

PROVIDER BULLETIN

PROVIDER INFORMATION



August 3, 2020

Hereditary Angioedema (HAE) Drug Prior Authorization Management Changes for generic Icatibant, Firazyr, Haegarda, and Takhzyro – Effective October 5, 2020

Effective October 5, 2020, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will change management of the self-administered hereditary angioedema (HAE) drugs identified in the table below that are covered under the pharmacy benefit. For subscribers who have Prime Therapeutics as their Pharmacy Benefit Manager (PBM), prior authorization (PA) reviews for the self-administered HAE drugs will be completed by Prime Therapeutics applying Prime’s Hereditary Angioedema PA with Quantity Limit Criteria. These drugs will be removed from Blue Cross medical policy II-102 and medical benefit PA requirements, as self-administered drugs are excluded from coverage under the medical benefit. PA requirements for these drugs will continue under the pharmacy benefit.

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring they receive the highest quality, evidence-based care. This is accomplished through expanded development of medical policies and through management of these policies to include the PA process. The primary purpose of the PA process is to ensure that evidence-based care is provided to our subscribers, driving quality, safety, and affordability.

Effective October 5, 2020 – the following self-administered injectable HAE drugs will be subject to Pharmacy Utilization Management (UM) Criteria with PA.

Drug (Brand Name)	Blue Cross Medical Policy Change	Prime Pharmacy UM Criteria Change
<ul style="list-style-type: none"> Human C1 esterase inhibitor (<i>Haegarda</i>) Lanadelumab (<i>Takhzyro</i>) Icatibant (<i>Firazyr, generic Icatibant</i>) 	<ul style="list-style-type: none"> Removing self-administered drugs Haegarda, Takhzyro, Firazyr, and generic Icatibant criteria from medical policy II-102: <i>Pharmacologic Therapies for Hereditary Angioedema</i> Removing medical benefit PA requirements and excluding Haegarda, Takhzyro, Firazyr, and generic Icatibant from coverage under the medical benefit, as the drugs are intended for self-administration and are processed under the pharmacy benefit. 	<ul style="list-style-type: none"> Activating <i>Hereditary Angioedema Prior Authorization with Quantity Limit Criteria</i> for Haegarda, Takhzyro, Firazyr, and generic Icatibant For Blue Cross members who have Prime Therapeutics as their pharmacy benefit manager, prior authorization reviews for Haegarda, Takhzyro, Firazyr, and generic Icatibant can be submitted to Prime Therapeutics starting October 1, 2020.

To access Pharmacy UM Criteria, follow the steps below.

- Go to providers.bluecrossmn.com
- Under Tools and Resources, select Medical Policy, then acknowledge the Acceptance statement
- Under Utilization Management, select [Pharmacy Utilization Management](#)
- Scroll through the Pharmacy UM Program Criteria to locate specific criteria

Products Impacted

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

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