

PROVIDER QUICK POINTS

PROVIDER INFORMATION



September 11, 2019

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

Effective October 1, 2019, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be adding a PA with QL or PA 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 PA 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)
Amifampridine PA with QL	RUZURGI® (amifampridine)	300 TABLETS
Constipation Agents PA	ZELNORM® (tegaserod maleate)	NA
HCN Channel Blocker PA with QL	CORLANOR® (ivabradine) solution	600 ML
HSDD PA with QL	VYLEESI™ (bremelanotide)	8 INJECTIONS
Self-Administered Oncology PA with QL	NUBEQA™ (darolutamide)	120 TABLETS
Self-Administered Oncology PA with QL	PIQRAY® (alpelisib)	200 MG - 30 TABLETS 250 MG - 60 TABLETS 300 MG - 60 TABLETS
Self-Administered Oncology PA with QL	TURALIO™ (pexidartinib)	120 CAPSULES
Self-Administered Oncology PA with QL	XPOVIO™ (selinexor)	80 MG (TWICE WEEKLY) - 32 TABLETS/28 DAYS 100 MG - 20 TABLETS/28 DAYS 80 MG (WEEKLY) - 16 TABLETS/28 DAYS 60 MG - 12 TABLETS/28 DAYS

QP75-19

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

Continued

Products Impacted

This PA program applies 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 October 1, 2019 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

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.

Questions?

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