

PROVIDER BULLETIN

PROVIDER INFORMATION



May 25, 2017

New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Hereditary Angioedema

Effective August 1, 2017, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will require PA for agents for prophylaxis and/or acute attacks of hereditary angioedema.

The intent of the Hereditary Angioedema PA program 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. Utilization of more than one agent approved to treat acute attacks will not be supported.

Please note: QLs are currently in place with Hereditary Angioedema Agents.

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.

Hereditary Angioedema Prior Authorization with Quantity Limit	Quantity Limit (per 30 days)
BERINERT® (C1 esterase inhibitor, [human])	10 vials
CINRYZE® (C1 esterase inhibitor, [human])	20 vials
FIRAZYR® (icatibant)	6 syringes
KALBITOR® (ecallantide)	4 kits
RUCONEST® (C1 esterase inhibitor, [recombinant])	8 vials

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

New PA criteria will be posted by July 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**.