

# PROVIDER BULLETIN

## PROVIDER INFORMATION



July 11, 2017

### **New Prior Authorization Requirements for Immunomodulator Drugs**

Effective August 28, 2017, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will expand the Medical Drug Prior Authorization (PA) Program for subscribers enrolled in Blue Advantage Prepaid Medical Assistance Program (PMAP), MinnesotaCare, Minnesota Senior Care Plus (MSC+) and Secure Blue (MSHO), to include PA requirements for subscribers starting therapy on one of the provider-administered immunomodulator drugs listed in the table below. Subscribers currently receiving therapy (history of drug use in the last 60 days) will not be required to submit a PA request for treatment in 2017, unless they switch to a different immunomodulator drug. Blue Cross will be notifying subscribers currently in treatment that they will be required to obtain prior authorization starting January 1, 2018.

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.

#### **PA Requirements – effective August 28, 2017 – a medical drug PA will be required for the following provider administered medical drug infusions/injections\*:**

- Abatacept (Orencia®)
- Adalimumab (Humira®)
- Anakinra (Kineret®)
- Canakinumab (Ilaris®)
- Certolizumab Pegol (Cimzia®)
- Etanercept (Enbrel®)
- Golimumab (Simponi Aria®)
- Ixekizumab (Taltz®)
- Infliximab (Remicade®, Inflectra®, Renflexis™)
- Secukinumab (Cosentyx®)
- Tocilizumab (Actemra®)
- Ustekinumab (Stelara®)
- Vendolizumab (Entyvio®)

\* Subscribers currently on therapy (history of drug in the last 60 days) will not be required to submit a PA request for treatment in 2017, unless they start switch and start therapy on a different immunomodulator drug.

#### **Products Impacted**

- Prepaid Medical Assistance Program (PMAP)
- MinnesotaCare
- Minnesota Senior Care Plus (MSC+)
- SecureBlue (MSHO)

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

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L08R04 (12/13)

## Products Not Impacted

- The changes do not impact subscribers with coverage through commercial plans, Federal Employee Program (FEP), Medicare Supplement (Senior Gold, Basic Medicare Blue and Extended Basic Blue) or Platinum Blue as those lines of business have separate PA requirements.
- Self-administered formulations of the drugs covered under the subscriber's pharmacy benefit

## Submitting a Medical Drug PA Request to Blue Cross

For PMAP, MinnesotaCare and MSC+ products, PA approval is based on Minnesota Health Care Program (MHCP) criteria and PA approval for the MSHO product is based on Medicare and MHCP criteria. Before submitting a prior authorization request, Providers are asked to check MHCP and/or Medicare criteria and **attach all required clinical documentation** with the request including documentation of previous therapies tried and evidence of symptom improvement using the drug.

MHCP criteria can be accessed at:

[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\\_175111#](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_175111#)

To review MHCP and Medicare criteria:

- Go to **providers.bluecrossmn.com**
- Under 'Tools and Resources' select 'Medical policy' and then acknowledge the Acceptance Statement.
- Click on the '+' next to 'Medical and Behavioral Health Policies' to locate links to the MHCP Manual Pharmacy PA Criteria and Medicare Coverage CMS links.

PA requests will be reviewed when patient-specific, relevant medical documentation has been provided supporting the medical necessity of the drug. Failure to submit required information may result in review delays (if outreach is needed to obtain missing clinical information) or a denial of the request due insufficient information.

Providers can submit an electronic medical drug (ePA) request:

- Using Online via our free [Availity](#) provider portal
- Using a [NCPDP](#) standard XML file feed to Blue Cross through CenterX, via an integrated Electronic Medical Record (EMR) system. To learn how to do this, providers should contact their EMR vendor for assistance.
- Using the appropriate Government Program pre-authorization/pre-certification form available online at **providers.bluecrossmn.com**.
- Out of state, non-contracted providers can use the process above or submit the PA request to Blue Cross using their own form (secure fax: 651.662.2810).

## Questions?

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.