

PROVIDER BULLETIN

PROVIDER INFORMATION



February 8, 2016

New Drug-Related Prior Authorization with Quantity Limit Criteria for Juxtapid™ and Kynamro™

Effective April 1, 2016, Blue Cross and Blue Shield of Minnesota (Blue Cross) will require prior authorization (PA) with a quantity limit (QL) requirement for Juxtapid™ (lomitapide) and Kynamro™ (mipomersen). Juxtapid™ and Kynamro™ are indicated as an adjunct to a low-fat diet and other lipid-lowering treatments, including LDL apheresis where available, to reduce low-density lipoprotein cholesterol (LDL-C), total cholesterol (TC), apolipoprotein B (apo B), and non-high-density lipoprotein cholesterol (non-HDL-C) in patients with homozygous familial hypercholesterolemia (HoFH).

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.

To ensure that current therapy is not interrupted, for any member that has had a paid claim prior to April 1, 2016, a one-year PA will be issued. **Starting April 1, 2016**, if a provider wants to start a patient on Juxtapid™ or Kynamro™, a PA request will need to be submitted and approved. If a PA request has not been requested and approved, when a prescription for a medication requiring PA is presented for processing at the pharmacy, a message will be returned stating that PA is necessary.

BRAND NAME (generic name - if available)	Requirement			Quantity Limit (per 30 days), if applicable
JUXTAPID™ (lomitapide)	PA	QL		30 caps
KYNAMRO™ (mipomersen)	PA	QL		One injection/week

Products impacted

This PA with QL program applies to commercial lines of business.

New PA criteria will be posted by February 15, 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.