

PROVIDER QUICK POINTS

PROVIDER INFORMATION



April 13, 2018

Pharmacy Benefit Update - New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Multiple Sclerosis Agents

Effective June 1, 2018, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will require PA for MS drugs used for the management of individuals with MS.

The intent of the MS Agents PA Program is to encourage appropriate selection of patients for therapy according to the Food and Drug Administration (FDA) product labeling, clinical guidelines and/or clinical studies. The program requires the patient will not receive another MS disease modifying agent concomitantly with the requested agent.

Please note: QLs are currently in place for MS 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.

Multiple Sclerosis Agents Prior Authorization with Quantity Limit

Drug Name	Quantity Limit per 30 Days, unless noted below
Aubagio® (teriflunomide)	7mg – 30 tablets 14 mg – 30 tablets
Avonex® (interferon β-1a)	1 kit of 4 vials, syringes or pens/28 days
Betaseron® (interferon β-1b)	14 vial/syringe units (1 box)/28 days
Copaxone® (glatiramer acetate)	20mg/mL - 1 syringe/day (30 syringes /30 days) 40mg/mL - 12 mL/28 days (40 mg/mL 3 times a week)
Extavia® (interferon β-1b)	15 vial/syringe units (1 box) 30 days
Gilenya® (fingolimod)	0.5 mg – 30 capsules
Glatopa® (glatiramer acetate)	1 syringe per day (30 syringes/30 days)
Plegridy® (peginterferon β-1a)	Starter Kit - 1 kit per 180 days 125mcg/0.5mL - 2 syringes or pens/28 days (1 carton of 2 syringes or pens/ 28 days)
Rebif® (interferon β-1a)	22mcg/0.5mL, Rebif Rebidose 22mcg/0.5mL, 44mcg/0.5mL, Rebif Rebidose 44mcg/0.5mL - 3 syringes per week (1 carton, 12 syringes/28 days) Titration Pack and Rebif Rebidose Titration pack - 1 kit/180 days
Tecfidera® (dimethyl fumarate)	Starter Kit - 1 kit/180 days 120mg - 14 capsules/180 days 240mg – 60 capsules

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Distribution: Available on providers.bluecrossmn.com. <https://www.bluecrossmn.com/healthy/public/personal/home/providers/forms-and-publications>

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Products Impacted

This PA program applies to 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 May 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**.