

# PROVIDER BULLETIN

## PROVIDER INFORMATION



December 13, 2016

### New Drug-Related Prior Authorization Criteria with Quantity Limit for Topical Diclofenac Gel, Fluorouracil Cream, Imiquimod Cream, and Ingenol Gel

Effective February 1, 2017, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will require prior authorization (PA) for Topical Diclofenac Gel, Fluorouracil Cream, Imiquimod Cream, and Ingenol Gel. The intent of this PA requirement is to ensure that subscribers prescribed these drugs meet the selection requirements defined in product labeling and/or clinical guidelines and/or clinical studies. The PA defines appropriate use as the Food and Drug Administration (FDA) labeled indication or as supported by guidelines and/or clinical evidence.

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring 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.

Pharmacy Prior Authorization Program	Drug Name	Quantity Limit
Topical Diclofenac Gel, Fluorouracil Cream, Imiquimod Cream, and Ingenol Gel Prior Authorization with Quantity Limit Criteria	Solaraze® (diclofenac gel 3%)	One 100 gram tube/month for up to 90 days
	Carac® (fluorouracil cream 0.5%)	One 30 gram tube/month for up to 4 weeks
	Efudex® (fluorouracil cream 5%)	Multiple actinic or solar keratosis: one 40 gram tube/month for up to 4 weeks
		Superficial basal cell carcinomas: two 40 gram tubes/month for up to 12 weeks
	Fluoroplex® (fluorouracil cream 1%)	One 30 gram tube/month for up to 6 weeks
	Tolak® (fluorouracil cream 4%)	One 40 gram tube/month for up to 4 weeks
	Aldara® (imiquimod cream 5%)	External genital and perianal warts or actinic keratosis: 12 packets/month for up to 4 months
Superficial basal cell carcinoma: 24 packets/month for up to 2 months		

Distribution: All participating providers impacted by the information in this bulletin. <https://www.bluecrossmn.com/healthy/public/personal/home/providers/forms-and-publications>  
Bulletin P60-16

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

L08R04 (12/13)

Pharmacy Prior Authorization Program	Drug Name	Quantity Limit
Topical Diclofenac Gel, Fluorouracil Cream, Imiquimod Cream, and Ingenol Gel Prior Authorization with Quantity Limit Criteria	Zyclara® (imiquimod cream 2.5%)	56 packets for up to 6 weeks Two 7.5 gram pumps for up to 6 weeks One 15 gram pump for up to 6 weeks
	Zyclara® (imiquimod cream 3.75%)	56 packets for up to 6 weeks (actinic keratosis) or 8 weeks (external genital or perianal warts) Two 7.5 gram pumps for up to 6 weeks (actinic keratosis) or 8 weeks (external genital or perianal warts) One 15 gram pump for up to 6 weeks (actinic keratosis) or 8 weeks (external genital or perianal warts)
	Picato® (ingenol gel 0.015%)	Actinic keratosis (face or scalp): 3 tubes for up to 90 days
	Picato® (ingenol gel 0.05%)	Actinic keratosis (trunk or extremities): 2 tubes for up to 90 days

### Products impacted

This PA program applies to commercial lines of business.

New PA criteria will be posted by January 1, 2017, 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 Programs

### 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](http://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**.