

# PROVIDER QUICK POINTS

## PROVIDER INFORMATION



February 13, 2019

### Addition of Drugs to existing Prior Authorization (PA) with Quantity Limit (QL) Programs

Effective April 1, 2019, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will require a PA or PA with QL requirements for the following products.

The intent of the PA is to encourage appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines and according to dosing recommended in product labeling.

| Pharmacy PA Program                    | Drug Name                                | Quantity Limit (per 30 days - unless otherwise noted) |
|--|--|---|
| Antifungal PA with QL                  | TOLSURA™ (itraconazole)                  | 120 CAPSULES  |
| Biologic Immunomodulators PA with QL   | ACTEMRA® (tocilizumab) Auto-Injector     | 4 AUTO-INJECTORS/28 DAYS                              |
| Nocturia PA with QL                    | NOCDURNA® (desmopressin acetate)         | 30 TABLETS  |
| Ophthalmic Immunomodulators PA with QL | CEQUA™(cyclosporine) Ophthalmic Solution | 60 VIALS  |
| Self-Administered Oncology PA with QL  | DAURISMO™ (glasdegib)                    | 25 MG - 60 TABLETS<br>100 MG - 30 TABLETS             |
| Self-Administered Oncology PA with QL  | LORBRENA® (lorlatinib)                   | 25 MG - 90 TABLETS<br>100 MG - 30 TABLETS             |
| Self-Administered Oncology PA with QL  | TALZENNA® (talazoparib)                  | 0.25 MG - 90 CAPSULES<br>1 MG - 30 CAPSULES           |
| Self-Administered Oncology PA with QL  | ZYDELIG® (idelalisib)                    | 100 MG – 60 TABLETS<br>150 MG – 60 TABLETS            |
| Self-Administered Oncology PA with QL  | VIKTRAVI® (larotrectinib)                | 25 MG - 180 CAPSULES<br>100 MG - 60 CAPSULES          |
| Self-Administered Oncology PA with QL  | VIZIMPRO® (dacomitinib)                  | 1 TABLET  |

QP9-19

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

Continued

| Pharmacy PA Program                         | Drug Name  | Quantity Limit (per 30 days - unless otherwise noted) |
|---|--|---|
| Self-Administered Oncology PA with QL       | XOSPATA <sup>®</sup> (giltertinib)                             | 3 TABLETS   |
| Thrombopoietin Receptor Agonists PA with QL | PROMACTA <sup>®</sup> (eltrombopag) Powder Pack for Suspension | 1 PACK  |
| Topical Androgens PA with QL                | testosterone transdermal gel                                   | 2 PUMP BOTTLES  |
| Topical Lidocaine PA with QL                | lidocaine topical jelly 2%                                     | 900 mL  |
| Topical Lidocaine PA with QL                | lidocaine topical solution 4%                                  | 400 mL  |
| Topical Lidocaine PA with QL                | lidocaine 2.5%/prilocaine 2.5% cream                           | 60 GRAMS  |
| Topical Lidocaine PA with QL                | PLIAGLIS <sup>™</sup> (lidocaine tetracaine)                   | 120 GRAMS   |
| Topical Lidocaine PA with QL                | SYNERA <sup>®</sup> (lidocaine tetracaine)                     | 4 PATCHES   |
| Xolair PA                                   | XOLAIR <sup>®</sup> (omalizumab) Prefilled Syringes            | NA  |

### Products Impacted

This PA program applies to commercial lines of business and 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 March 1, 2019 and may be accessed using the Blue Cross provider link.

- Access **providers.bluecrossmn.com**
- Under Tools and Resources, select Medical policy, then acknowledge the Acceptance statement
- Select View All Active Policies
- Select Pharmacy Utilization Management Programs

### 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](http://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**.