

# PROVIDER QUICK POINTS

## PROVIDER INFORMATION



June 27, 2018

### Medical Drug Policy Criteria Expanded for Stelara and Simponi Aria

Effective June 29, 2018, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will expand the medical policy criteria for Stelara<sup>®</sup> and Simponi Aria<sup>®</sup> to include the following approved FDA approved indications.

MEDICAL DRUG	HCPCS CODE	MEDICAL POLICY	INDICATION	PRODUCTS IMPACTED
Stelara <sup>®</sup> (Ustekinumab)	J3357 J3358	II-168*	Adolescents (12+ years of age) with moderate to severe plaque psoriasis	<ul style="list-style-type: none"> <li>• Commercial health plans (excluding FEP)</li> <li>• Medicare Advantage</li> </ul>
Simponi Aria <sup>®</sup> (Golimumab)	J1602	II-180*	Adults with active psoriatic arthritis <b>or</b> active ankylosing spondylitis	

\*See medical policy to view the full medical necessity criteria used with prior authorization (PA) reviews.

### Products Not Impacted

The changes do not impact the Federal Employee Program (FEP) and Minnesota Health Care Programs (MHCP) health plans (Prepaid Medical Assistance Program (PMAP), MinnesotaCare (MNCare), SecureBlue (MSHO), and Minnesota Senior Care Plus (MSC+) health plans, which have their own requirements.

### Submitting a PA Request

- Before submitting a PA request, Providers are asked to check applicable Blue Cross medical policy criteria and attach all required clinical documentation with the request. PA requests will be reviewed when patient-specific, relevant medical documentation has been provided supporting the medical necessity of the service. Failure to submit required information may result in review delays (if outreach is needed to obtain missing clinical information) or a denial of the request due to insufficient information. If a provider does not obtain the required PA before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization.
- PA approval will be based on the Blue Cross medical policy criteria.
- The requirement applies to subscribers starting therapy and to those already being treated with a therapy noted above.

Note: An approved PA does not guarantee coverage under a subscriber's benefit plan. Subscriber benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies.

Continued

### **Reminder Regarding Medical Policy Updates & Changes**

Medical Policy changes are communicated in the Upcoming Medical Policy Notifications section of the Blue Cross Medical and Behavioral Health Policy website. The Upcoming Policies section lists new, revised, or inactivated policies approved by the Blue Cross Medical and Behavioral Health Policy Committee. To access the website:

- Go to [providers.bluecrossmn.com](http://providers.bluecrossmn.com)
- Under Tools & Resources, select “Medical Policy”, and read/accept the Blue Cross Medical Policy Statement
- Select the “+” (plus) sign next to “Medical and Behavioral Health Policies” to see the Upcoming Medical Policy Notifications section

### **Questions?**

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

HCPCS stands for Healthcare Common Procedure Coding System