

PROVIDER QUICK POINTS

PROVIDER INFORMATION



June 12, 2019

Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Somatostatin Analogs

Effective July 1, 2019, Blue Cross and Blue Shield of Minnesota (Blue Cross) will require PA with QL for Somatostatin Analogs under the pharmacy benefit plan.

The intent of the Somatostatin Analogs PA with QL program is to ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or clinical guidelines and to verify appropriate FDA labeled dosing.

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.

Target Agent(s)	Quantity Limit
Sandostatin® (octrotide acetate)	50 mcg/mL single use ampule - 90 mL (90 ampules) (per 30 days) 100 mcg/mL single use ampule - 90 mL (90 ampules) (per 30 days) 200 mcg/mL in a 5mL multi-dose vial - 90 mL (90 ampules) (per 30 days) 500 mcg/mL single use ampule - 90 mL (90 ampules) (per 30 days) 1000 mcg/mL in a 5 mL multi-dose vial - 30 mL (6 vials) (per 30 days)
Sandostatin LAR® (octreotide acetate suspension)	20 mg (10 mg/mL) kit - 1 kit (per 28 days) 40 mg (20 mg/mL) kit - 1 kit (per 28 days) 60 mg (30 mg/mL) kit - 1 kit (per 28 days)
Somatuline® (lanreotide acetate suspension)	60 mg pre-filled syringe - 1 kit (per 28 days) 90 mg pre-filled syringe - 1 kit (per 28 days) 120 mg pre-filled syringe - 1 syringe (per 28 days)
Somavert® (pegvisomant)	10 mg single use vial - 30 vials (per 30 days) 15 mg single use vial - 30 vials (per 30 days) 20 mg single use vial - 30 vials (per 30 days) 25 mg single use vial - 30 vials (per 30 days) 30 mg single use vial - 30 vials (per 30 days)

Products Impacted

This PA program applies to commercial lines of business.

QP48-19

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

Continued

New PA criteria will be posted by June 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
- 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**.