

PROVIDER BULLETIN

PROVIDER INFORMATION



January 24, 2018

New Drug-Related PA Criteria: Inhaled Antibiotics Duplicate Therapy

Effective April 1, 2018, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will require Prior Authorization (PA) for inhaled antibiotics used for the management of individuals with cystic fibrosis.

The intent of the Inhaled Antibiotics Duplicate Therapy program is to encourage use of inhaled antibiotic therapy for cystic fibrosis according to the Food and Drug Administration (FDA) approved labeling and/or clinical practice guidelines. The program will require the patient has a diagnosis of cystic fibrosis and is not using tobramycin inhalation and aztreonam inhalation concomitantly. The program will review the prescription claims history for subscribers seeking use of either tobramycin inhalation or aztreonam inhalation with the other agent. If dual therapy is found, the claim will reject.

Inhaled Antibiotics Duplicate Therapy Prior Authorization Targeted Agents
Bethkis [®] (tobramycin solution for inhalation)
Cayston [®] (aztreonam lysine inhalation solution)
Kitabis Pak [®] (tobramycin inhalation solution with PARI LC PLUS Reusable Nebulizer)
TOBI [®] (tobramycin solution for inhalation)
TOBI [®] Podhaler [™] (tobramycin inhalation powder)
tobramycin solution for inhalation

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring the highest quality, evidence based care for our members. One method for doing so is through the prior authorization process. The primary purpose is to ensure that evidence based care is provided to our subscribers, driving quality, safety, and affordability.

Products Impacted

This PA program applies to commercial lines of business.

The criteria for approval is based on FDA approved product labeling. Drug-specific PA criteria will be developed and posted once available. Medical policy can be accessed using the Blue Cross and Blue Shield of Minnesota 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

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.