

Step therapy helps ensure your medication is effective and affordable



Sometimes there is more than one prescription drug determined to be safe and effective for the treatment of an illness or injury. WPS Health Insurance or Arise Health Plan may require you to try a less expensive prescription drug before benefits are payable for an alternative prescription drug. This is often referred to as “step therapy.”

When developing our step therapy rules, we use clinical review criteria based on three things:

1. Clinical practice guidelines derived from peer-reviewed publications
2. Evidence-based research
3. Widely accepted medical practice

WPS and Arise, working with our vendors, frequently update the clinical review criteria based on updated clinical practice guidelines, review of new evidence and research, and newly developed treatments.

The Prescription Drug Program Policy includes additional details on how our step therapy protocols are developed. You can find our policy online at wpshealth.com/resources/files/wps-arise-prescription-drug-program.pdf.

Step therapy exception request process

There are situations that may require an exception to our step therapy rules. In these situations, we may grant an exception to the step therapy protocol if the prescribing health care provider submits complete, clinically relevant, written documentation supporting a step therapy exception request.

The documentation should include, if applicable:

1. Documentation that the required prescription drug under the step therapy protocol is contraindicated or, due to a documented adverse event with a previous use or a documented medical condition, including a comorbid condition, it is likely to:

- a. Cause a serious adverse reaction in the patient.
 - b. Decrease the ability to achieve or maintain reasonable functional ability in performing daily activities.
 - c. Cause physical or psychiatric harm to the patient.
2. Documentation that the required prescription drug under the step therapy protocol is expected to be ineffective based on all of the following:
 - a. Sound clinical evidence or medical and scientific evidence.
 - b. The known clinical characteristics of the patient.
 - c. The known characteristics of the prescription drug regimen as described in peer-reviewed literature or the manufacturer's prescribing information for the prescription drug.
 3. Documentation that the patient has tried the required prescription drug under the step therapy protocol (or another prescription drug in the same pharmacologic class or with the same mechanism of action) under a current or past health plan, the patient followed the prescription drug regimen for a time that allowed for a positive treatment outcome, and the patient's use of the prescription drug was discontinued by the patient's provider due to a lack of efficacy or effectiveness, diminished effect, or adverse event. *These types of events may not eliminate the need for a patient to try another drug in the same pharmacologic class or with the same mechanism of action if the therapy sequence is supported by clinical review criteria as described above.*
 4. Documentation that the patient is stable on a prescription drug selected by his or her health care provider for the medical condition under consideration while covered under their current or previous health plan.

Note: The use of a pharmaceutical sample, manufacturer coupon, or similar patient assistance, for a prescription drug prior to completing the required WPS or Arise (including our vendors) step therapy protocol for a particular prescription drug may not qualify for a step therapy protocol use exception.

Have questions?

Call our Customer Service team at the number on your customer ID card.



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If a patient receives a denial for a prescription drug based on a step therapy protocol, the patient and/or the prescribing health care provider may request a step therapy exception from us (WPS or Arise). When we receive the clinically relevant written documentation supporting a step therapy exception, we will forward the information to our pharmaceutical vendor for review of the documentation provided. Within three business days, the patient and the patient's provider will receive either an approval or denial for the step therapy exception request.

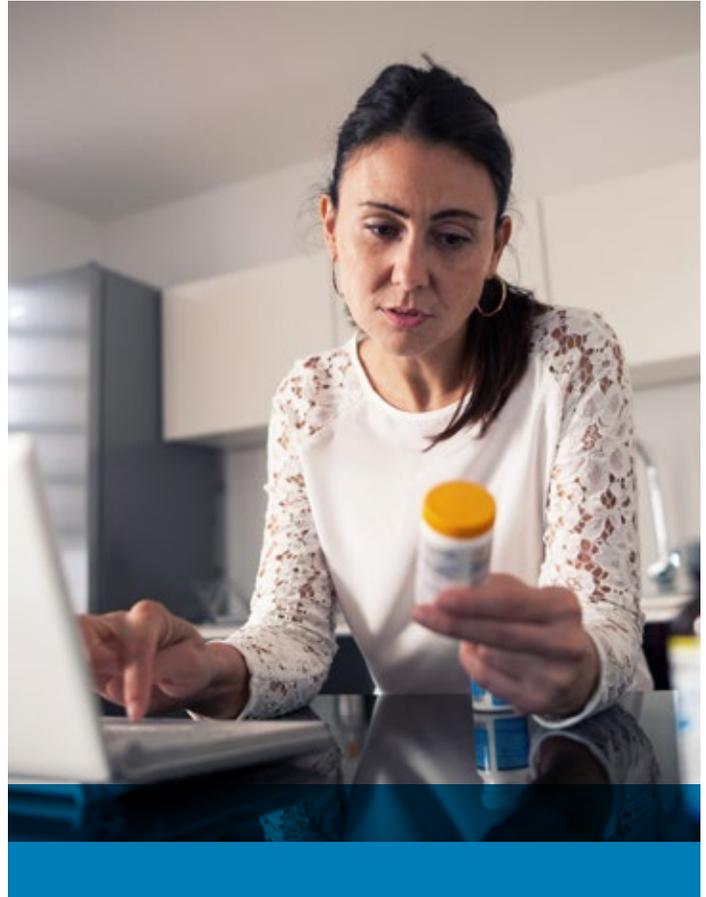
If the step therapy exception request is approved, a letter will be sent to the patient and the provider by our pharmaceutical vendor. In addition, WPS or Arise will notify the patient and the provider of the approval.

If a step therapy exception request is denied, a letter will be sent to the patient and the provider by our pharmaceutical vendor.

How to appeal a denial

You and/or your authorized representative, such as the prescribing provider, may request an appeal of a denied step therapy exception request. Start by forwarding any additional information that supports the exception request to our Grievance and Appeal Committee for its review. Unauthorized appeals will be acknowledged with a letter and a blank copy of the Authorized Representative Form. The Authorized Representative Form must be completed and returned to us prior to processing your appeal. We will send you and your health care provider a letter within three business days notifying you of the Committee's determination.

If we and your physician determine that emergency circumstances are involved, we will complete our review of your step therapy exception request or your appeal of the exception request by the end of the next business day following receipt.



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