

PROVIDER BULLETIN

PROVIDER INFORMATION



December 12, 2017

New Drug-Related Prior Authorization (PA) Criteria: Opioid Induced Constipation (OIC)

Effective February 1, 2018, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will require PA for agents used for OIC for commercial lines of business.

The intent of the PA program for OIC is to ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines. The PA defines appropriate use for methylnaltrexone as therapy of OIC in patients with chronic non-cancer pain, or with advanced illness who are receiving palliative care. The PA defines appropriate use for naldemedine, naloxegol as therapy of OIC in patients with chronic non-cancer pain. Methylnaltrexone, naldemedine, and naloxegol require either a trial of at least two traditional laxative therapy classes (stimulant laxatives, enemas, osmotic agents, or stool softeners) or have a documented intolerance, FDA labeled contraindication, or hypersensitivity to two traditional laxative therapy classes. Concomitant use of methylnaltrexone, naldemedine, and naloxegol is not allowed. The criteria do not allow coverage in patients who have FDA labeled contraindications to the requested agent. Requests will be reviewed when patient-specific documentation has been provided.

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.

Opioid Induced Constipation (OIC) Prior Authorization Targets
Relistor® (methylnaltrexone)
Movantik™ (naloxegol)
Symproic® (naldemedine)

New PA criteria will be posted by January 1, 2018, 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**.