

PROVIDER BULLETIN

PROVIDER INFORMATION



November 6, 2017

New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Biologic Immunomodulators

Effective January 1, 2018, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will require PA for biologic immunomodulator agents for coverage under the pharmacy benefit.

The intent of the Biologic Immunomodulators 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, some of which are available as generics (for example, first-line generic agents for arthritis indications are methotrexate and leflunomide). The criteria will also encourage use of preferred biologic immunomodulators, when clinically appropriate, before the nonpreferred agents with appropriate dosing.

Please note: The Biologic Immunomodulators Step Therapy Program will transition to this PA Program. Subscribers who are currently on a biologic immunomodulator agent as of January 1, 2018 will be allowed continuation of therapy for the same agent. QLs are currently in place with biologic immunomodulator agents.

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 Benefit Prior Authorization Program	Drug Name	Quantity Limit
Biologic Immunomodulators Prior Authorization with Quantity Limit	ACTEMRA	4 syringes/28 days
	CIMZIA 2x200 mg vial, kit	2 vials (1 kit)/28 days
	CIMZIA 2x200 mg/mL syringe, kit	2 syringes (1 kit)/28 days
	CIMZIA 6x200 mg/mL syringe starter kit	1 kit/180 days
	COSENTYX 150 mg/mL pre-filled syringe	1 syringe/28 days
	COSENTYX SENSOREADY PEN 150 mg/mL auto-injector	1 injector/28 days
	ENBREL 25 mg/0.5mL	8 syringes/28 days
	ENBREL 25 mg/vial, kit	8 vials/28 days
	ENBREL 50 mg/mL SureClick autoinjector	4 autoinjections/28 days
	ENBREL 50 mg/mL syringe	4 syringes/28 days
	HUMIRA 10 mg/0.2 mL syringe	2 syringes/28 days
	HUMIRA 20 mg/0.4 mL, 40 mg/0.8 mL syringe, kit	2 syringes/28 days
	HUMIRA 40 mg/0.8 mL pen, Crohn's Starter kit	1 kit/180 days
	HUMIRA 40 mg/0.8 mL pen, kit	2 pens (kits)/28 days

Pharmacy Benefit Prior Authorization Program	Drug Name	Quantity Limit
Biologic Immunomodulators Prior Authorization with Quantity Limit	HUMIRA 40 mg/0.8 mL pen, Psoriasis Starter kit	1 kit/180 days
	HUMIRA 40mg/0.8 mL syringe, Pediatric Crohn's Starter kit (3 syringes)	1 kit/180 days
	HUMIRA 40mg/0.8 mL syringe, Pediatric Crohn's Starter kit (6 syringes)	1 kit/180 days
	KEVZARA	2 syringes per 28 days.
	KINERET 100 mg syringe	30 syringes/30 days
	ORENCIA 125 mg/mL (subcutaneous)	4 syringes/28 days
	ORENCIA 50 mg/0.4 mL, 87.5 mg/0.7 mL	4 syringes/28 days
	ORENCIA ClickJect autoinjector	4 autoinjectors per 28 days
	SILIQ	2 syringes/28 days
	SIMPONI	1 syringe/28 days
	STELARA 45 mg/0.5 mL	1 syringe or vial/84 days
	STELARA 90 mg/1 mL syringe	1 syringe/56 days
	TALTZ	1 syringe/ 28 days
	TREMFYA	1 mL (syringe)/ 56 days
	XELJANZ	60 tabs/30d days
XELJANZ XR	30 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.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**.