

# PROVIDER QUICK POINTS

## PROVIDER INFORMATION



June 24, 2020

### Commercial Pharmacy Benefit Update: Addition of Drugs to Existing Prior Authorization (PA) with Quantity Limit (QL) Programs

Effective July 1, 2020, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be adding 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
CGRP PA with QL	NURTEC ODT™	5 CARTONS (40 TABLETS)/90 DAYS
Parathyroid Hormone Analogs for Osteoporosis PA with QL	BONSITY™/TERIPARATIDE®	2.48 ML/28 DAYS
Self-Administered Oncology PA with QL	IBRANCE® tablets	21 TABLETS/28 DAYS
Self-Administered Oncology PA with QL	KOSELUGO™	10 MG – 240 CAPSULES 25 MG – 120 CAPSULES
Self-Administered Oncology PA with QL	PEMAZYRE™	14 TABLETS/21 DAYS
Self-Administered Oncology PA with QL	RETEVMO™	40 MG – 180 CAPSULES 80 MG – 120 CAPSULES
Self-Administered Oncology PA with QL	TABRECTA™	120 TABLETS
Self-Administered Oncology PA with QL	TUKYSA™	50 MG – 300 TABLETS 150 MG – 120 TABLETS
Somatostatin Analogs PA with QL	BYNFEZIA™	2 PENS

### Products Impacted

These PA programs apply to commercial lines of business.

QP57-20

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

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Updated criteria are posted 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](http://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, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.