

Drugs That Require Step Therapy (ST)

In some cases, BlueCross BlueShield of WNY requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Step-1 and Step-2 drugs both treat your medical condition, we may not cover the Step-2 drug unless you try the Step-1 drug first. If the Step-1 drug does not work for you, we will then cover the Step-2 drug.

You will need authorization from BlueCross BlueShield of WNY before filling prescriptions for the Step-2 drugs shown in the chart below. BlueCross BlueShield of WNY will only provide coverage after it determines that the drug is being prescribed according to the criteria specified in the chart. You, your appointed representative, or your prescriber can request a review by calling Member Services at 1-800-329-2792 (TTY only, call 711). We are open October 1 - March 31 8 a.m. to 8 p.m., 7 days a week and April 1 -September 30 8 a.m. to 8 p.m., Monday - Friday. Calls to these numbers are free. You can also visit our website, www.bcbswny.com/medicare..

<u>Step Therapy Medications</u>		
Step Therapy Group Description	Step Therapy Sequence	Step Therapy Criteria
DPP-4 INHIBITORS-PST	<p>Step-1: JANUMET 50 MG-1,000 MG TABLET or JANUMET 50 MG-500 MG TABLET or JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE or JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE or JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE or JANUVIA 100 MG TABLET or JANUVIA 25 MG TABLET or JANUVIA 50 MG TABLET or KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE or KOMBIGLYZE XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE or KOMBIGLYZE XR 5 MG-500 MG TABLET,EXTENDED RELEASE or ONGLYZA 2.5 MG TABLET or ONGLYZA 5 MG TABLET</p> <p>Step-2: JENTADUETO 2.5 MG-1,000 MG TABLET or JENTADUETO 2.5 MG-500 MG TABLET or JENTADUETO 2.5 MG-850 MG TABLET or JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE or JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE or KAZANO 12.5 MG-1,000 MG TABLET or KAZANO 12.5 MG-500 MG TABLET or NESINA 12.5 MG TABLET or NESINA 25 MG TABLET or NESINA 6.25 MG TABLET or TRADJENTA 5 MG TABLET</p>	<p>If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.</p>

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<p align="center">ORAL BISPHOSPHONATES</p>	<p>Step-1: ALENDRONATE 10 MG TABLET or ALENDRONATE 35 MG TABLET or ALENDRONATE 70 MG TABLET or ALENDRONATE 70 MG/75 ML ORAL SOLUTION or IBANDRONATE 150 MG TABLET or RISEDRONATE 150 MG TABLET or RISEDRONATE 30 MG TABLET or RISEDRONATE 35 MG TABLET or RISEDRONATE 35 MG TABLET (12 PACK) or RISEDRONATE 35 MG TABLET (4 PACK) or RISEDRONATE 35 MG TABLET, DELAYED RELEASE or RISEDRONATE 5 MG TABLET Step-2: FOSAMAX PLUS D 70 MG-2,800 UNIT TABLET or FOSAMAX PLUS D 70 MG-5,600 UNIT TABLET</p>	<p>If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.</p>

Step Therapy Group Description	Step Therapy Sequence	Step Therapy Criteria
<p>RAPID-ACTING INSULIN-PST</p>	<p>Step-1: HUMALOG JUNIOR KWIKPEN (U-100) 100 UNIT/ML SUBCUTANEOUS HALF-UNIT PEN or HUMALOG KWIKPEN (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS or HUMALOG KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS or HUMALOG MIX 50-50 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION or HUMALOG MIX 50-50 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN or HUMALOG MIX 75-25 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION or HUMALOG MIX 75-25 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN or HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS CARTRIDGE or HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION or LYUMJEV KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS or LYUMJEV KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS or LYUMJEV U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION</p> <p>Step-2: APIDRA SOLOSTAR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN or APIDRA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION or NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML (3 ML) SUBCUTANEOUS or NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN or NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION or NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS CARTRIDGE or NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS SOLUTION</p>	<p>If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.</p>