

PROVIDER QUICK POINTS

PROVIDER INFORMATION



December 11, 2019

Addition of Drugs to Existing Prior Authorization (PA) with Quantity Limit (QL) Programs

Effective January 1, 2020, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be adding a PA or PA with QL requirements for the following products under the pharmacy benefit plan.

The intent of the PA is to encourage appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines and according to dosing recommended in product labeling.

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring they receive appropriate, quality care while also managing overall costs. The prior authorization 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.

Pharmacy PA Program	Drug Name	Quantity Limit Per 30 Days (unless noted below)
Biologic Immunomodulators PA with QL	Rinvoq™ (upadacitinib)	30 tablets
Cystic Fibrosis Transmembrane Conductance Regulator (CFTR) PA with QL	Trikafta™ (elexacaftor/tezacaftor/ivacaftor)	90 tablets
Interleukin-5 (IL-5) Inhibitors PA with QL	Fasenra® (benralizumab) auto-injector	1 pen per 56 days
Self-Administered Oncology PA with QL	Inrebic® (fedratinib)	120 capsules
	Rozlytrek™ (entrectinib)	100 MG – 30 capsules 200 MG – 90 capsules

Products Impacted

These PA programs apply to commercial lines of business and the following Minnesota Health Care Programs.

- Families and Children [*formerly known as* Prepaid Medical Assistance Program (PMAP)]
- MinnesotaCare (MNCare)
- Minnesota Senior Care Plus (MSC+)

New PA criteria will be posted by December 1, 2019 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 for a member enrolled in a Minnesota Health Care Programs (MHCP) plan, please contact provider services at **1-866-518-8448**. Please contact provider services at **(651) 662-5200** or **1-800-262-0820** for all other questions.