 5/26/2011