

QUALITY IMPROVEMENT

MINNESOTA SENIOR HEALTH OPTIONS (MSHO) MODEL OF CARE: ANNUAL TRAINING REQUIREMENT REMINDER

SecureBlueSM is Blue Plus' Minnesota Senior Health Options (MSHO) plan, a Fully Integrated Dual Eligible Special Needs Plan (SNP) in which Medicare and Medicaid benefits and services are integrated into one benefit package. The Centers for Medicare & Medicaid Services (CMS) requires all SNPs to have a Model of Care (MOC) for delivering coordinated care to our SecureBlue members.

In addition, CMS requires all providers and appropriate staff to complete MOC training **upon initial employment and annually thereafter**. Providers and appropriate staff required to complete the training include anyone who may participate in a SecureBlue member's Interdisciplinary Care Team, be responsible for implementation of the member's Collaborative Care Plan or manage planned or unplanned transitions of care. Providers should ensure that all practitioners and staff who are delivering care that is part of the patient's treatment plan are completing this training.

Blue Plus has made this training available in an easy to understand presentation that should take approximately 10-15 minutes to complete in order to help providers meet this requirement in the most efficient manner possible. The SecureBlue SNP-MOC training is available online through the Blue Cross and Blue Shield of Minnesota Learning and Development website supported by Availity.

- *Providers using Availity*, log in to the Availity portal. Click Payer Spaces BlueCrossBlueShield of Minnesota. Click Resources | Access BCBSMN Learning and Development. Providers will be directed to the Catalog. Search **Blue Plus SecureBlue Special Needs Plan Model of Care** – On-Demand, then click Enroll OR select "Minnesota Health Care Programs" under the Category dropdown to find the training.
- *Providers not using Availity*, use the link <https://bcbsmn.availitylearningcenter.com> to create your account. To create a new account, select Sign Up Now and follow the prompts. Use your email address as the username. Providers will be directed to the Dashboard. Click "Get Started" on the rotating banner titled Learn with Blue Cross and Blue Shield of Minnesota | then click on Access the Training Catalog | select **Blue Plus SecureBlue Special Needs Plan Model of Care**– On-Demand, then click Enroll.

NEED HELP UNDERSTANDING OUR COMMERCIAL NETWORKS AND MEDICARE PRODUCTS?

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) publishes reference guides for commercial networks and Medicare products annually. The 2021 guides have been placed on the provider landing page (bluecrossmn.com/providers) for easier access and can be found within the 'Tools and Resources' section in the bottom right quadrant of the webpage. The previous year's guides are located in the Education Center.

Inside preview

Quality Improvements / 1-3

FYI / 4-7

Pharmacy Section / 8-14

Medical and Behavioral Health Policy Updates / 15-18

(continued on the next page)

QUALITY IMPROVEMENT

A certificate can be printed after completion of the training. The Availity website will also track completion of your training. Because compliance is critical, if a provider fails to complete the CMS required training and remains noncompliant, they may be required to develop a Corrective Action Plan or be subject to other remediation activities. We are here to assist you in overcoming any barriers to training completion. If you have questions or require assistance, please send an email to medicare.compliance.training@bluecrossmn.com.

CONTINUITY AND COORDINATION OF CARE IMPROVEMENTS

Keeping care coordinated across multiple care providers can be challenging. As a part of our ongoing efforts to improve continuity and coordination of care for our members, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) gathers feedback from our network of providers to gain their perspective on how well medical care is coordinated. To accomplish this, Blue Cross sponsored a telephonic survey to measure the Blue Cross provider network experience with continuity and coordination of care for their patients across the care delivery system.

As part of this survey, we asked “What can Blue Cross do to improve continuity and coordination of care for your practice?” Responses were varied and the top three areas identified were as follows:

- Transportation: increase coverage and options.
- Prior Authorization: reduce challenges and provide faster responses.
- Patient Education: provide more resources.

Outlined below are a few of the ways we are working towards making improvements that help support continuity and coordination of care:

- Transitioned administration of scheduling and claims processing for the Blue Plus BlueRide program back to Blue Plus from LogistiCare.
- Reduced turnaround timeframes for prior authorization responses
Please refer to Provider Bulletin P78-20, Reminder: New Prior Authorization Timeframes Required by Legislation for more details.
- Educational materials and resources on topics including (but not limited to) answers to common questions, coverage and benefits, and health and wellbeing are available to members on our website at bluecrossmn.com. Resources are also available for eligible members through the BlueCrossMN mobile application or by contacting Customer Service.

QUALITY OF CARE COMPLAINT REPORT

Your participating provider agreement with Blue Plus outlines the complaint procedure for primary care clinics. MN Rules 4685.1110 and 4685.1900 outline the requirements of complaint collection and analysis of quality of care complaints for the Health Plan. Blue Plus requires providers to report these complaints quarterly. Reporting is required, even if there were no complaints during the reporting period.

Complaints should be submitted via secure email in a report format (e.g. Excel, csv).

- Member ID Number
- Patient Name
- Patient Date of Birth
- Date of Service / Incident
- Date Complaint Received by Provider
- Practitioner Named in Complaint
- Practitioner NPI
- Location of Service / Incident
- Summary of Complaint
- Categorizations Used to Classify Complaint
- Summary of Outcome / Resolution, including date
Submit report via secure email to: Quality.of.Care.Mailbox@bluecrossmn.com

QUALITY IMPROVEMENT

Starting in spring 2020, the coronavirus (COVID-19) pandemic had a rapid and devastating toll on the lives of many. To help support efforts and reduce burden, we partnered with residents and communities, employers, health providers and our staff to identify and provide what was immediately needed to protect the health of Minnesotans. Outlined below are just a few of the ways we worked to support the community:

- Expanded virtual care benefits to help improve access to health care services.
- Removed prior authorizations for COVID-19 and many other treatments.
- Committed funds to support Second Harvest Heartland's COVID-19 response plan.

For more information on ways Blue Cross is supporting the community please visit our website at <https://www.bluecrossmn.com/members/covid-19-coverage-and-benefits/covid-19-community-response>.

FYI

PROVIDER MANUAL UPDATES

The following is a list of Blue Cross provider manuals that have been updated from February 2, 2021 to May 4, 2021. As a reminder, provider manuals are available online at providers.bluecrossmn.com. To view the manuals, select “Forms & publications,” then “manuals.” Updates to the manuals are documented in the “Summary of changes” section of the online manuals.

MANUAL NAME: CHAPTER NUMBER AND TITLE	CHANGE
Provider Policy and Procedure Manual: Chapter 4, Care Management	Content changes to the following sections: <ul style="list-style-type: none"> • Care Management Introduction • Prior Authorization/Notification • Utilization Management Services Requiring Prior Authorization/Notification
Provider Policy and Procedure Manual: Chapter 2, Provider Agreements	Content changes to the following sections: <ul style="list-style-type: none"> • Blue Cross’ Responsibilities • Provider Service Agreements Notification • Compliance with Laws • Required Notification
Blue Plus Manual: Chapter 3, Government Programs	Added a link to the Care Coordination guidelines: Care Coordination guidelines are located at https://carecoordination.bluecrossmn.com/care-coordination/

Provider Press

Provider Press is a quarterly newsletter available online. Issues are published in March, June, September and December. Below is the URL (select “provider press” from the “Select a Category” drop down option): https://www.bluecrossmn.com/Page/mn/en_US/forms-and-publications.

WHOM TO CONTACT?

HELPFUL PHONE NUMBERS	
BLUELINE (voice response unit)	(651) 662-5200 or 1-800-262-0820
BlueCard® member benefits or eligibility	1-800-676-BLUE (2583)
FEP® (voice response unit)	(651) 662-5044 or 1-800-859-2128
Availity	1-800-282-4548
Provider Services	(651) 662-5200 or 1-800-262-0820 and 1-888-420-2227 Notes: eviCore provider service: 1-844-224-0494 Minnesota Health Care Programs (MHCP) provider service: 1-866-518-8448
Please verify these numbers are correctly programmed into your office phones.	
For phone numbers, fax numbers and addresses for Care Management programs and services please refer to the Provider Policy and Procedure Manual, Chapter 1 “How to Contact Us” section.	

(continued on the next page)

FYI

PUBLICATIONS AVAILABLE ONLINE

The following is a list of Quick Points and Bulletins published from February 10, 2021 to May 3, 2021 that are available online at providers.bluecrossmn.com. As a reminder, Bulletins are published on the first business day of each month and Quick Points are published on the second and fourth Wednesday of every month.

QUICK POINTS	TITLE
QP9-21	New Request Form for Medical Policy Coverage Exception Requests for Commercial Members
QP10-21	Commercial Pharmacy Benefit Exclusion for Emtricitabine-Tenofovir Disoproxil Fumarate Tablet 100-150 mg, 133-200 mg, and 167-250 mg
QP11-21	Commercial Pharmacy Benefit Exclusion for Select Medications
QP12-21	Commercial Pharmacy Benefit Update – New and Revised Drug-Related Prior Authorization (PA) Requirement Notification – Effective April 1, 2021
QP13-21	Commercial and MHCP Pharmacy Benefit Exclusion for Cabenuva
QP14-21	MHCP Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Enspryng™(satralizumab-mwge) PA with QL
QP15-21	Provider Fee Schedule Request
QP16-21	Overpayment Refund/Recoupment Notification Process for Minnesota Health Care Programs
QP17-21	MHCP Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) Criteria: Droxia and Siklos®
QP18-21	Blue Cross to Collaborate with VillageHealth
QP19-21	Telehealth Policy Updates
QP20-21	Commercial Pharmacy Benefit Update – Revised Drug-Related Prior Authorization (PA) Requirement Notification – Effective May 1, 2021
QP21-21	Update: CPT Code 99072 Will Not Be Separately Reimbursed for Minnesota Health Care Programs (MHCP)
QP22-21	Commercial and MHCP Pharmacy Benefit Exclusion for Nulibry™
QP23-21	Cellular and Gene Therapy Product Reimbursement Policy Update
QP24-21	Commercial Pharmacy Benefit Update – Revised Drug-Related Prior Authorization (PA) Requirement Notification – Effective June 1, 2021
QP25-21	Reminders Related to the Submission of Prior Authorizations and Subsequent Claims
QP26-21	Commercial Pharmacy Benefit Exclusion for Select Medications
QP27-21	MHCP Pharmacy Benefit Exclusion for Select Medications
QP28-21	Commercial Pharmacy Benefit Exclusion for Select Medications and Formulary Alternatives
QP29-21	Commercial and MHCP Pharmacy Benefit Update – Growth Hormone Notification
QP30-21	Reference Guides for Commercial Networks and Medicare Products
QP31-21	Update for New to Market Medical Drugs: Avalglucosidase Alfa and Selexipag (Upravi intravenous formulation)
QP32-21	Reminder: New Claim Edits For Professional Lab Claims Missing Required Data
QP33-21	Commercial Pharmacy Benefit Update – New Drug-Related Step Therapy (ST) Criteria: Winlevi®

(continued on the next page)

FYI

PUBLICATIONS AVAILABLE ONLINE (continued)

QUICK POINTS	TITLE
QP34-21	Is Authorization Required (IAR) Tool for Outpatient Authorization on Availity Portal
QP35-21	MHCP Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Verquvo® (vericiguat) PA with QL
QP36-21	MHCP Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Zokinvy™ (lonafarnib) PA with QL
QP37-21	New Clinical Survey for Psychological and Neuropsychological Testing
QP38-21	Commercial and MHCP Pharmacy Benefit Exclusion for Abecma®
QP39-21	Claims Status Listing Tool
BULLETINS	TITLE
P13-21	Updated Minnesota Health Care Programs and Minnesota Senior Health Options Prior Authorization and Medical Policy Requirements
P14-21	New Medical, Medical Drug and Behavioral Health Policy Management Updates—Effective May 3, 2021
P15-21	New Medical, Medical Drug and Behavioral Health Policy Management Updates—Effective May 31, 2021
P16-21	Genetic/Molecular Lab Test Coding Reimbursement Policy for MHCP
P17-21	eviCore Healthcare Specialty Utilization Management (UM) Program – Medical Oncology Drug Prior Authorization Updates for Fully Insured Commercial and Medicare Advantage Subscribers
P18-21	New Reimbursement Policy for Minnesota Health Care Programs Modifier 90: Reference (Outside) Laboratory and Pass-Through Billing
P19-21	Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements
P20-21	Removal of Four Medicare Platinum Blue Prior Authorization Requirements — Effective June 1, 2021
P21-21	RAP Claims Required for Home Care Claims Effective July 1, 2021
P22-21	Updated Minnesota Health Care Programs and Minnesota Senior Health Options (MSHO) Prior Authorization and Medical Policy Requirements
P23-21	2021 Renewal Changes Summary for Blue Plus Referral Health Professional Providers
P24-21	2021 Renewal Changes Summary for Aware Professional Providers
P25-21	2021 Renewal Changes Summary for Suppliers of Durable Medical Equipment
P26-21	Sequestration Suspension for Medicare Lines of Business Extended
P27-21	New Medical, Medical Drug and Behavioral Health Policy Management Updates—Effective July 5, 2021
P28-21	Updated Prior Authorization Requirements for Psychological and Neuropsychological Testing for Commercial and Medicare Advantage Products
P29-21	Reimbursement Change for Licensed Professional Clinical Counselors (LPCC)
P30-21	eviCore Healthcare Specialty Utilization Management (UM) Program - Cardiology and Radiology Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers
P31-21	eviCore Healthcare Specialty Utilization Management (UM) Program - Laboratory Management Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers
P32-21	eviCore Healthcare Specialty Utilization Management (UM) Program – Musculoskeletal Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers

(continued on the next page)

FYI

MEMBER RIGHTS AND RESPONSIBILITIES

Blue Cross is committed to treating its members in a way that respects their rights, while maintaining an expectation of their individual responsibilities. All Blue Cross members have certain rights concerning their care and treatment, and responsibilities as a member, such as following agreed upon instructions for care, or supplying information needed to provide care. A complete listing of Member Rights and Responsibilities can be found online at [bluecrossmn.com](https://www.bluecrossmn.com) by entering “member rights” in the search field. Questions or requests for a paper copy may be directed to Lisa K. at (651) 662-2775.

FYI

DISCLOSURE OF OWNERSHIP FORM

Blue Cross makes every effort to assist providers in complying with the Minnesota Department of Human Services (DHS) Disclosure of Ownership and Business Transactions requirement. It is imperative that every provider complete and submit the DHS required disclosure form annually. Failure to do so may result in material noncompliance with the requirements of participation.

Please take a moment to complete and submit the Disclosure of Ownership form on our website at <https://www.bluecrossmn.com/providers/forms-and-publications>. Select “forms-Clinical Operations” in the drop-down menu, then Search “disclosure” to access the form.

If you have any questions, please email us at DisclosureStatement@bluecrossmn.com. Thank you for your attention to this important compliance effort.

REMINDER: MEDICARE REQUIREMENTS FOR REPORTING PROVIDER DEMOGRAPHIC CHANGES

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has continually collaborated with providers to ensure accurate information is provided in all provider directories. Accuracy requires both Providers and Blue Cross to make every effort to support current information.

In accordance with Medicare requirements, Blue Cross is required to maintain accurate provider network directories for the benefit of Subscribers. Please promptly submit a form to us when changes occur, including any of the following:

- Accepting new patients
- Demographic address and phone changes
- Office hours or other changes that affect availability
- Tax ID changes
- Practitioner additions or terminations
- Branch additions

Forms location

Based on what change has occurred, submit the appropriate form located on our website at [providers.bluecrossmn.com](https://www.bluecrossmn.com). Select “Administrative Updates” in the “What’s Inside” section to obtain instructions on completing the various forms or access this link below:

<https://www.bluecrossmn.com/healthy/public/personal/home/providers/admin-updates>.

How do we submit changes?

Send the appropriate form via fax as indicated below:

Fax: **651-662-6684**,

Attention: Provider Data Operations

Questions?

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

PHARMACY UPDATES

PHARMACY UPDATES FOR QUARTER 2, 2021

PHARMACY DRUG FORMULARY UPDATE

As part of our continued efforts to evaluate and update our formularies, Blue Cross evaluates drugs on a regular basis. This evaluation includes a thorough review of clinical information, including safety information and utilization. Blue Cross has developed several formularies based on each of our products and population requirements. A complete list of all formularies and updates can be found at the following web address.

Formularies: <https://www.bluecrossmn.com/providers>

Under "TOOLS AND RESOURCES" select "Learn more about prescription drug benefits." Next, select "Search a drug list." You will be prompted to select "yes" or "no" to the question on whether the member is a Medicare Part D member. Select "yes" if you wish to view formularies for Platinum Blue, SecureBlue or Medicare Advantage members. Select "no" for all other plans. Once you have selected the applicable pharmacy plan, under "helpful documents" select the documents titled "Drug list" or "Formulary updates" to review the applicable formulary.

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATES

Blue Cross employs a variety of utilization management programs such as Prior Authorization, Step Therapy, and Quantity Limits. Blue Cross has implemented additional Prior Authorizations Step Therapy, and Quantity Limits depending on the member's prescription drug benefit. Updates also include changes to existing Prior Authorization, Step Therapy, and Quantity Limit programs. Quantity Limits apply to brand and generic agents. Generic drugs are listed in lower case boldface. Brand name drugs are capitalized

New Quantity Limit Program Effective 4/1/2021

BRAND NAME (generic name - if available)	UM Program		
OMNIPOD 5 PACK		QL	
OMNIPOD DASH 5 PACK		QL	
OMNIPOD DASH KIT SYSTEM		QL	
OMNIPOD STARTER KIT		QL	
V-GO 20 KIT		QL	
V-GO 30 KIT		QL	
V-GO 40 KIT		QL	

*QL Program already implemented

New Prior Authorization with Quantity Limit Program Effective 4/1/2021

BRAND NAME (generic name - if available)	UM Program		
ENSPRYNG INJ	PA	QL	
SUCRAID SOL 8500/ML	PA	QL	

(continued on next page)

PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

Changes to Existing Utilization Management Programs Effective 4/1/2021

BRAND NAME (generic name - if available)	UM Program		
	PA	QL	ST
Abiraterone tablet 500 mg	PA	QL	
AUBAGIO TABLET 7 mg		QL*	ST
AUBAGIO TABLET 14 mg		QL*	ST
AVONEX KIT 30 mcg		QL*	ST
AVONEX PEN 30 mcg/0.5 mL		QL*	ST
AVONEX VIAL 30 mcg/0.5mL		QL*	ST
BETASERON INJ 0.3 mg		QL*	ST
COPAXONE INJ 20 mg/mL		QL*	ST
COPAXONE INJ 40 mg/mL		QL*	ST
DEMEROL (meperidine) TABLET 100 mg		QL	
GEMTESA TABLET 75 mg		QL	
GILENYA CAPSULE 0.25 mg		QL*	ST
GILENYA CAPSULE 0.5 mg		QL*	ST
HUMIRA PEN INJ 80/0.8 mL	PA	QL	
ICLUSIG TABLET 10 mg	PA	QL	
ICLUSIG TABLET 30 mg	PA	QL	
icosapent capsule 1 gm	PA	QL	
IMPEKLO LOTION 0.05%		QL	ST
LUBIPROSTONE CAPSULE 8 mcg	PA	QL	
LUBIPROSTONE CAPSULE 24 mcg	PA	QL	
MAVENCLAD PAK 10 mg (10 TABLET PACK)		QL*	ST
MAVENCLAD PAK 10 mg (4 TABLET PACK)		QL*	ST
MAVENCLAD PAK 10 mg (5 TABLET PACK)		QL*	ST
MAVENCLAD PAK 10 mg (6 TABLET PACK)		QL*	ST
MAVENCLAD PAK 10 mg (7 TABLET PACK)		QL*	ST
MAVENCLAD PAK 10 mg (8 TABLET PACK)		QL*	ST
MAVENCLAD PAK 10 mg (9 TABLET PACK)		QL*	ST
MAYZENT STARTER PACK TABLETS 0.25 mg		QL*	ST
MAYZENT TABLET 0.25 mg		QL*	ST
MAYZENT TABLET 2 mg		QL*	ST
meloxicam capsule			ST
MEPERIDINE SOLUTION 50 mg/5 mL		QL	
meperidine syrup 50 mg/5 mL		QL	
MORPHINE SULFATE TABLET 15 mg		QL	
morphine sulfate tablet 15 mg		QL	

(continued on next page)

PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

BRAND NAME (generic name - if available)	UM Program		
NAPROXEN SODIUM TABLET ER 24HR 750 mg			ST
nitazoxanide tablet 500 mg		QL	
ORLADEYO CAPSULE	PA	QL	
OXAYDO (oxycodone) TABLET 5 mg		QL	
XYCODONE/ACETAMINOPHEN SOLUTION 10-300 mg/5 mL		QL	
PLEGRIDY PEN 125 mcg/0.5 mL		QL*	ST
PLEGRIDY PEN STARTER KIT		QL*	ST
PLEGRIDY SYRINGE 125 mcg/0.5 mL		QL*	ST
PLEGRIDY SYRINGE STARTER KIT		QL*	ST
QDOLO SOLUTION 5 mg/mL		QL*	ST
REBIF REBIDOSE SYRINGE		QL*	ST
REBIF REBIDOSE TITRATION PACK		QL*	ST
REBIF SYRINGE		QL*	ST
REBIF TITRATION PACK		QL*	ST
REDITREX INJ			ST
RETACRIT INJ 20000 UNITS			ST
XODOL (hydrocodone/acetaminophen) TABLET 5-300 mg		QL	
ZEPOSIA 7 DAY CAPSULE STARTER PACK		QL*	ST
ZEPOSIA CAPSULE 0.92 mg		QL*	ST
ZEPOSIA CAPSULE STARTER KIT		QL*	ST
ZOLMITRIPTAN NASAL SPRAY		QL	ST
QL* -- quantity limit already implemented			

Key for all the above tables:

PA=Prior Authorization; QL=Quantity Limit; ST=Step Therapy

Effective April 1, 2021

- Droxia and Siklos Prior Authorization Program will be implemented for Medicaid.
- Endari Prior Authorization Program will be implemented for Medicaid.
- Oxybryta Prior Authorization with Quantity Limit Program will be implemented for Medicaid.

Effective June 1, 2021

- Verquvo Prior Authorization with Quantity Limit Program will be implemented for Medicaid.
- Zokinvy Prior Authorization with Quantity Limit Program will be implemented for Medicaid.

(continued on next page)

PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

Effective July 1, 2021

- Atypical Antipsychotics, Long Acting Step Therapy with Quantity Limit Program will be renamed to Atypical Antipsychotics-Extended Maintenance Agents Step Therapy with Quantity Limit Program for Commercial.
- Atypical Antipsychotics, Long Acting Quantity Limit Program will be renamed to Atypical Antipsychotics-Extended Maintenance Agents Quantity Limit Program for Medicaid.
- Atypical Antipsychotics, Short Acting Step Therapy with Quantity Limit Program will be renamed to Atypical Antipsychotics Step Therapy with Quantity Limit Program for Commercial.
- Atypical Antipsychotics, Short Acting Quantity Limit Program will be renamed to Atypical Antipsychotics Quantity Limit Program for Medicaid.
- Diclofenac Gel, Fluorouracil Cream, Imiquimod Cream, Ingenol Gel Prior Authorization with Quantity Limit Program will be renamed to Topica Actinic Keratosis, Basal Cell Carcinoma, Genital Warts Agents Prior Authorization with Quantity Limit Program for Commercial.
- Eysuvis Prior Authorization with Quantity Limit Program will be implemented for Commercial.
- Lupus Prior Authorization with Quantity Limit Program will be implemented for Commercial.
- Verquvo Prior Authorization with Quantity Limit Program will be implemented for Commercial.
- Winlevi Step Therapy Program will be implemented for Commercial.
- Zokinvy Prior Authorization with Quantity Limit Program will be implemented for Commercial.

A detailed list of all drugs included in these programs can be found at the following web address:

Utilization Management information: <https://www.bluecrossmn.com/providers>

Under "TOOLS AND RESOURCES" select "Learn more about prescription drug benefits." Next, select "Search a drug list." You will be prompted to select "yes" or "no" to the question on whether the member is a Medicare Part D member. Select "yes" if you wish to view formularies for Platinum Blue, SecureBlue or Medicare Advantage members. Select "no" for all other plans. Once you have selected the applicable pharmacy plan, under "helpful documents" you will see documents with "Utilization management" in the title. These will list all applicable drugs currently included in one of the above programs.

(continued on next page)

PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATE (continued)

PHARMACY BENEFIT EXCLUSIONS

Blue Cross will no longer cover the following medications under the Commercial pharmacy benefit. Subscribers must use a medication alternative that is covered under the pharmacy benefit plan or pay full price for continued use of their current medication.

Drug Name	Pharmacy Benefit Exclusion Effective Date for Commercial
Acetaminophen/Caffeine/Dihydrocodeine capsule 320.5-30-16 mg (Trezix Authorized Generic*)	April 14, 2021
Oxycodone/acetaminophen solution 10/300 mg (Prolate® Authorized Generic*)	April 14, 2021
Prolate® (oxycodone/acetaminophen) solution 10/300 mg per 5 ml	April 14, 2021
Qdolo® (tramadol) solution 5 mg/ml	April 14, 2021
Trezix™ (acetaminophen/caffeine/dihydrocodeine) capsule 320.5-30-16 mg	April 14, 2021

*Authorized Generics are approved brand name drugs that are the same as the (reference) brand name drug in both active and inactive ingredients, but do not use the brand name on the label and may have a different color or marking.

Due to their route of administration and/or clinician required administration, the following drugs will no longer be covered under the pharmacy drug benefit but may be covered and processed under the medical drug benefit. For drugs that require a prior authorization under the medical benefit, failure to obtain authorization prior to service will result in a denied claim and payment.

Drug Name	Pharmacy Benefit Exclusion Effective Date for Commercial
Amondys 45™ (casimersen) intravenous (IV) solution	April 14, 2021
Breyanzi® (lisocabtagene maraleucel) suspension for intravenous (IV) infusion	April 14, 2021
Cabenuva (cabotegravir extended-release co-packaged with rilpivirine extended-release) injectable suspension kit	February 1, 2021
Evkeeza™ (evinacumab-dgnb) intravenous (IV) solution	April 14, 2021
Nulibry™ (fosdenopterin hydrobromide) solution for intravenous (IV) injection	March 24, 2021
Olinvyk™ (oliceridine fumarate) intravenous (IV) solution	April 14, 2021
Oxlumo™ (lumasiran) subcutaneous injection	January 27, 2021
Xaracoll® (bupivacaine hydrochloride) implant	April 14, 2021

(continued on next page)

PHARMACY UPDATES

PHARMACY UTILIZATION MANAGEMENT (UM) UPDATES (continued)

Drug Name	Pharmacy Benefit Exclusion Effective Date for Medicaid
Amondys 45™ (casimersen) intravenous (IV) solution	April 14, 2021
Breyanzi® (lisocabtagene maraleucel) suspension for intravenous (IV) infusion	April 14, 2021
Cabenuva (cabotegravir extended-release co-packaged with rilpivirine extended-release) injectable suspension kit	February 1, 2021
Cosela™ (trilaciclib dihydrochloride) for intravenous (IV) solution	April 14, 2021
Danyelza®(naxitamab-gqgk) intravenous (IV) solution	January 27, 2021
Evkeeza™ (evinacumab-dgnb) intravenous (IV) solution	April 14, 2021
Margenza™ (margetuximab-cmkb) intravenous (IV) solution	April 14, 2021
Nulibry™ (fosdenopterin hydrobromide) solution for intravenous injection	March 24, 2021
Olinvyk™ (oliceridine fumarate) intravenous (IV) solution	April 14, 2021
Oxlumo™ (lumasiran) subcutaneous injection	January 27, 2021
Pepaxto® (melphalan flufenamide) for intravenous (IV) solution	April 14, 2021
Riabni™ (ritusimab-arrx) intravenous (IV) solution	April 14, 2021
Xaracoll® (bupivacaine hydrochloride) implant	April 14, 2021

EXCEPTION REQUESTS

Prescribing providers may request coverage of a non-preferred drug for a Subscriber by completing the Minnesota Uniform Form for Prescription Drug Prior Authorization (PA) Requests and Formulary Exceptions. Subscriber liability for non-preferred drugs is subject to the Subscriber specific benefit design. You may find this form at the web address below:

Exception request: <https://www.bluecrossmn.com/providers>

Under "TOOLS AND RESOURCES" select "Learn more about prescription drug benefits." Next, select "Search a drug list." You will be prompted to select "yes" or "no" to the question on if the member is a Medicare Part D member. Select "yes" if you wish to view formularies for Platinum Blue, SecureBlue or Medicare Advantage members. Select "no" for all other plans. Once you have selected the applicable pharmacy plan on the top bar of the web page, select "Forms" and then "Coverage Exception Form" or you may call Provider Services to obtain the documentation.

(continued on the next page)

PHARMACY UPDATES

ADDITIONAL RESOURCES

For tools and resources regarding Pharmacy please visit our website at bluecrossmn.com and select “Shop Plans” and “Prescription Drugs.” Tools include information on preventive drugs (if covered by plan), specialty drugs and other pharmacy programs. You will also be able to search for frequently asked questions and answers. Formulary updates are completed quarterly and posted online for review.

Additional information regarding Pharmacy is also located in the Provider Policy and Procedure Manual. To access the manual, go online to <https://www.bluecrossmn.com/providers> and select “Forms and Publications” then “Manuals.” Topics in the manual include, but are not limited to, claims submission and processing, formulary exceptions, quantity limits and step therapy.

Similar Pharmacy Management for the Federal Employee Program (FEP) subscribers can be found online at <https://www.fepblue.org>. FEP subscribers have a different PBM (Caremark) and will have a different formulary list and procedures for prior authorizations and quantity limits than listed above. This information can be found by scrolling down to “Pharmacy Benefits” and selecting “Finding out more.”

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

Policies Effective: May 3, 2021

Notification Posted: March 1, 2021

Policies developed

- Intraosseous Nerve Ablation for Chronic Low Back Pain, IV-111
- Autonomic Nervous System Function Testing, II-86
- Lumasiran, II-248

Policies revised

- Rituximab, II-47
- Omalizumab, II-34

Policies inactivated

None

Policies delegated to eviCore

None

Policies Effective: May 31, 2021

Notification Posted: April 1, 2021

Policies developed

- Helicobacter Pylori (H. Pylori) Serology Testing, II-109

Policies revised

- Gender Affirming Procedures for Gender Dysphoria, IV-123
- Subcutaneous Hormone Pellets, II-159
- Eculizumab, II-196
- Inebilizumab, II-244
- Progesterone to Reduce Preterm Birth in High-Risk Pregnancies, II-38
- Intravitreal Corticosteroid Implants, II-100

Policies inactivated

None

Policies delegated to eviCore

None

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

Policies Effective: July 5, 2021

Notification Posted: May 3, 2021

Policies developed

- Lisocabtagene Maraleucel, II-249
- Evinacumab, II-250

Policies revised

- Cosmetic Criteria for Services Which Are Not Addressed by a Specific Medical Policy, XI-04
- Genetic Testing for Inherited Non-Cancer Conditions, VI-09
- Oscillatory Devices for the Treatment of Cystic Fibrosis and other Respiratory Disorders in the Home, VII-35
- Belimumab, II-152
- Botulinum Toxin, II-16
- Intra-Articular Hyaluronan Injections for Osteoarthritis, II-29
- Alemtuzumab, II-184
- Ocrelizumab, II-185
- Natalizumab, II-49

Policies inactivated

- Metallothionein (MT) Protein Assessment and Treatment Protocols, X-03

Policies delegated to eviCore

None

Policies reviewed with no changes in February, March, and April 2021

- Ablation of Peripheral Nerves to Treat Pain, IV-130
- Afamelanotide (Scenesse), II-238
- Aqueous Shunts and Stents for Glaucoma, IV-146
- Automated Point-of-Care Nerve Conduction Tests, VII-12
- Benralizumab (Fasenra), II-203
- Bezlotoxumab (Zinplava), II-199
- Buprenorphine Implant, II-197
- Catheter Ablation as Treatment for Atrial Fibrillation, II-95
- Catheter Ablation for Cardiac Arrhythmias Other than Atrial Fibrillation, II-193
- Closure Devices for Patent Foramen Ovale and Atrial Septal Defects, IV-143
- Cognitive Rehabilitation, III-03
- Confocal Laser Endomicroscopy, II-191
- Cooling/Heating Devices Used in the Outpatient Setting, VII-14
- Corneal Collagen Cross-Linking, II-207
- Crizanlizumab, II-235
- Dynamic Spinal Visualization and Vertebral Motion Analysis, V-17
- Emapalumab (Gamifant), II-204
- Enzyme Replacement Therapy for the Treatment of Adenosine Deaminase Severe Combined Immune Deficiency (ADA-SCID), II-227

(continued on next page)

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

- Eteplirsen, II-172
- Evaluation Process for New FDA-Approved Medical Drugs or Medical Drug Indications, II-174
- Extracorporeal Photopheresis, II-194
- Extracorporeal Shock Wave Treatment for Musculoskeletal Conditions and Soft Tissue Repair, II-11
- Fecal Microbiota Transplantation, II-198
- Functional Neuromuscular Electrical Stimulation Devices in the Home Setting, VII-11
- Gastric Electrical Stimulation, IV-28
- Givosiran, II-234
- Golodirsen, II-232
- Hair Analysis, VI-06
- Hematopoietic Stem Cell Transplantation for Central Nervous System (CNS) Embryonal Tumors and Ependymoma, II-130
- Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia, II-136
- Hematopoietic Stem Cell Transplantation for Miscellaneous Solid Tumors in Adults, II-123
- Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndrome and Myeloproliferative Neoplasms, II-133
- Hematopoietic Stem-Cell Transplantation for Chronic Lymphocytic Leukemia and Small Lymphocytic Lymphoma, II-122
- Hippotherapy, VII-03
- Intravenous Ketamine for Treatment of Depression, II-225
- Islet Transplantation, IV-09
- Low-Level Laser Therapy and Deep Tissue Laser Therapy, II-09
- Magnetic Esophageal Ring for Treatment of Gastroesophageal Reflux Disease (GERD), IV-124
- Magnetic Resonance Imaging (MRI) of the Breast, V-07
- Mepolizumab (Nucala), II-201
- Mobile Cardiac Outpatient Telemetry, II-20
- Nerve Graft with Prostatectomy, IV-147
- Neurofeedback, X-29
- Occipital Nerve Decompression, IV-167
- Occipital Nerve Stimulation, II-140
- Optical Coherence Tomography, II-79
- Pegloticase, II-147
- Penile Prosthesis Implantation, IV-166
- Percutaneous Electrical Nerve Stimulation (PENS) or Percutaneous Neuromodulation Therapy (PNT), II-81
- Perirectal Spacer for use During Radiotherapy for Prostate Cancer, IV-164
- Peroral Endoscopic Myotomy, IV-159
- Photodynamic Therapy for Skin Conditions, II-46
- Powered Exoskeleton, VII-63
- Prostatic Urethral Lift, IV-148
- Psychological and Neuropsychological Testing, X-45
- Quantitative Sensory Testing, II-54
- Removal of Benign Skin Lesions, IV-138
- Reslizumab (Cinqair), II-202

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

- Rhinoplasty, IV-73
- Romosozumab (Evenity), II-236
- Saliva Hormone Tests, VI-08
- Sphenopalatine Ganglion Nerve Block, II-195
- Stem Cell Therapy for Orthopedic Applications, II-142
- Teprotumumab (Tepezza), II-239
- Transcatheter Aortic Valve Implantation/Replacement (TAVI/TAVR) for Aortic Stenosis, IV-149
- Transcatheter Uterine Artery Embolization, V-10
- Vestibular Evoked Myogenic Potential (VEMP) Testing, II-167
- Water Vapor Energy Ablation for Benign Prostatic Hyperplasia, IV-163

To access medical and behavioral health policies:

Medical and behavioral health policies are available for your use and review on the Blue Cross and Blue Shield of Minnesota website at <https://www.bluecrossmn.com/healthy/public/personal/home/providers/medical-affairs/>. From this site, there are two ways to access medical policy information depending on the patient's Blue Plan membership.

For out-of-area Blue Plan patients:

Under "Medical Policy and Pre-Certification/Authorization Router," click Go. You will be taken to the page where you select either medical policy or pre-certification/prior authorization and enter the patient's three-digit prefix as found on their member identification card and click Go. Once you accept the requirements, you will be routed to the patient's home plan where you can access medical policy or pre-certification/pre-authorization information.

For local Blue Cross and Blue Shield of Minnesota Plan patients:

Select "Medical policy" (under Tools & Resources), and then read and accept the Blue Cross Medical Policy Statement. You have now navigated to the Blue Cross and Blue Shield of Minnesota Medical Policy web page.

Click on the "+" (plus) sign next to "Medical and Behavioral Health Policies."

- The "Upcoming Medical Policy Notifications" section lists new or revised policies approved by the Blue Cross Medical and Behavioral Health Policy Committee. Policies are effective a minimum of 45 days from the date they were posted.
- The "Medical and Behavioral Health Policies" section lists all policies effective at the time of your inquiry.

Click on the "+" (plus) sign next to "Utilization Management."

- The Pre-Certification/Pre-Authorization/Notification lists identify various services, procedures, prescription drugs, and medical devices that require pre-certification/pre-authorization/notification. These lists are not exclusive to medical policy services only; they encompass other services that are subject to pre-certification/pre-authorization/notification requirements.

If you have additional questions regarding medical or behavioral health policy issues, call provider services at **(651) 662-5200** or **1-800-262-0820** for assistance.

Provider Press is posted on our website quarterly for business office staff of multi-specialty clinics, physicians, public health agencies, DME providers, chiropractors, podiatrists, physical therapists, occupational therapists, optometrists and behavioral health professionals/providers. Direct inquiries to:

Network Management R317
Editor: Holly Batchelder
P.O. Box 64560
St. Paul, MN 55164-0560
(651) 662-2014
toll free: 1-800-382-2000, ext. 22014

Information in Provider Press is a general outline. Provider and member contracts determine benefits.

CPT-4 codes noted are AMA copyrighted.

T308R112 05/2021



Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association

Network Management R317
P.O. Box 64560
St. Paul, MN 55164-0560