

PROVIDER QUICK POINTS

PROVIDER INFORMATION



January 22, 2020

Commercial Medical Drug Exclusion List Expanded to Include Avsola

As stewards of healthcare expenditures for our subscribers, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is charged with ensuring the highest quality, evidence-based care for our members, while driving quality, safety, and affordability. To accomplish this, when multiple versions of the same drug exist, Blue Cross may decide to cover only certain versions of the drug after completing a review of the drugs.

Effective January 22, 2020, Blue Cross will expand the Medical Drug Exclusion List for Commercial lines of business to include **Avsola**, a new biosimilar version of Infliximab. If a subscriber chooses to use one of the excluded (non-covered) drugs, they will be liable to pay the full retail cost of the drug.

Effective January 22, 2020 – the following drugs will NOT be covered under the medical benefit.							
Drug	Preferred Medical Drug (Covered)			Excluded Drug Alternatives (Not Covered)			Products Impacted
	Brand Name	NDC Code	HCPCS Code	Brand Name	NDC Code	HCPCS Code	
Infliximab*	Remicade	57894-0030-01	J1745	Avsola (infliximab-axxq)	55513-0670-01	J3490	Commercial health plans (excluding FEP)

*See medical policy II-97 – Infliximab for medical necessity criteria and prior authorization requirements.

Medical Drug Exclusions List

We encourage providers to review the list online frequently, as the list is subject to change as new drug formulations and products are introduced on the market. To review the list:

- Go to providers.bluecrossmn.com
- Under ‘Tools and Resources’ select ‘Medical policy’ and then acknowledge the Acceptance Statement
- Click on the ‘+’ next to ‘Medical and Behavioral Health Policies’ to view the Medical Drug Exclusions List

To view Blue Cross medical policies

- Go to providers.bluecrossmn.com
- Under Tools and Resources, select “Medical Policy”, then acknowledge the Acceptance statement
- Select the “+” (plus) sign next to Medical and Behavioral Health Policies to locate the medical policy search tool

Coding requirements reminder

All coding and reimbursements are subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (e.g. HCPCS, CPT, ICD), only valid codes for the date of service may be submitted or accepted.

Questions?

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

HCPCS stands for Healthcare Common Procedure Coding System

CPT® (Current Procedural Terminology) is a registered trademark of the American Medical Association.