# **PROVIDER OUICK POINTS** PROVIDER INFORMATION



October 23, 2019

## Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Egrifta<sup>®</sup> (tesamorelin)

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will require PA with QL for Egrifta<sup>®</sup> under the pharmacy benefit plan. Effective dates are outlined below.

The intent of the Egrifta PA with QL program is to promote appropriate selection of patients for treatment according to product labeling and/or clinical guidelines and/or clinical studies.

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.

Target Agent(s)	Quantity Limit	Effective Dates
Egrifta <sup>®</sup> (tesamorelin)	1 mg powder for injection – 1 package of 60 vials per 30 days 2 mg solution for injection – 1 package of 60 vials per 30 days	Medicaid October 15, 2019 Commercial November 1, 2019

#### **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 & 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

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QP83-19 Distribution: Available online at: <u>https://www.bluecrossmn.com/healthy/public/personal/home/providers/forms-and-publications</u>

### 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 <u>CoverMyMeds's</u> (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, please contact provider services at (651) 662-5200 or 1-800-262-0820.