

Latitude Step Therapy Program

All Latitude prescription drug plans include a drug formulary that features a step therapy program.

What is Step Therapy?

Step therapy is a prescription drug utilization management process. It ensures that plan participants use clinically appropriate drugs in a cost-effective manner by requiring the use of one or more prerequisite drugs prior to the use of another drug. Step therapy protocols are based on established national treatment guidelines. Certain drugs are not covered unless a plan participant tries and fails a prerequisite drug first.

What Drug Classes Are Subject to Step Therapy?

The following drug classes are included in the Latitude step therapy program:

- Acne agents
- Cox II inhibitors
- Eczema/dermatitis treatments

While only these drug classes are currently subject to step therapy, American Community reserves the right to add or subtract drug classes as currently accepted medical findings or national treatment guidelines dictate.

Depending on the specific drug that has been prescribed, Latitude may require one or more of the following types of step therapy:

- Use of first-line agents prior to the use of higher-cost, newer-generation target therapies.
- Use of a specific drug or combination of drugs prior to receiving the brand name target drug.
- Use of a generic alternative drug prior to a brand name target drug.

There are several different protocols for the drug classes subject to step therapy. For your convenience, below are step therapy protocols for some of the most commonly prescribed drugs:

Drug Class	Protocols for Commonly Prescribed Drugs
Acne agents	For Tretinoins, Tazorac, and Differin - Generic Acne Antibiotic or Benzoyl Peroxide must be tried first. If the requirements are not met, then the pharmacy will ask the doctor to change the prescription to one of the required products or the doctor will have to submit a prior authorization request for the original prescription.
Cox II inhibitors * Note: Although PPI drugs are not covered by Latitude, recent history or use of a gastrointestinal drug, such as one of the PPIs, is required in order to determine if Celebrex is appropriate to use.	For Celebrex (excluding Celebrex 400mg) - The participant must be 60 years of age or older. If not, then a generic Non-Steroidal Anti-inflammatory Drug (NSAID) must be tried first, or the participant must have filled a prescription for an anticoagulant, oral corticosteroid, or Plavix, or filled a prescription for either a Proton Pump Inhibitor* (PPI such as Nexium) or an H2 Antagonist (such as Zantac) otherwise your doctor will have to submit a prior authorization request. If the requirements are not met, then the pharmacy will ask the doctor to change the

	prescription to one of the required products or the doctor will have to submit a prior authorization request for the original prescription.
Eczema/dermatitis treatments	For Protopic, Elidel - Two types of a medium potency, high potency, and/or very high potency corticosteroids must be tried first following the plans criteria. If the requirements are not met, then the pharmacy will ask the doctor to change the prescription to one of the required product or the doctor will have to submit a prior authorization request for the original prescription.

How Does Step Therapy Work?

1. Present your brand-name prescription at the pharmacy. Your pharmacist enters your prescription in the computer system. If step therapy applies to your prescription, the system will check your drug history and determine if you meet the protocols for coverage. If so, your prescription will be filled.
2. If you do not meet the step therapy protocol requirements, then you or your pharmacist can contact your physician to change the prescription to the recommended prerequisite drug:
 - o If your physician changes the prescription to the prerequisite drug, your pharmacist fills the new prescription.
 - o If your physician does not want to change the prescription, a Prior Authorization (PA) is required. The physician or appropriate person in the physician's office must contact the CVS Caremark PA department to obtain the PA. (The plan participant or pharmacist cannot complete the PA request with the PA Department.)
 - If the PA is approved, your brand-name prescription can be filled for the specified timeframe.
 - If the PA is denied, there is no coverage. However, you can still fill the brand-name prescription by paying out of pocket.