PROVIDER QUICK POINTS PROVIDER INFORMATION



June 13, 2018

Pharmacy Benefit Update – New Drug-Related Step Therapy (ST) with Quantity Limit (QL) Criteria: Triptans

Effective July 1, 2018, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will require ST for Triptans under the pharmacy benefit plan.

The intent of the Triptan ST program is to encourage the use of cost-effective generic triptan agents over the more expensive brand agents.

Please note: QLs are currently in place with Triptan Agents.

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring the highest quality, evidence-based care. One method for doing so is through the ST process. The primary purpose is to ensure that evidence-based care is provided to our subscribers, driving quality, safety, and affordability.

Triptan Step Therapy Targeted Drugs (Brands Only)	Quantity Limit (per 30 days)
Amerge® (naratriptan) Tablets	1 mg ^a – 18 tablets 2.5 mg ^a – 18 tablets
Axert® (almotriptan) Tablets	6.25 mg ^a – 12 tablets 12.5 mg ^a – 12 tablets
Frova® (frovatriptan) Tablets	$2.5 \text{ mg}^{a} - 18 \text{ tablets}$
Imitrex® (sumatriptan) Injection	4 mgSTATdose [®] system ^a – 12 doses 4 mg STATdose [®] refill ^a – 12 doses 6 mg STATdose [®] system ^a – 12 doses 6 mg STATdose [®] refill ^a – 12 doses 6 mg/0.5 mL single dose vial ^a (5x0.5 mL/package)– 5 mL
Sumatriptan Injection	4 mg/0.5 mL vial ^a – 12 doses 6 mg/0.5 mL syringe ^b – 12 doses 6 mg/0.5 mL single dose injection device ^a – 12 doses
Imitrex® Sumatriptan (sumatriptan) Nasal Spray	5 mg ^a – 12 units 20 mg ^a – 12 units
Imitrex® (sumatriptan) Tablets	25 mg ^a – 18 tablets 50 mg ^a – 18 tablets 100 mg ^a – 18 tablets

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Distribution: Available on providers.bluecrossmn.com. https://www.bluecrossmn.com/healthy/public/personal/home/providers/forms-and-publications

Maxalt® (rizatriptan) MLT Tablets	5 mg ^a – 18 tablets 10 mg ^a – 18 tablets
Maxalt® (rizatriptan) Tablets	5 mg ^a – 18 tablets 10 mg ^a – 18 tablets
Onzetra, Xsail® (sumatriptan)	11 mg nosepiece – 32 nosepieces
Relpax® (eletriptan) Tablets	20 mg ^a – 12 tablets 40 mg ^a – 12 tablets
Sumavel® DosePro® (sumatriptan) Injection	4 mg/0.5 mL single dose injection device – 12 doses 6 mg/0.5 mL single dose injection device – 12 doses
Treximet® (sumatriptan/naproxen) Tablets	10/60 mg – 9 tablets 85/500 mg – 18 tablets
Zecuity® (sumatriptan) Iontophoretic Transdermal System	6.5 mg / 4 hours – 12 transdermal systems
Zembrace SymTouch® (sumatriptan injection)	3 mg / 0.5 mL pen – 24 pens
Zomig® (zolmitriptan) Nasal Spray	2.5 mg / 100 microliters – 12 units 5 mg / 100 microliters – 12 units
Zomig® (zolmitriptan) Tablets	2.5 mg ^a – 12 tablets 5 mg ^a – 12 tablets
Zomig® (zolmitriptan) ZMT Tablets	2.5 mg ^a – 12 tablets 5 mg ^a – 12 tablets

a - available as a generic, included in quantity limit program

Products impacted

This notice applies to commercial lines of business.

The new Pharmacy ST program will be posted by July 1, 2018 and may be accessed using the Blue Cross provider link.

- Access providers.bluecrossmn.com
- Under Tools and Resources, select Medical policy, then acknowledge the Acceptance statement
- Select View All Active Policies
- Select Pharmacy Utilization Management Programs

CoverMyMeds prior authorization request service

As a reminder, CoverMyMeds (CMM) is a free service to providers which allows quick and easy submission of ST requests. Experience with CMM by other plans has demonstrated marked reductions in physician office call-backs regarding ST requests, after CMM is implemented. ST requests may also continue to be faxed to their review destination external to the CMM portal, as is the current practice.

You may access CMM at www.covermymeds.com. Select Help (top right of the web page) to view FAQs and Support tutorials (3-5 minutes), including live online chat support to help you get started. You will need to open a CMM account to submit requests using the portal.

Ouestions?

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

b - available as generic only, included in quantity limit program