



## State of Colorado Step Therapy Protocol Exception Process

Members covered by a Colorado-fully-insured plan or a Colorado self-insured non-ERISA plan, may require treatment with a prescription drug is subject to certain utilization management (UM) criteria or rules to be reviewed prior to coverage. These rules may include Step Therapy requirements.

If medication on the formulary requires step-therapy, a health care provider may request an exception to the Step Therapy protocol by completing and submitting the applicable prior authorization (PA) form. The provider may contact the CVS Caremark® Prior Authorization Department for the appropriate PA form or the form can found at this link:

[Colorado Prescription Drug Prior Authorization Form](#)

As part of the authorization process, CVS Caremark will review the information submitted by the medical provider and determine if a request meets the requirements for exception based on the information below.

\* Note that medical necessity requirements may still apply.

### Consideration for Receiving a Step Therapy Protocol Exception

The requested medication may be covered when any of the below are met and documentation has been provided:

- The provider attests that the required prescription drug is contraindicated or will likely cause an adverse reaction or harm to the covered person.
- The required prescription drug is ineffective based on the known clinical characteristics of the covered person and the known characteristics of the prescription drug regimen.
- The covered person has tried, while under the covered person's current or previous health benefit plan, the required prescription drug or another prescription drug in the same pharmacologic class or with the same mechanism of action, and the use of the prescription drug by the covered person was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event.
- The covered person, while on the covered person's current or previous health benefit plan, is stable on a prescription drug selected by the prescribing provider for the medical condition under consideration after undergoing step therapy or after having sought and received a step-therapy exception.
- For serious mental illness, if a medication requires step therapy, the step therapy may only require a covered person to try one prescription drug other than the drug prescribed by the provider prior to providing coverage to the covered person for the drug prescribed by the covered person's provider.

For insured Aetna Commercial plans, please use the link below to access the clinical review criteria for prescription drugs: <https://www.aetna.com/content/dam/aetna/pdfs/aetnacom/healthcare-professionals/documents-forms/precertification-request-for-prescription-drugs.pdf>

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