

PROVIDER QUICK POINTS

PROVIDER INFORMATION



May 12, 2021

MHCP Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Hemophilia Agents

Effective **July 1, 2021** Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will require **PA** with **QL** for **Hemophilia Agents** under the pharmacy benefit plan.

The intent of the **Hemophilia Agents 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 Agents	Quantity limit
Advate [®] [Antihemophilic Factor (Recombinant)]	Dependent on patient weight and number of doses
Adynovate [®] [Antihemophilic Factor (Recombinant), PEGylated]	Dependent on patient weight and number of doses
Afstyla [®] [Antihemophilic Factor (Recombinant), Single Chain]	Dependent on patient weight and number of doses
Alphanate [®] [Antihemophilic Factor/von Willebrand Factor Complex (Human)]	Dependent on patient weight and number of doses
AlphaNine SD [®] [Coagulation Factor IX (Human)]	Dependent on patient weight and number of doses
Alprolix [®] [Coagulation Factor IX (Recombinant), Fc Fusion Protein]	Dependent on patient weight and number of doses
BeneFIX [®] [Coagulation Factor IX (Recombinant)]	Dependent on patient weight and number of doses
Coagadex [®] [Coagulation Factor X (Human)]	Dependent on patient weight and number of doses
Corifact [®] [Factor XIII Concentrate (Human)]	Dependent on patient weight and number of doses
Eloctate [®] [Antihemophilic Factor (Recombinant), Fc Fusion Protein]	Dependent on patient weight and number of doses
Esperoct [®] [Antihemophilic Factor (Recombinant), GlycoPEGylated -exei]	Dependent on patient weight and number of doses

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FEIBA [®] [Anti-inhibitor Coagulant Complex]	Dependent on patient weight and number of doses
Helixate FS [®] [Antihemophilic Factor (Recombinant), Formulated with Sucrose]	Dependent on patient weight and number of doses
Hemofil M TM [Antihemophilic Factor (Human), Method M, Monoclonal]	Dependent on patient weight and number of doses
Humate-P [®] [Antihemophilic Factor/von Willebrand Factor Complex (Human)]	Dependent on patient weight and number of doses
Idelvion [®] [Coagulation Factor IX (Recombinant), Albumin Fusion Protein (rIX-FP)]	Dependent on patient weight and number of doses
Ixinity [®] [Coagulation Factor IX (Recombinant)]	Dependent on patient weight and number of doses
Jivi [®] [Antihemophilic Factor (Recombinant), PEGylated-aucl]	Dependent on patient weight and number of doses
Koāte/Koāte [®] -DVI [Antihemophilic Factor (Human)]	Dependent on patient weight and number of doses
Kogenate FS [®] [Antihemophilic Factor (Recombinant), Formulated with Sucrose]	Dependent on patient weight and number of doses
Kovaltry [®] [Antihemophilic Factor (Recombinant)]	Dependent on patient weight and number of doses
Mononine [®] [Coagulation Factor IX (Human)]	Dependent on patient weight and number of doses
NovoEight [®] [Antihemophilic Factor (Recombinant)]	Dependent on patient weight and number of doses
NovoSeven [®] RT [Coagulation Factor VIIa (Recombinant)]	Dependent on patient weight and number of doses
Nuwiq [®] [Antihemophilic Factor (Recombinant)]	Dependent on patient weight and number of doses
Obizur [®] [Antihemophilic Factor (Recombinant), Porcine Sequence]	Dependent on patient weight and number of doses
Profilnine [®] SD (Factor IX Complex)	Dependent on patient weight and number of doses
Rebinyn [®] [Coagulation Factor IX (Recombinant), GlycoPEGylated]	Dependent on patient weight and number of doses
Recombinate TM [Antihemophilic Factor (Recombinant)]	Dependent on patient weight and number of doses
Rixubis [®] [Coagulation Factor IX (Recombinant)]	Dependent on patient weight and number of doses
Sevenfact [®] [Coagulation Factor VIIa (Recombinant)-jncw]	Dependent on patient weight and number of doses
Tretten [®] [Coagulation Factor XIII A-Subunit (Recombinant)]	Dependent on patient weight and number of doses
Vonvendi [®] [von Willebrand Factor (Recombinant)]	Dependent on patient weight and number of doses
Wilate [®] [von Willebrand Factor/Coagulation Factor VIII Complex (Human)]	Dependent on patient weight and number of doses
Xyntha [®] / Xyntha [®] Solofuse TM [Antihemophilic Factor (Recombinant)]	Dependent on patient weight and number of doses

Products Impacted

This PA program applies to 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 July 1, 2021 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
- Under the “Medical and Behavioral Health Policies” section, find the “Pharmacy Policies” section. 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 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 for a member enrolled in a Minnesota Health Care Programs (MHCP) plan, please contact provider services at **1-866-518-8448**. Please contact provider services at **(651) 662-5200** or **1-800-262-0820** for all other questions.