

# PROVIDER QUICK POINTS

## PROVIDER INFORMATION



March 13, 2019

### Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Gonadotropin Hormones

Effective May 1, 2019, Blue Cross and Blue Shield of Minnesota (Blue Cross) will require PA with QL for Infertility Agents under the pharmacy benefit plan.

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

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 (per 30 days)
BRAVELLE® (urofollitropin)	60 vials
CETROTIDE® (cetrotrelax acetate)	5 kits per
FOLLISTIM AQ® (follitropin beta) 75 UNIT/0.5 ML	10 mL (20 cartridges)
FOLLISTIM AQ® (follitropin beta) 300 UNIT/0.36 ML	5.4 mL (15 cartridges)
FOLLISTIM AQ® (follitropin beta) 600 UNIT/0.72 ML	5.76 mL (8 cartridges)
FOLLISTIM AQ® (follitropin beta) 900 UNIT/0.72 ML	5.4 mL (5 cartridges)
GANIRELIX ACETATE™ (ganirelix) 250 mcg/0.5 ml	2.5 mL (5 syringes)
GONAL-F® (follitropin alfa) 75 UNIT RFF PRE-FILLED SYRINGE	20 syringes
GONAL-F® (follitropin alfa) 300 UNIT/0.5 ML REDIJECT MULTI-DOSE DELIVERY SYSTEM	7.5 mL (15 pens)
GONAL-F® (follitropin alfa) 450 UNIT/0.75 ML REDIJECT MULTI-DOSE DELIVERY SYSTEM	7.5 mL (10 pens)
GONAL-F® (follitropin alfa) UNIT MULTI-DOSE PRE-FILLED SYRINGE MULTI-DOSE DELIVERY SYSTEM	10 syringes
GONAL-F® (follitropin alfa) 900 UNIT/1.5 ML REDIJECT MULTI-DOSE DELIVERY SYSTEM	7.5 mL (5 pens)
GONAL-F® (follitropin alfa) 1050 UNIT MULTI-DOSE PRE-FILLED SYRINGE	4 syringes
MENOPUR® (menotropin) 75 UNIT	60 vials
NOVAREL® (chorionic gonadotropin) 5000 UNIT	4 vials
NOVAREL® (chorionic gonadotropin) 10000 UNIT	2 vials
OVIDREL® (choriogonadotropin alfa) 250 mcg/0.5 ML	1 mL (2 syringes)
PREGNYL® (chorionic gonadotropin) INJ 10,000 VIAL	2 vials

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

## **Products Impacted**

This PA program applies to the commercial line of business, for plans with fertility benefit coverage.

New PA criteria will be posted by April 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](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**.