

PROVIDER QUICK POINTS

PROVIDER INFORMATION



June 10, 2020

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

Effective **July 1, 2020**, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will require **PA** with **QL** for **Berinert, Cinryze, Firazyr, Haegarda, Ruconest, and Takhzyro** under the pharmacy benefit plan.

The intent of the **HAE 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
Berinert [®] (C1 Esterase Inhibitor [Human])	5,000 International Units (IU) (10 vials) per 30 days
Cinryze [®] (C1 Esterase Inhibitor [Human])	10,000 Units (20 vials) per 30 days
Firazyr [®] (icatibant)	18mL (6 syringes) per 30 days
Haegarda [®] (C1 Esterase Inhibitor [Human])	3000 IU vials per 28 days: ranges from 8 vials to 24 vials dependent on weight of the member 2000 IU vials per 28 days: ranges from 8 vials to 32 vials dependent on weight of the member
Ruconest [®] (C1 Esterase Inhibitor [Recombinant])	8 vials per 30 days
Takhzyro [™] (lanadelumab-flyo)	4mL (2 vials) per 28 days

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+)

Continued

New PA criteria will be posted by June 10, 2020 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.