# **PROVIDER QUICK POINTS** PROVIDER INFORMATION



May 26, 2021

## MHCP Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Zeposia<sup>®</sup> (ozanimod)

Effective June 15, 2021 Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will require **PA** with **QL** for **Zeposia**<sup>®</sup> under the pharmacy benefit plan.

The intent of the **Zeposia<sup>®</sup> 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
Zeposia <sup>®</sup> (ozanimod) 0.92mg capsule	1 capsule per day
<b>Zeposia</b> <sup>®</sup> (ozanimod) 7-day starter kit (4 x 0.23mg capsules and 3 x 0.46mg capsules)	7 capsules per 180 days
<b>Zeposia</b> <sup>®</sup> (ozanimod) starter kit (7-day starter pack and 0.92mg 30 count bottle)	37 capsules per 180 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+)

New PA criteria will be posted by June 15, 2021 and may be accessed using the Blue Cross provider link.

- Access <u>providers.bluecrossmn.com</u>
- 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 <u>CoverMyMeds's</u> (CMM) free web portal or by sending an electronic

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NCPDP file to Prime through an integrated Electronic Medical Record (EMR) system during the e-prescribing process.

- To access CMM, go to <u>covermymeds.com</u>
- 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.