

# PROVIDER QUICK POINTS

## PROVIDER INFORMATION



April 25, 2018

### Pharmacy Benefit Update – Prior Authorization Requirement for Keveyis® (dichlorphenamide)

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is committed to providing subscriber with safe, quality pharmacy care.

**Effective July 1, 2018**, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will require Prior Authorization (PA) for Keveyis® (dichlorphenamide).

For initial therapy, the program will be approved for subscribers that meet all of the following requirements:

- Diagnosis of primary hypokalemic periodic paralysis, primary hyperkalemic periodic paralysis, or a related variant **and**
- Implementation and maintenance of dietary and lifestyle changes to help prevent episodes **and**
- Documented intolerance, Federal Drug Administration (FDA) labeled contraindication, or hypersensitivity to acetazolamide, or have previously tried acetazolamide and did not achieve a successful response.

For continued therapy, the program requires that the subscriber be previously approved for initial therapy through the prior authorization process; the subscriber has continued to maintain dietary and lifestyle changes to help prevent episodes; and the prescriber has indicated that the patient's periodic paralysis symptoms have improved with the requested therapy.

The program will not be approved for those who have any FDA labeled contraindication to the requested agent.

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 PA process. The primary purpose is to ensure that evidence-based care is provided to our members, driving quality, safety, and affordability.

Pharmacy Prior Authorization Program	Drug Name	Quantity Limit (per 30 days)
Keveyis® Prior Authorization with Quantity Limit	Keveyis® (dichlorphenamide)	50 mg – 120 tablets

### Products Impacted

This PA program applies to commercial lines of business.

New PA criteria will be posted by June 1, 2018 and may 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 View All Active Policies
- Select Pharmacy Utilization Management Programs

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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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### **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](http://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.

### **Additional Information**

- Subscriber's may contact you regarding this benefit change. Please submit a new prescription for those who are impacted by this change.
- Pharmacies will be notified of this benefit change. We have asked them to facilitate this benefit change by helping to obtain new prescriptions.

### **Questions?**

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.