

# PROVIDER BULLETIN

## PROVIDER INFORMATION



October 24, 2017

### **New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Topical Doxepin**

Effective January 1, 2018, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will require PA for topical doxepin products.

The intent of the Topical Doxepin PA and QL program is to appropriately select patients for therapy according to product labeling and/or clinical guidelines. The targeted agents will be approved for use when the patient has a Food and Drug Administration (FDA) labeled indication and the patient's medication history includes the use of a topical corticosteroid, intra-lesional corticosteroid, or oral antihistamine; or the patient has a documented intolerance, FDA labeled contraindication, or hypersensitivity to topical corticosteroid, intra-lesional corticosteroid, or oral antihistamine. The program will also approve use when the patient has a diagnosis of moderate pruritus associated with atopic dermatitis and the patient's medication history includes the use of a topical calcineurin inhibitor. The program will not allow approval for use of more than one targeted agent at a time, nor will it allow for durations longer than 8 days for a single course of therapy. The program will approve for doses within the set limit.

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                  |
|---|-------------------|---------------------------------|
| Topical Doxepin Prior Authorization with Quantity Limit | Doxepin 5% cream  | 45 g every 30 days <sup>a</sup> |
|   | Prudoxin 5% cream | 45 g every 30 days <sup>a</sup> |
|   | Zonalon 5% cream  | 45 g every 30 days <sup>a</sup> |

a – quantity limit is cumulative across agents

### **Products impacted**

This PA program applies to commercial lines of business.

New PA criteria will be posted by December 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.

Continued

You may access CMM at [www.covermyeds.com](http://www.covermyeds.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**.