

# PROVIDER BULLETIN

## PROVIDER INFORMATION



October 1, 2018

### **New Medical Drug-Related Prior Authorization Requirements for Takhzyro™ (Lanadelumab-flyo)**

Effective December 1, 2018, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will expand the Medical Drug Prior Authorization (PA) Program for Commercial lines of business to include PA requirements for TAKHZYRO (Lanadelumab), used to treat Hereditary Angioedema (HAE).

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring they receive 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.

**PA Requirements: effective December 1, 2018, a medical drug PA will be required for the following drug(s):**

Lanadelumab-flyo (Takhzyro™) – medical policy II-173

#### **Products Impacted**

This PA program applies to subscribers that have coverage through Commercial health plans (excluding FEP which has separate PA requirements).

#### **Submitting a Medical Drug PA Request**

For Commercial members, PA approval will be based on Blue Cross medical policy. 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. The requirement applies to subscribers starting drug therapy and to those already being treated with the medication above. **Providers may submit PA requests for Takhzyro beginning November 20, 2018.**

Providers are asked to check Blue Cross and/or Medicare medical policy criteria and attach **all required clinical documentation** with the PA request including documentation of previous therapies tried and evidence of symptom improvement using the drug. PA requests will be reviewed when patient-specific, relevant medical documentation has been submitted supporting the medical necessity of the drug. 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.

To review the Blue Cross and Medicare criteria:

- Go to [providers.bluecrossmn.com](http://providers.bluecrossmn.com)
- Under Tools and Resources, select “Medical Policy”, then acknowledge the Acceptance statement
- Select the “+” (plus) sign next to Medical and Behavioral Health Policies

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Providers can submit an electronic medical drug (ePA) request:

- Online via our free [Avality](#) provider portal – for Blue Cross to review
- Using a [NCPDP](#) standard XML file feed to Blue Cross through CenterX, via an integrated Electronic Medical Record (EMR) system. To learn how to do this, providers should contact their EMR vendor for assistance.
- Out of state, non-contracted providers can submit a PA request to Blue Cross by either using the electronic processes above, the [Minnesota Uniform Form for PA Request and Formulary Exceptions](#) fax form located under the Forms section on the Blue Cross website, or their own PA form (secure fax: 651.662.2810).

Note: An approved PA does not guarantee a medication is covered 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.

**Reminder regarding Medical Policy updates and 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 and are effective 45 days from the date they were posted. 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**.