

PROVIDER QUICK POINTS

PROVIDER INFORMATION



November 11, 2020

Commercial Pharmacy Benefit Update – New Drug-Related Step Therapy (ST) with Quantity Limit (QL) Criteria: Dipeptidyl Peptidase-4 (DPP-4) Inhibitors and Combinations

Effective **January 1, 2021** Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will require ST with QL for Jentaduo[®], Jentaduo XR[®], Kazano[™], Kombiglyze XR[™], Nesina[®], Onglyza[®], Oseni[™] and Tradjenta[®] under the pharmacy benefit plan.

The intent of the DPP-4 Inhibitors and Combinations ST with QL program is to promote appropriate selection of patients for treatment according to product labeling and/or clinical guidelines and/or clinical studies.

Please note: QLs are currently in place with DPP-4 Inhibitors and Combination Agents.

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring they receive appropriate, quality care while also managing overall costs. The ST process ensures that the health service or drug being proposed is medically necessary, and reflective of evidence-based medicine and industry standards, prior to treatment. This process helps us manage the cost and quality of care appropriately for our members.

Target Agents	Quantity Limit (per 30 days)
Jentaduo [®] (linagliptin/metformin)	60 tablets
Jentaduo XR [®] (linagliptin/metformin ER)	2.5 mg/1000 mg – 60 tablets 5 mg/1000 mg – 30 tablets
Kazano [™] (alogliptin/metformin)	60 tablets
Kombiglyze XR [™] (saxagliptin/metformin ER)	2.5 mg/1000 mg – 60 tablets 5 mg/500 mg – 30 tablets 5 mg/1000 mg – 30 tablets
Nesina [®] (alogliptin)	30 tablets
Onglyza [®] (saxagliptin)	30 tablets
Oseni [™] (alogliptin/pioglitazone)	30 tablets
Tradjenta [®] (linagliptin)	30 tablets

Products Impacted

This ST program applies to commercial line of business.

New ST criteria will be posted by December 1, 2020 and may be accessed using the Blue Cross provider link.

- Access **providers.bluecrossmn.com**
- Under Tools & Resources, select “Medical Policy”, and read/accept the Blue Cross Medical Policy Statement
- Select the “+” (plus) sign next to “Medical and Behavioral Health Policies”
- Select “Pharmacy Policies for Blue Cross and Blue Shield of Minnesota”
- Scroll through the Pharmacy UM Program Criteria to locate specific criteria

CoverMyMeds prior authorization request service

Prescribers can submit ePA drug requests for Blue Cross subscribers who have pharmacy benefits through Blue Cross by either submitting a request through CoverMyMeds’s (CMM) free web portal or by sending an electronic NCPDP file to Prime through an integrated Electronic Medical Record (EMR) system during the e-prescribing process.

- To access CMM, go to www.covermymeds.com
- The first time you use the portal to submit a PA, you will need to create a CMM account.
- For help using the CMM site select Support (top of the web page) to view FAQs, CMM physician training webinar offerings, and support options to help you get started.

Questions?

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.