

PROVIDER BULLETIN

PROVIDER INFORMATION



December 20, 2016

Drug-Related Prior Authorization Criteria Changes for Ampyra®, H.P. Acthar Gel®, Transmucosal Fentanyl, Growth Hormone, and Oral Pulmonary Arterial Hypertension Agents

Effective February 13, 2017, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will change prior authorization (PA) criteria for the drugs identified in the table below. These criteria changes will not impact PA requirements, as the drugs will continue to require PA.

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.

Effective February 13, 2017 – the following oral and injectable drugs will be subject to Pharmacy Utilization Management (UM) Criteria for PA reviews.

Drug (Brand Name)	Pharmacy UM Criteria Change	Medical Policy Change
Dalfampridine (Ampyra®)	Activating Ampyra® (Dalfampridine) Pharmacy PA Criteria with QL*	Inactivating medical policy II-143 Dalfampridine (Ampyra®)
Growth Hormone (Omnitrope® Preferred Agent)	Activating Growth Hormone Pharmacy PA Criteria	Inactivating medical policy II-12 Growth Hormone Treatment
Repository Corticotropin (H.P. Acthar® Gel)	Activating H.P. Acthar® Gel (Repository Corticotropin) Pharmacy PA Criteria	Inactivating medical policy II-162 H.P. Acthar® Gel (Repository Corticotropin)
<ul style="list-style-type: none"> • Fentanyl sublingual tablet (Abstral®) • Fentanyl oral transmucosal lozenge (Actiq®) • Fentanyl buccal tablet (Fentora®) • Fentanyl nasal spray (Lazanda®) • Fentanyl sublingual spray (Subsys®) 	Activating Transmucosal Immediate Release Fentanyl (TIRF) Pharmacy PA Criteria with QL*	Inactivating medical policy II-74 Transmucosal Fentanyl for Cancer-Related Pain

Drug (Brand Name)	Pharmacy UM Criteria Change	Medical Policy Change
<ul style="list-style-type: none"> • Tadalafil (Adcirca®) • Riociguat (Adempas®) • Ambrisentan (Letairis®) • Macitentan (Opsumit®) • Treprostinil (Orenitram®) • Sildenafil Oral (Revatio®) • Bosentan (Tracleer®) • Treprostinil (Tyvaso®) • Selexipag (Uptravi®) • Iloprost (Ventavis®) 	<p>Activating Oral Pulmonary Arterial Hypertension Agents Pharmacy PA Criteria with QL*</p>	<p>Medical policy II-107, Advanced Therapies for Pharmacological Treatment of Pulmonary Hypertension, will continue to address the following drugs submitted under the medical benefit</p> <ul style="list-style-type: none"> • Epoprostenol (Flolan®, Veletri®) • Treprostinil (Remodulin®, Tyvaso®) • Iloprost (Ventavis®) • Sildenafil Injection (Revatio®)

* QL = Quantity Limit. See the Pharmacy PA Criteria for drug specific quantity limits.

To access Pharmacy UM Criteria, follow the steps below.

- Go to **providers.bluecrossmn.com**
- Under Tools And Resources, select Medical Policy, then acknowledge the Acceptance statement
- Select Utilization Management
- Select Pharmacy Utilization Management

Products Impacted

Criteria changes for these drug PA programs, except the Growth Hormone PA program, apply to Commercial lines of business and the following Minnesota Health Care Programs: Blue Advantage Prepaid Medical Assistance Program (PMAP), Minnesota Senior Care Plus (MSC+), and Minnesota Care.

Criteria changes for the Growth Hormone PA program apply to Commercial lines of business only.

CoverMyMeds (CMM) Prior Authorization Request Service

Providers can submit electronic PA (ePA) drug requests for Blue Cross members who have pharmacy benefits through Blue Cross by either submitting a request through [CoverMyMeds's](#) free web portal or by sending an electronic NCPDP file to Prime through an integrated Electronic Medical Record (EMR) system during the e-prescribing process. You may access CMM at www.covermymeds.com. Select Help (top right of the web page) to view Provider and Pharmacist 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. PA requests may also continue to be faxed to their review destination external to the CMM portal, as is the current practice.

Note: CMM is currently not available for Federal Employee Program® (FEP), and Taft-Hartley products. Prior authorization requests for these segments 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.