

PROVIDER BULLETIN

PROVIDER INFORMATION



January 8, 2016

New Drug-Related Prior Authorization Criteria for Rayos®

Effective April 1, 2016, Blue Cross and Blue Shield of Minnesota (Blue Cross) will require prior authorization (PA) for Rayos® (prednisone delayed-release tabs).

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring the highest quality, evidence based care for our members. One method for doing so is through the prior authorization process. The primary purpose is to ensure that evidence based care is provided to our members, driving quality, safety, and affordability.

Pharmacy Prior Authorization Program	Drug Name	Quantity Limits per 30 days
Rayos® (prednisone delayed-release tabs) PA	Rayos®	N/A

Products impacted

This PA program applies to commercial lines of business.

New PA criteria will be posted by February 1, 2016, 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 Utilization Management
- Select Pharmacy Utilization Management

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-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.