February 16, 2015

Updates to Drug-related Prior Authorization Criteria: 2015 Hepatitis C Second-Generation Antivirals, Hepatitis C Sovaldi® [sofosbuvir]

Effective April 8, 2015, Blue Cross and Blue Shield of Minnesota (Blue Cross) Prior Authorization (PA) criteria will reflect recent changes in the hepatitis C category. Criteria is entitled:

- 2015 Hepatitis C Second Generation Antivirals (Harvoni**®** [ledipasvir/sofosbuvir] and Viekira Pak™ [ombitasvir/paritaprevir/ritonavir + dasabuvir] Prior Authorization Through Preferred Oral Agent(s)
    - o   Applies to **Commercial lines of business**
- 2015 Hepatitis C Sovaldi**®**[sofosbuvir] Prior Authorization Through Preferred Oral Agent(s)
    - o   Applies to **Commercial lines of business**

New PA criteria for commercial lines of business will be posted on February 17, 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
    - o   2015 Hepatitis C Second Generation Antivirals
    - o   2015 Hepatitis C Sovaldi® [sofosbuvir]

CoverMyMeds 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-back 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.**