

# PROVIDER BULLETIN

## PROVIDER INFORMATION



November 6, 2017

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

Effective January 1, 2018, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will require PA for Otezla (apremilast).

The intent of the Otezla (apremilast) PA with QL criteria is to ensure that patients prescribed therapy are properly selected according to Food and Drug Administration (FDA)-approved product labeling and/or clinical guidelines and/or clinical trials. The criteria will encourage the use of first-line conventional agents.

Please note: The Otezla (apremilast) Step Therapy Program will transition to this PA Program. Subscribers who are currently on Otezla as of January 1, 2018 will be allowed continuation of therapy with Otezla. QLs are currently in place with Otezla.

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
Otezla (apremilast) Prior Authorization with Quantity Limit	OTEZLA 10 mg, 20 mg & 30 mg tablet starter pack (two week)	1 starter kit of 55 tablets/180 days
	OTEZLA 10 mg, 20 mg & 30 mg tablet starter pack (four week)	1 starter kit of 55 tablets/180 days
	OTEZLA 30 mg tabs	60 tabs/30 days

#### **Products impacted**

This PA program applies to commercial lines of business **and** 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 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.

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**.