# **PROVIDER QUICK POINTS** PROVIDER INFORMATION



December 12, 2018

## Update: Change in Medical Drug Prior Authorization Program – PAH drugs

Effective immediately, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) clinicians will review medical drug review prior authorization (PA) requests for injected and infused pulmonary arterial hypertension (PAH) drugs instead of Prime Therapeutics. Providers should submit PA requests for the following drugs directly to Blue Cross to review, instead of submitting them to Prime Therapeutics (Prime).

- Epoprostenol (Flolan<sup>®</sup> or Veletri<sup>®</sup>)
- Treprostinil (Remodulin<sup>®</sup>)
- Sildenafil injection (Revatio<sup>®</sup>)

Providers should continue to send PA requests to Prime for self-administered PAH drugs that are covered under a member's pharmacy benefit. The change only impacts injectable and infusible PAH drugs covered under the medical benefit.

#### **Products Impacted**

The Medical Drug PA Program applies to commercial lines of business and the following Minnesota Health Care Programs: Families and Children [formerly known as Prepaid Medical Assistance Program (PMAP)], MinnesotaCare (MNCare) and Minnesota Senior Care Plus (MSC+).

#### Submitting a PA Request when Applicable

- Before submitting a PA request, Providers are asked to check applicable Blue Cross policy 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 policy criteria. To review Blue Cross criteria:

o Go to providers.bluecrossmn.com

- o 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, then select "Blue Cross Blue Shield of Minnesota Medical Policies" to access policy criteria.
- Prior Authorization Lists are updated to reflect additional PA requirements on the effective date of the management change and includes applicable codes. To access Prior Authorization Lists for all lines of business:

o Go to providers.bluecrossmn.com

- Under Tools & Resources, select "Medical Policy", and read/accept the Blue Cross Medical Policy Statement • Select the "+" (plus) sign next to "Utilization Management" to access the Prior Authorization Lists.
- 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 therapy and to those

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already being treated with a therapy noted above.

#### Providers can Submit an Electronic Prior Authorization (ePA) Request

- Online via our free <u>Availity provider portal</u> for Blue Cross to review.
- For Medical Drugs, PA's can also be submitted using a <u>NCPDP</u> 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 <u>Minnesota Uniform Form for PA Request and Formulary Exceptions fax form</u> 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 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.

### **Questions?**

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