PROVIDER OUICK POINTS PROVIDER INFORMATION



June 6, 2018

Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Xermelo[®] (telotristat)

Effective July 1, 2018, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will require PA with QL for Xermelo[®] (telotristat).

The intent of the Xermelo[®] (telotristat) PA with QL program is to appropriately select patients for therapy according to the Food and Drug Administration (FDA) approved product labeling and/or clinical practice guidelines and/or clinical studies. This program will require the patient has a diagnosis of carcinoid syndrome diarrhea and has tried and failed to respond to somatostatin analog therapy for at least 3 months. The program will also require the patient to use telotristat in combination with a somatostatin analog.

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)
Xermelo® (telotristat) Prior Authorization with Quantity Limit	Xermelo [®] (telotristat)	250 mg – 90 tablets

Products Impacted

This PA program applies to commercial lines of business.

The new PA criteria is posted 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.

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You may access CMM at <u>www.covermymeds.com</u>. 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.