



PRIOR AUTHORIZATION, STEP THERAPY AND QUANTITY LIMITS

What is Prior Authorization?

Prior Authorization, or "PA", is a clinical program that ensures appropriate use of prescription medications. Medications subject to Prior Authorization require pre-approval from the Catalyst Rx Prior Authorization Team before they can qualify for coverage under your prescription drug plan.

Prior Authorization requirements are established by independent, licensed physicians, pharmacists and other medical experts, and only apply to specific covered medications. Typically, these medications have potential for misuse or are sometimes prescribed for uses not recommended by expert guidelines. Other medications may be restricted to certain doses and quantities based on manufacturer recommendations.

Prior Authorization approval is dependent upon preset criteria such as documentation of a specific diagnosis or dosing regimen, failure of or intolerance to similar less expensive medications and other clinical characteristics of the drug that would make it medically necessary.

There are two types of Prior Authorizations:

Level 1 Prior Authorizations are associated with routine plan exceptions such as the need for an additional supply of medication due to extended travel, if your prescribed dosage changes or if your refill is being requested too soon. Level 1 requests are reviewed by Catalyst Rx Certified Pharmacy Technicians.

Level 2 Prior Authorizations are associated with formulary and utilization management initiatives such as medical necessity reviews, formulary alternatives and review of Quantity Limits and Step Therapy. Level 2 Prior Authorization requests are conducted by the Catalyst Rx Prior Authorization Team.

If you are prescribed a medication which is subject to Prior Authorization, you, your pharmacist, or your provider can initiate a Prior Authorization by contacting Catalyst Rx directly and requesting a Prior Authorization for the medication. Catalyst Rx will contact your provider and request the information necessary for medication coverage.

Please note that information on individual member Prior Authorizations will be transferred from CIGNA to Catalyst Rx. This means your Prior Authorization will carry over for 12 months from the date the Prior Authorization was entered into the system by CIGNA. For example, if CIGNA entered the Prior Authorization on August 19, 2008, it will be good through August 18, 2009.

Example of medications that require Prior Authorization*:

- Acne Agents for members over age 25
- ADHD medications for members over age 17
- Anabolic Steroids
- Biologicals–Immune Globulins
- Federal Legend Vitamins
- Growth Hormones
- Nutritional Supplements
- Weight Loss Medications/ Anorexiants Agents

Other medications covered only with a Prior Authorization include*:

- Botox
- Myobloc
- Rebetrone
- Remicade
- Synagis
- Synvisc
- Thyrogen
- Zyvox

What is Step Therapy?

Step Therapy is a program designed to encourage the safe and cost-effective use of medication. Organized into a series of steps, Step Therapy requires that you try a “first-line medication” before a “second-line medication” will be covered through your pharmacy drug benefit. First-line medications are widely recognized as safe and effective in treating a specific medical condition. Second-line medications are either preferred or non-preferred brand-name drugs and are generally more costly. When possible, your provider should prescribe a first-line medication appropriate for your condition. If he or she determines that a first-line drug is not appropriate for you or is not effective in treating your condition, your prescription drug benefit will cover a second-line drug. To help facilitate this process, Catalyst Rx’s claims processing system is able to check a member’s history for prior use of first-line medications. If our system verifies that you have already tried a first-line agent and met established Step Therapy criteria, a second-line agent will automatically be approved for coverage.

Examples of medications requiring Step Therapy*:

- Byetta
- Remicade
- Revatio
- Symlin
- Viracept

What are Quantity Limits?

A Quantity Limit is a limitation on the number (or amount) of a prescription medication covered within a certain time period. Quantity limits are established to confirm that prescribed quantities are in compliance with clinical guidelines, to ensure appropriate utilization and to avoid the potential misuse and abuse of medications. Established quantity limits are based on current medical recommendations as well as U.S. Food and Drug Administration (FDA) and manufacturer dosing guidelines. Prescriptions written for quantities in excess of the established limits will require a Prior Authorization before the prescription can be filled.

Examples of medications with Quantity Limits*:

Sleep Aids

Limited to 15 doses per month, unless prescribed by a sleep specialist

- Ambien/CR
- Lunesta
- Rozerem
- Sonata
- Zolpidem

Sexual Dysfunction Medications

Limited to 8 doses per month

- Caverject
- Cialis
- Edex
- Levitra
- Muse
- Viagra

Other Medications with Quantity Limits*:

- Lovenox *14 injections every seven days*
- Relenza *1 diskhaler per year*
- Tamiflu *10 tablets per year*

Emergency Contraceptives are limited to two kits per year.

**Please note this is not an all-inclusive list.*