

PROVIDER BULLETIN

PROVIDER INFORMATION



May 8, 2017

New Drug-Related Prior Authorization Criteria for QVAR (beclomethasone dipropionate HFA)

Effective July 1, 2017, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will require prior authorization (PA) for QVAR (beclomethasone dipropionate HFA) Inhalation Aerosol, for subscribers who are older than 12 years of age. Arnuity Ellipta (fluticasone) will be available for all ages without a need for PA. The intent of this PA requirement is to ensure that patients prescribed therapy 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.

Please note: Quantity limits are currently in place with QVAR.

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	Strength	Quantity Limit (per 30 days), if applicable
Inhaled Corticosteroid (ICS) PA	QVAR (beclomethasone dipropionate HFA) Inhalation Aerosol	40 mcg/actuation (8.7 gm)	1 canister
		80 mcg/actuation (8.7 gm)	2 canisters

Products impacted

This PA program applies to the following Minnesota Health Care Programs:

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

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New PA criteria will be posted by June 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. 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**.