

Step Therapy in New Jersey Regulated Health Insurance Plans

The below are some examples of the use of step therapy in New Jersey regulated health insurance plans. This information was obtained between 3/31/2021-4/6/2021.

Step therapy examples and policies in New Jersey individual plans were identified through the Get Covered NJ plan search & compare tool.

Step therapy in New Jersey small group plans were identified through the NJ Department of Banking and Insurance website.

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Step Therapy in New Jersey Individual Plans

Plan Issuer	Formulary URL	Additional URL	Drug Class/Type	Examples of Stepped Drugs and the Requirement
Insurer A	Formulary	Prior Authorization Form	Antineoplastics (also called anticancer, chemotherapy, chemo, cytotoxic, or hazardous drugs)	Insurer A requires patients to complete a prior authorization form that indicates there is a step therapy requirement for some drugs in this category. On the form patients are asked in the Patient Treatment History section if the patient had an inadequate response to other medications.
		Prior Authorization Form	Analgesics (a class of medications designed specifically to relieve pain)	Insurer A requires patients to complete a prior authorization form that indicates there is a step therapy requirement for several analgesic drugs. On the form patients are asked in the Patient Treatment History section if the patient had an inadequate response to other medications.
Insurer B	Formulary	Prior Authorization Form	Antineoplastics Antineoplastics (also called anticancer, chemotherapy, chemo, cytotoxic, or hazardous drugs)	Insurer B requires patients to complete a prior authorization form that indicates there is a step therapy requirement for some drugs in this category. The form asks if the patient has tried and had an inadequate response to other forms of methotrexate.
		Prior Authorization Form	Antineoplastics (self-administered oncology drugs)	Insurer B requires patients to complete a prior authorization form that indicates there is a step therapy requirement for many different types of selfadministered oncology drugs. The form asks if the patient has had an inadequate response to other oncology drugs.
		Main URL for all Prior Authorization Forms	Various	Insurer B requires patients to complete a prior authorization form for various other drugs that indicates there is a step therapy requirement

Insurer C	Formulary	Stated policy	N/A	Insurer C states in their clinical
	<u>romaiary</u>	on preferred	.,,,,	guidelines on their main
		drugs		website that for all commercial
		<u>urugs</u>		plans "Approval for non-
				preferred medications may
				require that the member has a
				contraindication to the
				preferred medication(s); has
				tried and failed the preferred
				•
				medication(s); had an
				inadequate response to the
				preferred medication(s); or had
				an intolerable adverse event
				with the preferred
				medication(s)." This is the
				definition of step therapy.
		<u>Prior</u>	Various, including	Insurer C requires patients to
		<u>Authorization</u>	antiemetics (used to	complete a prior authorization
		<u>Form</u>	treat vomiting and	form that indicates there is a
			nausea)	step therapy requirement for
				various types of drugs, including
				antiemetics. For patients with
				hyperemesis gravidarum
				requesting antiemetics, the
				form asks whether the patient
				has experienced an inadequate
				response to two or more of the
				listed medications.

Step Therapy in New Jersey Small Group Plans

The New Jersey government's list of small business insurance providers can be found on the NJ Department of Banking and Insurance <u>website</u>. It includes the same providers that we encountered on the Get Covered NJ website and healthcare.gov. Findings for each of these providers is as follows:

Insurer A

- This document provides an overview of the types of plans offered for small businesses. Several of these plans are known as "Select" plans. The formulary for Select plans can be found here. It is subject to variation between specific plans, so it might be hard to generalize the findings to every single Select plan. However, it has a section on prior authorization that states "The clinical pharmacists' evaluation may include a review of potential drug-drug interactions or contraindications, appropriate dosing and length of therapy, and utilization of other drug therapies, if necessary."
- A list of prior authorization forms for all Select plans can be found here. Most of these forms include clear examples of step therapy. For example, the prior authorization form immune modulating drugs asks for every drug type if the patient has had an insufficient response to preferred drugs.

Insurer B

• **Insurer B** explicitly states that their formulary applies to both individual and group plans. This would mean that the step therapy requirement identified in the individual market would also apply to the small group market. Additionally their <u>formulary</u> explicitly states that it applies to both individual and group plans.

Insurer C

- The Off-Exchange Small Group Plan <u>section</u> of the site contains a "Summary of Benefits and Coverage" document for each plan type (silver, bronze, etc). The corresponding summary of benefits document for a bronze plan chosen at random is available <u>here</u>. Notably, the summary of benefits states that "**Preauthorization/step therapy may be required**. If you don't get preauthorization payment for care may be denied." This requirement applies to generic drugs, tier 2 preferred drugs, non-preferred drugs, and specialty drugs.
- There seems to be only one prior authorization <u>form</u>, which is used for all **Insurer C** plans. This
 prior authorization form has clear evidence of step therapy, as we found in the individual
 market examples. Other relevant forms can be found here.