

PROVIDER QUICK POINTS

PROVIDER INFORMATION



May 15, 2018

Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Uric Acid Transport 1 (URAT1) Inhibitor

Effective July 1, 2018, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will require PA with QL for URAT1 Inhibitor agents.

For initial evaluation, therapy will be approved for the following:

Subscriber has a diagnosis of gout **and**

Subscriber has not already achieved the goal uric acid level of <6.0 mg/dL; or the Subscriber has achieved a uric acid level of <6.0 mg/dL and the prescriber has provided documentation supporting the further lowering of uric acid levels; **and**

One of the following:

Subscriber is currently taking at least 300 mg of allopurinol or 80 mg of febuxostat; **or**

Subscriber has a documented contraindication or hypersensitivity to allopurinol, and has a documented intolerance or expected intolerance to 80 mg or higher of febuxostat; **or**

Subscriber has a documented contraindication or hyper sensitivity to febuxostat, and has a documented intolerance or expected intolerance to 300 mg or higher of allopurinol; **or**

Subscriber has a documented intolerance or expected intolerance to 300 mg or higher of allopurinol and 80 mg or higher of febuxostat.

For renewal evaluation, the program requires the subscriber be previously approved for initial therapy through the PA process for the requested agent. The program also requires the concurrent use of allopurinol or febuxostat along with Zurampic.

The program will not approve patients who have a 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 subscribers. One method for doing so is through the PA process. The primary purpose is to ensure that evidence-based care is provided to our subscribers, driving quality, safety, and affordability.

| Pharmacy Prior Authorization Program | Drug Name | Quantity Limit (per 30 Days) |
|---|---|--|
| URAT1 Inhibitor Prior Authorization with Quantity Limit | Duzallo [®] (lesinurad/allopurinol) | 200 mg/200 mg – 30 tablets 200 mg/300 mg – 30 tablets |
| | Zurampic [®] (lesinurad) | 200 mg – 30 tablets |

Continued

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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 only 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

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**.