

PROVIDER BULLETIN

PROVIDER INFORMATION

October 16, 2017

Implementation of a Medical Drug Exclusions List

Effective December 1, 2017, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will implement a new Medical Drug Exclusions List. Medical drugs included in the list will **not** be covered under the medical benefit for all subscribers who have commercial health plans. See table below for impacted government health plans subscribers. If a subscriber chooses to use one of the excluded (non-covered) drugs, they will be liable to pay the full retail cost of the drug. Blue Cross will honor prior authorization (PA) requests for excluded drugs already approved until the PA expires.

As stewards of healthcare expenditures for our subscribers, Blue Cross is charged with ensuring the highest quality, evidence based care for our members, while driving quality, safety, and affordability. To accomplish this, when multiple versions of the same drug exist, Blue Cross may decide to cover only certain versions of the drug after completing a review of the medical drugs.

Effective December 1, 2017 – the following non-preferred drugs will NOT be covered under the medical benefit.							
Drug	Preferred Medical Drug (Covered)			Excluded Drug Alternatives (Not Covered)			Products Impacted
	Brand Name	NDC Codes	HCPCS Codes	Brand Name	NDC Codes	HCPCS Codes	
Hyaluronan Injections*	SynVisc-One®	58468009003	J7325	GenVisc 850®	50653000601	J7320	<ul style="list-style-type: none"> Commercial health plans Prepaid Medical Assistance Program (PMAP) MinnesotaCare (MNCare) Minnesota Senior Care Plus (MSC+) SecureBlue (MSHO)
	Synvisc®	58468009001	J7325	Hyalgan	54569554300	J7321	
					89122072412		
				89122072420			
				Supartz®	89130444401	J7320	
				Hymovis®	89122049663	J7322	
				Euflexxa®	55566410001	J7323	
				OrthoVisc®	59676036001	J7324	
					35356003501		
				Gel-One®	87541030091	J7326	
			MonoVisc®	59676082001	J7327		
			Gelsyn 3®	89130311101	J7328		
Infliximab**	Remicade®	57894003001	J1745	Inflectra™	00069080901	Q5102	<ul style="list-style-type: none"> Commercial health plans
				Renflexis™	00006430501	Q5102	

*See medical policy II-29 – Intra-Articular Hyaluronan Injections for Osteoarthritis.

**See medical policy II-97 - Infliximab.

Products Not Impacted

The changes do not impact: Platinum Blue or Federal Employee Program (FEP) health plans.

Medical Drug Exclusions List

We encourage providers to review the list online frequently, as the list is subject to change as new drug formulations and products are introduced on the market. To review the list:

- 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 view the Medical Drug Exclusions List

Questions?

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