

# PROVIDER BULLETIN

## PROVIDER INFORMATION



April 3, 2017

### **A New Drug, Pharmaceutical Grade L-Glutamine Will Require Prior Authorization**

Pharmaceutical grade L-glutamine is a drug anticipated to be approved for the treatment of sickle cell disease in adults and pediatric patients. Pharmaceutical grade L-glutamine is expected to be approved on or after July 7, 2017. Upon launch, Pharmaceutical grade L-glutamine will require prior authorization (PA) approval prior to use. The criteria for approval is based on FDA approved product labeling. Requests will be reviewed when patient-specific documentation has been provided. Please note that the brand name of Pharmaceutical grade L-glutamine is not yet known.

The intent of this PA is to ensure appropriate selection of patients for treatment according to FDA approved product labeling. The Pharmaceutical grade L-glutamine PA defines appropriate use as use in patients who have an FDA approved indication, who are receiving the FDA labeled dose, and who do not have any FDA labeled contraindications.

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.

#### **Products Impacted**

This PA program applies to commercial lines of business **and** the following Minnesota Health Care Programs:

- Blue Advantage Prepaid Medical Assistance Program (PMAP)
- Minnesota Senior Care Plus (MSC+)
- MinnesotaCare

The criteria for approval is based on FDA approved product labeling. Drug-specific PA criteria will be developed and posted once available. Medical policy can be accessed using the Blue Cross and Blue Shield of Minnesota 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](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**.

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