

PROVIDER QUICK POINTS

PROVIDER INFORMATION



January 8, 2020

Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) Criteria: Palforzia and Viaskin Peanut (Peanut Allergy Oral Immunotherapy)

Upon launch, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will require PA for Palforzia and Viaskin Peanut (peanut allergy oral immunotherapy) under the pharmacy benefit plan.

The intent of the Palforzia and Viaskin Peanut (peanut allergy oral immunotherapy) PA program is to ensure appropriate selection of patients for treatment according to the Food and Drug Administration (FDA) approved product labeling. The Palforzia and Viaskin Peanut (peanut allergy oral immunotherapy) PA defines appropriate use as use in patients who have an FDA approved indication, who are receiving the FDA labeled dose, and who do not have any FDA labeled contraindications.

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring they receive appropriate, quality care while also managing overall costs. The PA 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.

Pharmacy PA Program	Target Agent
Palforzia and Viaskin Peanut (peanut allergy oral immunotherapy)	Palforzia and Viaskin Peanut (peanut allergy oral immunotherapy)

Products Impacted

This PA program applies to commercial lines of business.

The criteria for approval are based on FDA approved product labeling. Drug-specific PA criteria will be developed and posted once available. Medical policy can be accessed using the Blue Cross and Blue Shield of Minnesota provider link.

- Access providers.bluecrossmn.com
- Under Tools & Resources, select “Medical Policy”, and read/accept the Blue Cross Medical Policy Statement
- Under Medical and Behavioral Health Policies, select “Pharmacy Policies for Blue Cross and Blue Shield of Minnesota”
- Scroll through the 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](http://CoverMyMeds.com) (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**.