

PROVIDER BULLETIN

PROVIDER INFORMATION



October 10, 2016

New Drug-Related Prior Authorization Requirements for Botulinum Toxin, Remicade[®], Rituxan[®] and Biologic Immunomodulators

Effective January 2, 2017, Blue Cross and Blue Shield of Minnesota (Blue Cross) will expand the Medical Drug Prior Authorization (PA) Program for commercial lines of business to include PA requirements for drugs noted in the Medical Policies below.

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

PA Requirements – effective January 2, 2017 – a medical drug PA will be required for the following drugs:
Botulinum Toxin (Botox [®] , Dysport [®] , Myobloc [®] , Xeomin [®]) –medical policy II-16
Infliximab (Remicade [®]) – medical policy II-97
Rituximab (Rituxan [®]) – medical policy II-47
Biologic Immunomodulators – medical policy – II-170 <ul style="list-style-type: none">• Abatacept (Orencia[®])• Certolizumab Pegol (Cimzia[®])• Golimumab (Simponi Aria[®])• Tocilizumab (Actemra[®])• Ustekinumab (Stelara[®])• Vendolizumab (Entyvio[®])

Products Impacted

- This PA program only applies to commercial lines of business.
- The changes do not impact subscribers who have coverage through Prepaid Medical Assistance Program (PMAP), MinnesotaCare, SecureBlue (MSHO), Minnesota Senior Care Plus (MSC+), Federal Employee Program (FEP), or Platinum Blue as those lines of business have separate PA requirements.

Submitting a Medical Drug PA Request

Starting January 2, 2017 - Providers must submit a PA request for approval for the medical specialty drugs listed above. If a provider does not obtain required prior authorization before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization. The requirement applies to subscribers starting drug therapy and to those already being treated with one of the medications above.

Before submitting a prior authorization request, providers are asked to check the Medical Policy criteria and attach **all required clinical documentation** with the request including documentation of previous therapies tried and evidence of symptom

improvement using the drug. PA requests will be reviewed when patient-specific, relevant medical documentation has been provided supporting the medical necessity of the drug. Failure to submit required information may result in review delays (if outreach is needed to obtain missing clinical information) or a denial of the request due insufficient information.

The criteria for approval is based on FDA approved product labeling. Updated medical policies will be posted before January 2, 2017, and can be accessed using the Blue Cross Provider link. Providers are asked to refrain from submitting PA requests until after December 20, 2016, after the policy criteria are posted. To access the medical policies:

- Go to **providers.bluecrossmn.com**
- Under Tools And Resources, select “Medical Policy,” then acknowledge the Acceptance Statement
- Select the “+” (plus) sign next to Medical and Behavioral Health Policies

Providers can submit an electronic medical drug (ePA) request:

- Online via our free [Availity](#) provider portal – for Blue Cross to review
- Using a [NCPDP](#) standard XML file feed to Blue Cross through CenterX, via an integrated Electronic Medical Record (EMR) system. To learn how to do this, providers should contact their EMR vendor for assistance.
- Out of state, non-contracted providers can use the process above, the [Minnesota Uniform Form for PA Request and Formulary Exceptions](#) fax form located under the Forms section on the Blue Cross website, or submit the PA request to Blue Cross using their own form (secure fax: 651.662.2810).

Note: An approved prior authorization does not guarantee a medication is covered under a subscriber’s benefit plan. Subscriber benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies.

Reminder regarding Medical Policy updates and changes:

Medical Policy changes are communicated in the Upcoming Medical Policy Notifications section of the Blue Cross Medical and Behavioral Health Policy website. The Upcoming Policies section lists new, revised, or inactivated policies approved by the Blue Cross Medical and Behavioral Health Policy Committee and are effective 50 days from the date they were posted. To access the website:

- Go to **providers.bluecrossmn.com**
- Under Tools & Resources, select “Medical Policy”, and read/accept the Blue Cross Medical Policy Statement
- Select the “+” (plus) sign next to “Medical and Behavioral Health Policies” to see the Upcoming Medical Policy Notifications section

Questions?

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