

PROVIDER QUICK POINTS

PROVIDER INFORMATION



October 14, 2020

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

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

The intent of the **Hemophilia Factor VIII 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 |
| Eloctate [®] [Antihemophilic Factor (recombinant), Fc Fusion Protein] | Dependent on patient weight and number of doses |
| Esperoct [®] [antihemophilic factor (recombinant). glycopeglated-exei] | Dependent on patient weight and number of doses |
| Helixate FS [®] [Antihemophilic Factor (recombinant), Formulated with Sucrose] | Dependent on patient weight and number of doses |
| Jivi [®] [antihemophilic factor (recombinant), PEGylated-aucl] | 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 |
| NovoEight [®] [Antihemophilic Factor (Recombinant)] | Dependent on patient weight and number of doses |
| Nuwiq [®] [Antihemophilic Factor (Recombinant)] | Dependent on patient weight and number of doses |
| Recombinate [™] [Antihemophilic Factor (Recombinant)] | Dependent on patient weight and number of doses |
| Xyntha [®] / Xyntha [®] Solofuse [™] [Antihemophilic factor (recombinant)] | Dependent on patient weight and number of doses |
| Hemofil M [™] [Antihemophilic Factor (Human), Method M, Monoclonal] | Dependent on patient weight and number of doses |
| Koāte [®] / Koāte [®] - DVI [Antihemophilic Factor (Human)] | Dependent on patient weight and number of doses |
| Monoclante-P [®] [Antihemophilic Factor (Human) C Pasteurized] | Dependent on patient weight and number of doses |

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

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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 January 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
- 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
- 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.