

PROVIDER QUICK POINTS

PROVIDER INFORMATION



September 6, 2017

Pharmacy Benefit Exclusion

Effective October 1, 2017, the following drugs will be excluded from pharmacy benefit coverage due to their intravenous or clinician-administered route of administration. These drugs may be available for medical benefit coverage for subscribers who are eligible. There are currently Prior Authorization (PA) requirements for these drugs under the medical benefit.

Drug Name	Medical Prior Authorization Required
ACTEMRA (tocilizumab) IV INJ 80 MG/4ML	Yes
ACTEMRA (tocilizumab) IV INJ 200 MG/10ML	Yes
ACTEMRA (tocilizumab) IV INJ 400 MG/20ML	Yes
ORENCIA (abatacept) IV SOLN 250 MG	Yes
STELARA (ustekinumab) IV SOLN 130 MG/26ML (5 MG/ML)	Yes

Products Impacted

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

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

Products Not Impacted:

Federal Employee Program, Platinum Blue, and Medicare Supplement subscribers are not impacted.

Submitting a Medical Drug PA Request

For commercial products, PA approval is based on Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) medical policy II-170 for Biologic Immunomodulator Drugs. To access the policy:

- Go to **providers.bluecrossmn.com**
- Under 'Tools and Resources' select 'Medical policy' and then acknowledge the Acceptance Statement
- Select the "+" (plus) sign next to Medical and Behavioral Health Policies

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#

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Distribution: Available on providers.bluecrossmn.com. <https://www.bluecrossmn.com/healthy/public/personal/home/providers/forms-and-publications>

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.

Coding requirements reminder

All coding and reimbursements are subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (for example, HCPCS, CPT, ICD), only valid codes for the date of service may be submitted or accepted.

Additional Information:

- Subscribers have been notified with a letter about these pharmacy benefit exclusions with the biologic immunomodulators.
- If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.