

# PROVIDER BULLETIN

## PROVIDER INFORMATION

See Provider Quick Points QP29-14 for a clarification

June 11, 2014

### Expansion of Medical Policy Drug-related Prior Authorizations

Effective August 1, 2014, Blue Cross and Blue Shield of Minnesota (Blue Cross) will implement a Medical Drug Prior Authorization Program. As part of the program, **Blue Cross will expand prior authorization (PA) requirements to the drugs in the Medical Policies noted below and offer an online PA request portal/service.** If there are additional changes to PAs or medical policies as part of this program you will be notified through a Provider Bulletin within the contractually required time frame.

<b>Prior Authorization Requirements – effective August 1, 2014– a medical drug PA will be required for the following drugs:</b>
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<b>H.P. Acthar® Gel</b> (Repository Corticotropin), policy number II-162
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<b>Oral Fentanyl</b> for Cancer-Related Pain, policy number II-74
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<b>Dalfampridine (Ampyra™)</b> , policy number II-143
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<b>Advanced Therapies for Pharmacological Treatment of Pulmonary Hypertension</b> , policy number II-107*.
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This includes:

- Prostacyclin analogues
  - *Epoprostenol (Flolan® or Veletri®)*
  - *Treprostinil (Remodulin®, Tyvaso®, or Orenitram™)*
  - *Iloprost (Ventavis®)*
- Endothelin receptor antagonists
  - *Bosentan (Tracleer®)*
  - *Ambrisentan (Letairis®)*
  - *Macitentan (Opsumit®)*
- Phosphodiesterase type 5 inhibitors
  - *Sildenafil (Revatio®, Viagra)*
  - *Tadalafil(adcirca®)*
- Soluble guanylate cyclase stimulator (for Government Products only)
  - *Riociguat (Adempas®)*

\*Please note, the above-list of drugs for Advanced Therapies for Pharmacological Treatment of Hypertension, policy II-107, have previously been prior authorized for Government Products. This is listed for informational purposes and is not considered a change.

### Medical Policies

Content 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

*As a Reminder*

- Blue Cross medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.
- Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the subscriber's plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

**Faster than Fax! CoverMyMeds- Online Medical Drug PA Request Service**

Starting August 1, 2014, you can submit **Medical Drug PA requests for the Medical Policies listed above using CoverMyMeds (CMM) – a free online service to providers**, which allows quick and easy submission of PA requests for various drug plans. Experience with CMM by other plans has demonstrated marked reductions in physician office call-backs regarding PA requests.

You may access CMM at **www.covermymeds.com**. Select Help (top right of the web page) to view FAQs, Live Support and tutorials, which describe how to get started. You can set up an account within CMM prior to the August 1, 2014, implementation date, to familiarize yourself with the features.

After opening your account, there are three easy steps for using CMM:

- **Find the right PA form** – Enter the state, drug, and Blue Cross drug plan and click Start request. The appropriate PA forms will display.
- **Share the PA form (optional step)** – Begin to populate the PA form then use the system to fax or email the form to another health care provider for completion.
- **Submit the PA form** – Upon completion of the form, the PA can be printed, signed, and faxed, or the physician can sign it digitally and submit it via the CMM fax feature.

PA requests may also continue to be faxed using the Minnesota Uniform Form for Prescription Drug Prior Authorization Requests and Formulary Exceptions. To access the form go to **providers.bluecrossmn.com**. Under “Forms & publications” select “forms-drugs and supplies.”

Note: CMM is currently not available for Medicare, Federal Employee Program<sup>®</sup> (FEP), and Taft-Hartley products. Prior authorization requests should continue to be faxed to their review destination external to the portal, as is the current practice.

**Questions?**

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