

PROVIDER BULLETIN

PROVIDER INFORMATION



April 1, 2022

Medical Drug Management Update – Infliximab Prior Authorization and Preferred Product Expansion to Include Unbranded Infliximab

Effective May 30, 2022, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be expanding prior authorization (PA) requirements and the preferred medical drug program to include unbranded infliximab.

As stewards of healthcare expenditures for our subscribers, Blue Cross is charged with ensuring members receive the highest quality, evidence-based care. This is accomplished through management of medical policies to include 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. When multiple versions of the same drug exist, Blue Cross may decide to cover only certain versions of the drug after completing a review of the drugs.

Blue Cross medical policy II-97 for infliximab will be updated to add unbranded infliximab as a preferred infliximab product, in addition to Remicade, Inflectra, and Renflexis, when infliximab is deemed medically necessary per policy II-97. This preferred product change applies to commercial subscribers. With this policy update, the Commercial Preferred Medical Drug Program List will be updated.

Blue Cross medical policy II-247 for Medicare Advantage Part B Step Therapy will also be updated to add unbranded infliximab to preferred products Remicade, Inflectra, and Renflexis, when infliximab is deemed medically necessary per Medicare policy. This preferred product change applies to Medicare Advantage subscribers.

The following prior authorization and preferred product changes will be effective May 30, 2022:

Policy #	Policy Title/ Service	Preferred Products	Prior Authorization Requirement	Line(s) of Business
II-97	Infliximab	Remicade, Inflectra, Renflexis, unbranded infliximab	New for unbranded infliximab Continued for Remicade, Inflectra, and Renflexis	Commercial
II-247 & L33394	Medicare Advantage Part B Step Therapy & Coverage of Drugs and Biologicals for Label and Off-Label Uses	Remicade, Inflectra, Renflexis, unbranded infliximab	New for unbranded infliximab Continued for Remicade, Inflectra, and Renflexis	Medicare Advantage

Products Impacted

The information in this bulletin applies only to subscribers who have coverage through commercial and Medicare Advantage lines of business.

Submitting a PA Request when Applicable

- **Providers may submit PA requests for unbranded infliximab starting May 23, 2022.**
- Prior to submitting a PA request, providers must check the applicable Blue Cross policy and **attach all required clinical documentation** with the PA request. PA requests will be reviewed when patient-specific, relevant medical documentation has been submitted supporting the medical necessity of the service. Failure to submit required information may result in review delays or a denial of the request due to insufficient information to support medical necessity. 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 applicable policy criteria. To review Blue Cross criteria:
 - Go to bluecrossmn.com/providers/medical-management
 - Read and accept the Blue Cross Medical Management Disclaimer
- Current and future PA requirements and related clinical coverage criteria can be found using the *Is Authorization Required* tool in the Availity Essentials® portal or at bluecrossmn.com/providers/medical-management prior to submitting a PA request.
- Prior authorization lists are also updated to reflect additional PA requirements on the effective date of the management change and includes applicable codes. To access the PDF prior authorization lists for all lines of business go to bluecrossmn.com/providers/medical-management.

Prior Authorization Requests

For information on how to submit a prior authorization please go to bluecrossmn.com/providers/medical-management. 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.

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 and are effective at minimum 45 days from the date they were posted. To access the website:

- Go to bluecrossmn.com/providers/medical-management
- Read and accept the Blue Cross Medical Management Disclaimer
- Select the Medical Policies tab, then click "See Upcoming Medical Policy Notifications"

Questions?

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