

Drugs That Require Step Therapy (ST)

In some cases, Highmark Blue Cross Blue Shield of Western New York 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 Highmark Blue Cross Blue Shield of Western New York before filling prescriptions for the Step-2 drugs shown in the chart below. Highmark Blue Cross Blue Shield of Western New York 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/pharmacy

<u>Step Therapy Medications</u>		
Step Therapy Group Description	Step Therapy Sequence	Step Therapy Criteria

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MIGRAINE	<p>Step-1: ELETRIPTAN 20 MG TABLET or ELETRIPTAN 40 MG TABLET or NARATRIPTAN 1 MG TABLET or NARATRIPTAN 2.5 MG TABLET or RIZATRIPTAN 10 MG DISINTEGRATING TABLET or RIZATRIPTAN 10 MG TABLET or RIZATRIPTAN 5 MG DISINTEGRATING TABLET or RIZATRIPTAN 5 MG TABLET or SUMATRIPTAN 100 MG TABLET or SUMATRIPTAN 20 MG/ACTUATION NASAL SPRAY or SUMATRIPTAN 25 MG TABLET or SUMATRIPTAN 4 MG/0.5 ML SUBCUTANEOUS CARTRIDGE (REFILL) or SUMATRIPTAN 4 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR or SUMATRIPTAN 5 MG/ACTUATION NASAL SPRAY or SUMATRIPTAN 50 MG TABLET or SUMATRIPTAN 6 MG/0.5 ML SUBCUTANEOUS CARTRIDGE (REFILL) or SUMATRIPTAN 6 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR or SUMATRIPTAN 6 MG/0.5 ML SUBCUTANEOUS SOLUTION or ZOLMITRIPTAN 2.5 MG DISINTEGRATING TABLET or ZOLMITRIPTAN 2.5 MG TABLET or ZOLMITRIPTAN 5 MG DISINTEGRATING TABLET or ZOLMITRIPTAN 5 MG TABLET</p> <p>Step-2: TRUDHESA 0.725 MG/PUMP ACT. (4 MG/ML) NASAL SPRAY</p>	<p>If the patient has tried two Step 1 drugs, approve the requested Step 2 drug. If the patient has a contraindication to triptan products, approve the requested Step 2 drug.</p>