

PROVIDER BULLETIN

PROVIDER INFORMATION



November 1, 2021

Medical Drug Policy Update – Infliximab Preferred Product Expansion to Include Remicade, Inflectra, and Renflexis

As stewards of healthcare expenditures for our subscribers, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is charged with ensuring the highest quality, evidence-based care for our members, while driving quality, safety, and affordability. To accomplish this, when multiple versions of the same drug exist, Blue Cross may decide to cover only certain versions of the drug after completing a review of the drugs.

On January 3, 2022, Blue Cross medical policy II-97 for Infliximab will be updated to **add Inflectra and Renflexis** as preferred infliximab brands, in addition to Remicade, when infliximab is deemed medically necessary per policy II-97. This preferred product change applies to commercial subscribers. With this policy update, the Commercial Medical Drug Exclusion List will be archived and a Commercial Preferred Medical Drug List will be posted.

On January 3, 2022, Blue Cross medical policy II-247 for Medicare Advantage Part B Step Therapy will also be updated to add infliximab preferred products, Remicade, Inflectra, and Renflexis, when infliximab is deemed medically necessary per Medicare policy. This preferred product change applies to Medicare Advantage subscribers.

The following medical policy and preferred product changes will be effective January 3, 2022:

Policy #	Policy Title/ Service	Preferred Brands	Prior Authorization (PA) Requirement*	Line(s) of Business
II-97	Infliximab	Remicade, Inflectra, Renflexis	Continued for Remicade New for infliximab biosimilars <i>(no longer excluded)</i>	Commercial
II-247	Medicare Advantage Part B Step Therapy: Infliximab	Remicade, Inflectra, Renflexis	Continued	Medicare Advantage

*A prior authorization (PA) requirement for infliximab will remain in effect for commercial and Medicare Advantage subscribers. All existing PA approvals will be honored, thru their expiration date.

Products Impacted

The information in this bulletin applies **only** to subscribers who have coverage through Commercial and Medicare Advantage lines of business.

Submitting a PA Request when Applicable

- **Providers may submit PA requests for any treatment in the above table starting December 27, 2021.**
- Providers must check applicable Blue Cross policy and **attach all required clinical documentation** with the PA request. PA requests will be reviewed when patient-specific, relevant medical documentation has been submitted supporting the medical necessity of the service. Failure to submit required information may result in review delays or a denial of the request due to insufficient information to support medical necessity. If a provider does not obtain the required PA before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization.
- PA approval will be based on the Blue Cross policy criteria. To review Blue Cross criteria:
 - Go to 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, then select “Blue Cross Blue Shield of Minnesota Medical Policies” to access policy criteria.
- Current and future PA requirements can be found using the *Is Authorization Required* tool in the Availity® portal prior to submitting a PA request. Prior Authorization Lists are also updated to reflect additional PA requirements on the effective date of the management change and includes applicable codes. To access the pdf Prior Authorization Lists for all lines of business:
 - Go to providers.bluecrossmn.com
 - Under Tools & Resources, select “Medical Policy”, and read/accept the Blue Cross Medical Policy Statement
 - Select the “+” (plus) sign next to “Utilization Management” to access the Prior Authorization Lists.
- If a provider does not obtain the required PA before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization. The requirement applies to subscribers starting therapy and to those already being treated with a therapy noted above.

Prior Authorization Requests

- Participating providers must submit PA requests online via our free [Availity®](#) provider portal
- For medical drugs, PA’s can also be submitted using a [NCPDP](#) standard XML file feed to Blue Cross through CenterX, via an integrated Electronic Medical Record (EMR) system. To learn how to do this, providers should contact their EMR vendor for assistance.
- Out of state, non-contracted providers can submit a PA request to Blue Cross by either using the electronic processes above, the [fax form](#) located under the Forms & Publications section on the Blue Cross website, or their own PA form.

Note: An approved PA does not guarantee coverage under a subscriber’s benefit plan. Subscriber benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies.

Reminder Regarding Medical Policy Updates & Changes:

Medical Policy changes are communicated in the Upcoming Medical Policy Notifications section of the Blue Cross Medical and Behavioral Health Policy website. The Upcoming Policies section lists new, revised, or inactivated policies approved by the Blue Cross Medical and Behavioral Health Policy Committee and are effective at minimum 45 days from the date they were posted. To access the website:

- Go to providers.bluecrossmn.com
- Under Tools & Resources, select “Medical Policy”, and read/accept the Blue Cross Medical Policy Statement
- Under the Medical and Behavioral Health Policies section, select the Upcoming Medical Policy Notifications section.

Questions?

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