



wellsense.org | 877-957-1300

Pharmacy Policy

Step Therapy Exceptions

Policy Number: 9.052

Version Number: R0

Version Effective Date: 1/1/2021

Product Applicability All Plan+ Products

Well Sense Health Plan

New Hampshire Medicaid

Boston Medical Center HealthNet Plan

MassHealth - MCO

MassHealth - ACO

Qualified Health Plans/ConnectorCare/Employer Choice Direct

Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

Prior Authorization Policy

Products Affected:

- See Appendix A for full list of products

The Plan may authorize coverage of the above products for members meeting the following criteria when step therapy is not met at point of sale from claims history:

Covered Use	All medically accepted indications unless otherwise excluded
Exclusion Criteria	None
Required Medical Information	1. Provider attestation that member has had an inadequate response, intolerance or contraindication to appropriate Step 1 agents as indicated in Appendix A.
Age Restrictions	None
Prescriber Restriction	None

⁺ Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

Coverage Duration	1 year
Quantity Limit	None
Other criteria	None

Appendix A: Step Therapy Details

Topical Lidocaine	
Step 2 products will be covered after an inadequate response, intolerance, or contraindication to a trial of two Step 1 products in the past 130 days	
Step 1	Step 2
Lidocaine 4% Cream Lidocaine 5% Patch Lidocaine 3% Cream Lidocaine 3% Lotion	Lidocaine 5% Ointment

Acne and Rosacea Agents	
Step 2 products will be covered after an inadequate response, intolerance, or contraindication to a trial of one Step 1 products in the past 130 days	
Step 1	Step 2
Clindamycin/benzoyl peroxide Differin (adapalene) Gel 0.1% Tretinoin Topical (cream and gel) Metronidazole cream, gel, lotion 0.75%, gel 1%	Aczone Gel 7.5% Dapsone Gel 5% Rhofade Cream 1%

Gout Agents	
Step 2 products will be covered after an inadequate response, intolerance, or contraindication to a trial of one Step 1 products in the past 130 days	
Step 1	Step 2
Allopurinol	Uloric (feboxostat)

Original Approval Date	Original Effective Date	Policy Owner	Approved by
-------------------------------	--------------------------------	---------------------	--------------------

* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

12/1/2020	1/1/2021	Pharmacy Services	Pharmacy & Therapeutics (P&T) Committee DHHS
-----------	----------	-------------------	--

Policy Revisions History

Review Date	Summary of Revisions	Revision Effective Date	Approved by
9/1/2020	Retired previous policy 9.087 and renamed. Updated to reflect active step therapies	1/1/2021	P&T Committee DHHS

Next Review Date

2021

Other Applicable Policies

Reference to Applicable Laws and Regulations, If Any

Disclaimer Information

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

[†] Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.