# PROVIDER BULLETIN PROVIDER INFORMATION



May 4, 2015

# Addition of Drugs to Two Prior Authorization Programs: Self-Administration Oral Oncology with Quantity Limit and Weight Loss with Quantity Limit

Effective July 1, 2015, Blue Cross and Blue Shield of Minnesota (Blue Cross) will be adding prior authorization (PA) and quantity limit (QL) requirements for the following products:

Pharmacy Prior Authorization Program	Drug Name	Quantity Limit (per 30 days), if applicable
Weight Loss PA with QL	SAXENDA	5 pens
Self-Administered Oncology PA with QL	FARYDAK	6 capsules per 21 days

# **Products impacted**

This program applies to commercial lines of business **and** Prepaid Medical Assistance Program (PMAP), Minnesota Senior Care Plus (MSC+) and MinnesotaCare (Medicaid).

New PA criteria will be posted on May 6, 2015, and can 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

## CoverMvMeds prior authorization request service

As a reminder, CoverMyMeds (CMM) is a free service to providers which allows quick and easy submission of PA requests. Experience with CMM by other plans has demonstrated marked reductions in physician office call-backs regarding PA requests, after CMM is implemented. PA requests may also continue to be faxed to their review destination external to the CMM portal, as is the current practice.

You may access CMM at **www.covermymeds.com**. Select Help (top right of the web page) to view FAQs and Support tutorials (3-5 minutes), including live online chat support to help you get started. You will need to open a CMM account to submit requests using the portal.

### **Questions?**

If you have questions, please contact provider services at (651) 662-5200 or 1-800-262-0820.

Distribution: All participating providers impacted by the information in this bulletin Bulletin P16-15