

PROVIDER BULLETIN

PROVIDER INFORMATION



August 7, 2017

New Drug-Related Prior Authorization Criteria for Symbicort (budesonide and formoterol fumarate dehydrate)

Effective October 1, 2017, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will require prior authorization (PA) for Symbicort (budesonide and formoterol fumarate dehydrate) Inhalation Aerosol, for subscribers who are 12 years of age and older. 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, including chronic obstructive pulmonary disease (COPD).

Fluticasone propionate/salmeterol (i.e. generic AirDuo) is the preferred product for all subscribers 12 years of age and older who have a diagnosis of asthma and will be available for all ages without a need for PA. The generic names for the preferred products are:

- FLUTICASONE-SALMETEROL AER POWDER BA 55-14 MCG/ACT
- FLUTICASONE-SALMETEROL AER POWDER BA 113-14 MCG/ACT
- FLUTICASONE-SALMETEROL AER POWDER BA 232-14 MCG/ACT

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

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	Quantity Limit (per 30 days)
Inhaled Corticosteroid (ICS) and Long-Acting Beta Agonist (LABA) Combinations PA with Quantity Limit	Symbicort (budesonide and formoterol fumarate dehydrate)	1 inhaler

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

New PA criteria will be posted by September 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

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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**.