

State of New Jersey Step Therapy Protocol Exception Process

If you are covered by a New Jersey State self-insured non-ERISA plan impacting only State Health Benefits Program, the NJ School Employees Health Benefits Program, and NJ FamilyCare, your request for a prescription drug may require certain utilization management (UM) criteria or rules to be reviewed prior to coverage. These rules may include Step Therapy Protocol Exceptions.

If your prescription is rejected, your health care provider may request an exception to the Step Therapy Protocol Exception by completing and submitting the applicable prior authorization (PA) form and additional documentation. Have your provider contact the CVS Caremark® Prior Authorization Department for the appropriate PA form or download the criteria form from the CVS Caremark website.

As part of the authorization process, we will review the information submitted by your provider and determine if your request meets the requirements for exception based on the information received and medical necessity.

Required UM	Consideration for Receiving Exception to Required UM
Step Therapy Protocol Exception	<p>The requested medication may be covered when any of the below are met <u>and documentation has been provided</u>:</p> <ul style="list-style-type: none">• Contraindication to or likely adverse reaction or physical or mental harm to the patient from the medication that is required to be used or tried first (alternate drug).• The required prescription drug is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug regimen.• All covered alternate drugs used to treat each disease state have been ineffective or less effective than an alternative in the treatment of the patient's disease or condition or all such drugs have caused or are reasonably expected to cause adverse or harmful reactions in the patient.

Processing times for Step Therapy Protocol Exception requests:

- Urgent requests will be processed 24 hours from receipt of complete clinical information.
- Non urgent requests will be processed 72 hours from receipt of complete clinical information.