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Prior authorization and step therapy

**ENSURE THE RIGHT CARE FOR MEMBERS,
MANAGE COSTS FOR THEIR EMPLOYERS**

There are hundreds of different medications, and more are becoming available every day. Blue Cross Blue Shield of Michigan works to make sure our members get the safest, most effective and most reasonably priced prescription drugs. Our pharmacists do this in many different ways. Prior authorization and step therapy are two of our tools.

What is prior authorization?

Blue Cross requires review of certain medications before your plan will cover them, which is called prior authorization. This ensures members have tried the preferred alternatives — medications with a proven track record that may be better tolerated, less expensive or less likely to cause interactions — and the medicine is being prescribed appropriately. If a doctor doesn't get prior authorization when required, the medicine may not be covered. Members should consult with their doctors about alternative therapies in those cases.

What is step therapy?

Under step therapy, the Blue Cross pharmacy computer system performs an automated review of a member's medication history to determine whether he or she has first tried the preferred alternatives for the medical condition. This ensures all clinically sound and cost-effective treatment options are tried before more expensive medicines are prescribed. If a prescribed medication does not meet the step therapy criteria, it may not be covered. Members should consult with their doctors about alternative therapies.



Which medicines need prior authorization or step therapy?

- Medicine that has dangerous side effects or can be harmful when combined with other medicines
- Medicine that should only be used for certain health conditions
- Medicine that is often misused or abused
- Medicine that is prescribed when less expensive medicines might work better

How do you find out if a prescription requires prior authorization?

Blue Cross members can find out if a certain medicine needs prior authorization or step therapy by logging into their member accounts on bcbsm.com. They'll need to know the name, strength and dosage of their prescribed medication.

After logging in, click on the *My Coverage* tab and select *Prescription Drugs*. Then, click on *Price a drug and view additional benefit requirements*. This link will take you directly to the Express Scripts website and its Price a Medication tool. Simply follow the instructions, and you'll get an alert if the medicine needs a coverage review — for either prior authorization or step therapy.

Members also can check whether their medicine requires a coverage review by asking their pharmacist or consulting the complete Blue Cross drug list at bcbsm.com/pharmacy.

What should you do if a prescription needs prior authorization or step therapy?

If a medicine needs approval or step therapy, the member or pharmacist will need to inform the prescribing doctor. The doctor may instead prescribe another medicine that doesn't require approval, or the doctor may contact our Pharmacy Help Desk to provide the required information and request a coverage review.

Success story

One of our pharmacists noticed a member with leukemia had prior authorization requests on the same day from two different oncologists for two medications meant to be given separately, not together. The drugs, **Bosulif®** and **Sprycel®**, are secondary cancer-fighting drugs. Taking both would increase side effects, including nausea, vomiting, diarrhea, fatigue, lowered white blood cell counts and increased chance of infection. The medical office staffs agreed the member couldn't take both medications. The change also saved the cost of the second drug, \$13,000 per fill.



bcbsmpharmacy.com