



Colorado Step Therapy

May 2023

In some cases, we require you to first try certain medications to treat your medical condition before we will cover another medication for that condition. This is called step therapy. Step therapy is when you are required to use one medication before another, in a stepwise fashion. The required first step medication or preferred medication is a proven, cost-effective medication. Unless an exception is made, one or more preferred medications must be tried before progressing to a medication that is subject to step therapy.

You or your provider can request an exception. Your provider must submit a supporting statement explaining why only this medication will work for you. An exception request will be granted , in the following situations:

1. If your provider lets us know that the first step or preferred medication is contraindicated or would cause a harmful reaction
2. If your provider lets us know that the first step or preferred medication will likely not work based on the known characteristics of the first step medication
3. If your provider lets us know that you have already tried and failed the first step or preferred medication(s) or another medication in the same class or that works the same way and it was not effective for you
4. If your provider lets us know that you are already taking and are stable on a medication that is subject to step therapy when you switch to a Bright HealthCare plan

A request for an exception to a step therapy requirement may be submitted in the same manner as a request for prior authorization. The request will be treated in the same manner, and will be responded to in the same manner. Once all needed information is received from your provider, standard requests will be decisioned within 2 Business days if received by ePA, 3 Business days if received by phone or fax. Urgent requests will be decisioned within 24 hours.

If the exception request is denied, you or your provider may appeal the denial. The denial documents that will be sent to you provide more information on appeal rights and procedures.

The step therapy exception request Form is located on Bright HealthCare's website at https://2023_CO_PA_Form.pdf . Completed requests for Step therapy may be submitted by fax (877-329-3760), mail, or electronic submission through Bright HealthCare's website at <https://brighthouse.com/individual-and-family/drug-search>.

GENERAL DISCLAIMER:

Bright Health does not recognize the use of medication samples to meet clinical criteria requirements for prior medication use for drugs covered under the pharmacy benefit or medications administered in a provider's office or other outpatient setting. A provider's statement that samples have been used cannot be used as documentation of prior medication use.

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ANTIEPILEPTICS - LEVETIRACETAM, BRIVARACETAM STEP THERAPY POLICY

Products Affected

Step 2:

- Briviact 10 mg tablet
- Briviact 10 mg/mL oral solution
- Briviact 100 mg tablet
- Briviact 25 mg tablet
- Briviact 50 mg tablet
- Briviact 75 mg tablet

Details

Criteria	
	Patient meets ONE of the following: 1. Patient is currently taking the requested medication without the use of samples OR without paying 100% out of pocket, OR 2. Patient has taken the requested medication at any time in the past and discontinued its use, OR 3. Patient has tried generic carbamazepine (tablets, chewable tablets, ER tablets, ER capsules, oral suspension), generic divalproex (DR capsules, DR tablets, ER tablets), generic ethosuxamide (capsules, oral solution), generic felbamate (tablets, oral solution), generic gabapentin (capsules, tablets, oral solution), generic lamotrigine (tablets, chewable tablets, ER tablets, ODT tablets), generic levetiracetam (tablets, ER tablets, oral solution), generic oxcarbazepine (tablets, oral suspension), generic phenytoin (ER capsules, chewable tablets, oral suspension), generic pregabalin (capsules, oral solution), generic rufinamide oral suspension, generic tiagabine tablets, generic topiramate (capsules, ER capsules, tablets), generic valproic acid (capsules, DR capsules, oral solution), generic vigabatrin (tablets, powder for oral solution), generic zonisamide capsules, Roweepra, Roweepra XR. Please Note: ER Extended-release, DR Delayed release, ODT Orally-disintegrating tablet.

ANTI-PARKINSONS AGENTS

Products Affected

Step 2:

- pramipexole ER 0.375 mg tablet,extended release 24 hr
- pramipexole ER 0.75 mg tablet,extended release 24 hr
- pramipexole ER 1.5 mg tablet,extended release 24 hr
- pramipexole ER 2.25 mg tablet,extended release 24 hr
- pramipexole ER 3 mg tablet,extended release 24 hr
- pramipexole ER 3.75 mg tablet,extended release 24 hr
- pramipexole ER 4.5 mg tablet,extended release 24 hr

Details

Criteria	Prior use of TWO of the following: pramipexole and ropinirole in the last 90 days.
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ARIPIPAZOLE

Products Affected

Step 2:

- aripiprazole 10 mg disintegrating tablet
- aripiprazole 15 mg disintegrating tablet

Details

Criteria	Prior use of aripiprazole tablets in the last 90 days.
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ORAL INHALED CORTICOSTEROIDS

Products Affected

Step 2:

- Asmanex HFA 100 mcg/actuation aerosol inhaler
- Asmanex HFA 200 mcg/actuation aerosol inhaler
- Asmanex HFA 50 mcg/actuation aerosol inhaler
- Asmanex Twisthaler 110 mcg/actuation(30 doses) breath activated inhalr
- Asmanex Twisthaler 220 mcg/actuation(120 doses) breath activated inhlr
- Asmanex Twisthaler 220 mcg/actuation(30 doses) breath activated inhalr
- Asmanex Twisthaler 220 mcg/actuation(60 doses) breath activated inhalr
- Qvar RediHaler 40 mcg/actuation HFA breath activated aerosol
- Qvar RediHaler 80 mcg/actuation HFA breath activated aerosol

Details

Criteria	Prior use of TWO of the following: Arnuity and Flovent in the last 365 days.
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URINARY ANTISPASMODICS

Products Affected

Step 2:

- tolterodine 1 mg tablet
- tolterodine 2 mg tablet
- tolterodine ER 2 mg capsule,extended release 24 hr
- tolterodine ER 4 mg capsule,extended release 24 hr

Details

Criteria	Prior use of oxybutynin, oxybutynin-ER or oxybutynin syrup in the last 90 days.
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