

PROVIDER QUICK POINTS

PROVIDER INFORMATION



March 22, 2023

PROVIDER PRESS

ADMINISTRATIVE UPDATES

Member Rights & Responsibilities Page 2

Quality of Care Complaint Report Page 2

QUALITY IMPROVEMENT

Provider Perspective on Continuity and Coordination of Care Page 2

Case and Condition/Disease Management Programs Page 5

Online Provider Survey Page 6

Network Accessibility Page 7

After-Hours Survey Page 10

Multicultural Health Distinction Page 11

PHARMACY

Pharmacy Updates for Quarter 1, 2023 Page 11

MEDICAL AND BEHAVIORAL HEALTH

Medical and Behavioral Health Policy Updates Page 15

ADMINISTRATIVE UPDATES

Member Rights and Responsibilities

Blue Cross is committed to treating its members in a way that respects their rights, while maintaining an expectation of their individual responsibilities. All Blue Cross members have certain rights concerning their care and treatment, and responsibilities as a member, such as following agreed upon instructions for care, or supplying information needed to provide care. A complete listing of Member Rights and Responsibilities can be found online at bluecrossmn.com by entering “member rights” in the search field. Questions or requests for a paper copy may be directed to Customer Service at the telephone number on the back of your identification card.

Quality of Care Complaint Report

Your participating provider agreement with Blue Plus outlines the complaint procedure for primary care clinics. MN Rules 4685.1110 and 4685.1900 outline the requirements of complaint collection and analysis of quality of care complaints for the Health Plan. Blue Plus requires providers to report these complaints quarterly. Reporting is required, even if there were no complaints during the reporting period.

Complaints should be submitted via secure email in a report format (e.g., Excel, csv).

Required data elements for the report are as follows:

- Member ID Number
- Patient Name
- Patient Date of Birth
- Date of Service / Incident
- Date Complaint Received by Provider
- Practitioner Named in Complaint
- Practitioner NPI
- Location of Service / Incident
- Summary of Complaint
- Categorizations Used to Classify Complaint
- Summary of Outcome / Resolution, including date

Submit report via secure email to Quality.of.Care.Mailbox@bluecrossmn.com

QUALITY IMPROVEMENT

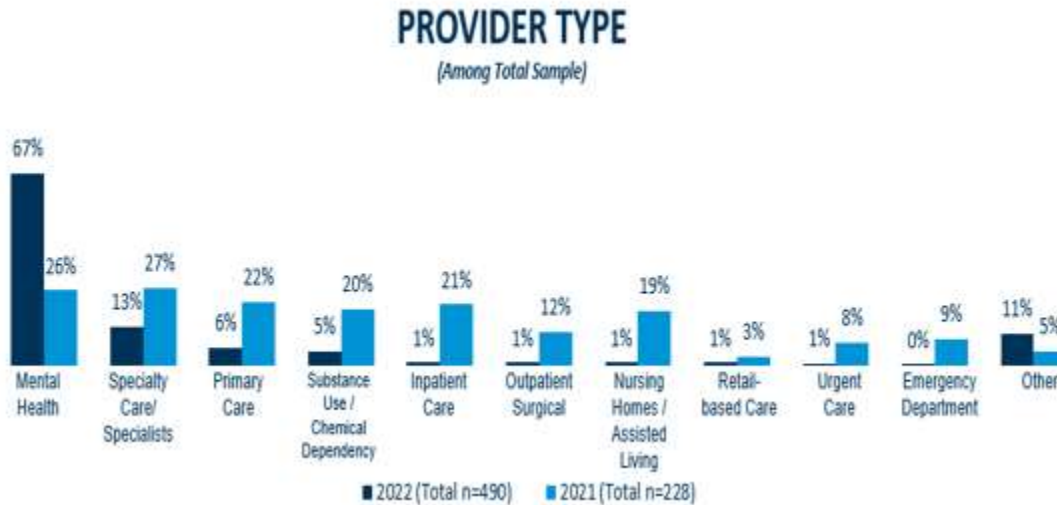
Provider Perspective on Continuity and Coordination of Care

Keeping care coordinated across multiple care providers can be challenging. As a part of our ongoing efforts to improve continuity and coordination of care for our members, Blue Cross and Blue Shield of Minnesota (Blue Cross) gathers feedback from our network of providers to gain their perspective on how well medical care is coordinated. To accomplish this, Blue Cross sponsored an online survey to measure the Blue Cross provider network experience with continuity and coordination of care for their patients across the care delivery system.

Blue Cross conducted the survey of randomly selected contracted providers between September 7 through October 6, 2022. Qualified respondents included the Quality Director, Medical Director or Clinical Director at a facility, if available. When those individuals were not available someone with a clinical background and knowledge of continuity and coordination of care responded.

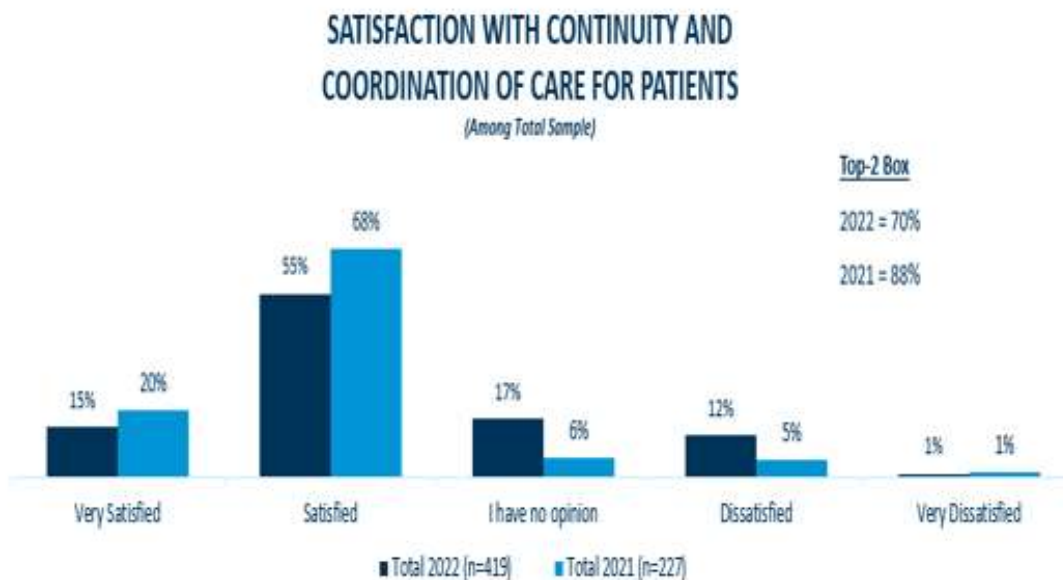
Respondent Representation

Respondents included a mix of practice types. In 2022 more mental health practice providers participated.



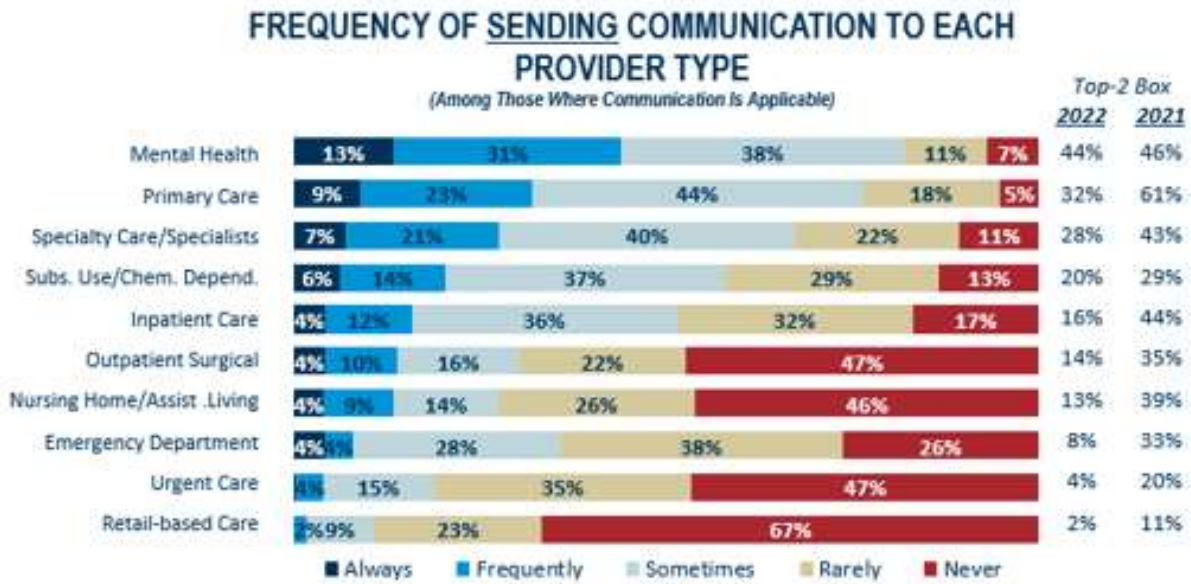
Overall Satisfaction

Overall satisfaction with continuity and coordination of care has declined with 70% of respondents saying they are “satisfied” or “very satisfied.” This is a decrease from 88% satisfaction last year. Of the provider types who responded three showed a directional decrease in satisfaction from 2021. Those provider types are Specialty Care/Specialist (-13%), Mental Health (-16%), and Primary Care (-8%).



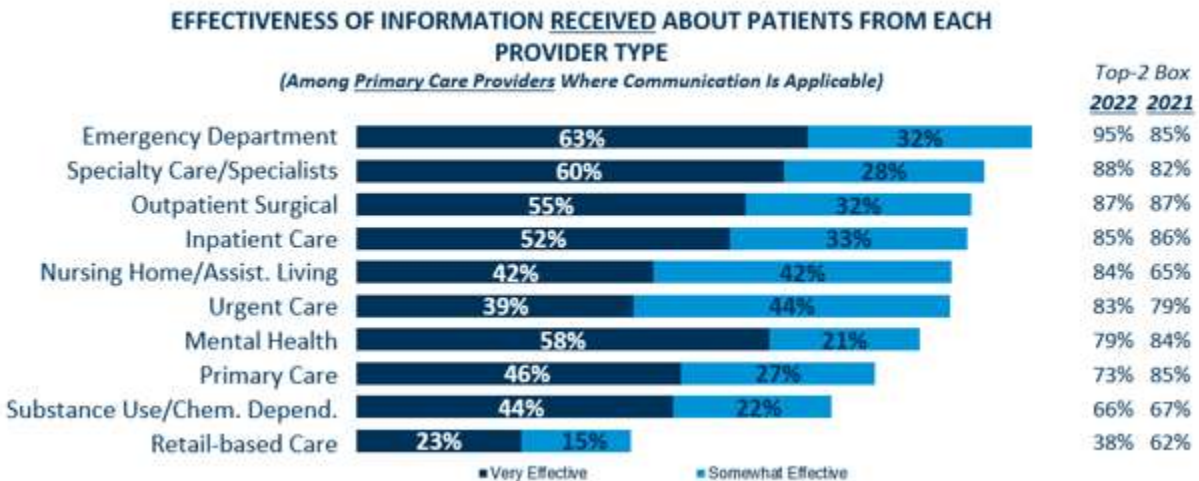
Frequency of Receiving Communication

Respondents are most likely to receive communication about their patients from Primary Care and Mental Health providers. Communication frequency from specialty care/specialist providers decreased year-over-year.



Effectiveness of Information Received

Primary Care respondents report information received from Emergency Department and Specialty Care/Specialist providers as most effective. The effectiveness of information Primary Care Providers receive from Mental Health, other Primary Care, Substance Use/Chemical Dependency, and Retail-Based Care providers decreased significantly compared to last year.



There has been a downward directional decrease in the effectiveness of information received from primary care providers. The ongoing impacts of the COVID-19 pandemic may be the cause of diminished communication due to timing/workload constraints.

The most mentioned themes around opportunities for Blue Cross to improve continuity and coordination of care were to decrease challenges with prior authorizations, evaluating provider reimbursement rates, and provide patient education resources.

Blue Cross' ability to better understand gaps in providers' coordination of care experiences can ultimately help us address opportunities to improve member experience and health outcomes.

Thank you for your ongoing efforts to improve continuity and coordination of care for your patients as they navigate the healthcare system in pursuit of better health.

Throughout 2023, Blue Cross will continue to publish articles with best practices and tips to help you coordinate care more efficiently and effectively for your patients.

Case and Condition/Disease Management Programs

Care Management includes a process for Case and Condition/Disease Management (C/DM) utilizing a primary case manager model, with a goal of providing a seamless, integrated member experience. These programs are intended to increase advocacy, care coordination, and support and education for our members. CM and C/DM are multidisciplinary programs offered along a continuum-based approach to healthcare delivery that proactively identifies populations who have or are at risk for chronic medical and behavioral health conditions. Both CM and C/DM support the practitioner-patient relationship and plan of care, emphasize the prevention of exacerbation and complications using cost-effective, evidenced-based practice guidelines, and patient empowerment strategies such as education and self-management.

The case manager process in our CM and C/DM programs is to evaluate clinical, social/humanistic and economic outcomes with the goal of achieving the highest level of self-management and improving overall health of the whole person. Members who receive CM and C/DM services receive support from a primary case manager who assists in facilitating the health of the whole person, not just their individual condition. The case manager may call the provider when the subscriber triggers for CM or C/DM and meets our provider call criteria. Provider call criteria may include:

- Concerns about member's compliance with treatment plan
- Lack of clarity about member's treatment plan
- Lack of valid telephone number for member

Providers may make a referral by contacting the Health Support Coordinator team at 1-855-312-9107 for Commercial Members and Medicare Advantage or 1-800-711-9862 for Government Programs (PMAP, MNCare, and MSC+) and 1-888-740-6013 for dual eligible members (MSHO). Blue Cross looks forward to working with its member's Healthcare Practitioners to make a healthy difference in the health of its members.

In addition to Case and Condition/Disease Management, Wellness Coaching is offered as part of Care Management. Wellness Coaching helps members make lifestyle changes that can enhance their quality of life and reduce the risk of serious health crisis in the future. Wellness topics include weight management, nutrition, stress management, physical activity, tobacco cessation, and sleep. Coaches work with members to set attainable goals and overcome barriers to achieving them. The process of wellness coaching evaluates the individual holistically with the goal of improving overall health and well-being. Members who receive wellness coaching services receive support from a dedicated coach, however, they may work with a wellness coach while also addressing chronic or acute issues through CM or C/DM. Coaches encourage members to share their health plan goals with providers and seek additional information on resources such as nicotine replacement therapy as needed.

Additional information regarding our Case and Condition/Disease Management programs can be found in Chapter 4 of the Provider Policy and Procedure Manual. To access the manual, go to providers.bluecrossmn.com and select "Manuals" under "Publications and manuals."

For questions about Case and Condition/Disease Management, Wellness Coaching or if you would like to determine program eligibility for one of your patients, please contact Provider Services at **(651) 662-5200** or **1-800-262-0820**.

Please note: services are offered to members; however, participation is optional. Member eligibility for case and condition/disease management is determined by their Benefit Plan.

Online Provider Survey

Blue Cross conducts an annual online survey that combines several provider surveys, reduces calls to busy providers/front desk personnel and is environmentally friendly by reducing use of paper.

The Online Provider Survey centered around two areas of importance. The first focus of this survey was on the Blue Cross Find a Doctor (FAD) data. Provider directories are an important tool used by members and prospective members to select and contact their physicians and other contracted providers who deliver their medical care. Members and their caregivers rely on our online provider directory tool to make informed decisions regarding their healthcare choices. Inaccurate data in the directory can create a barrier to care as well as negatively impact member experience.

The Second focus of this survey centered around appointment access for members. This is especially important in our current environment. The ability for members to obtain services in a timely manner is needed to make sure our members can resolve any health concerns. This part of the survey only focused on selected specialties. The specialties assessed for appointment access in 2022 were broken into four groups: High Volume, High Impact, Behavioral Health, and PCP.

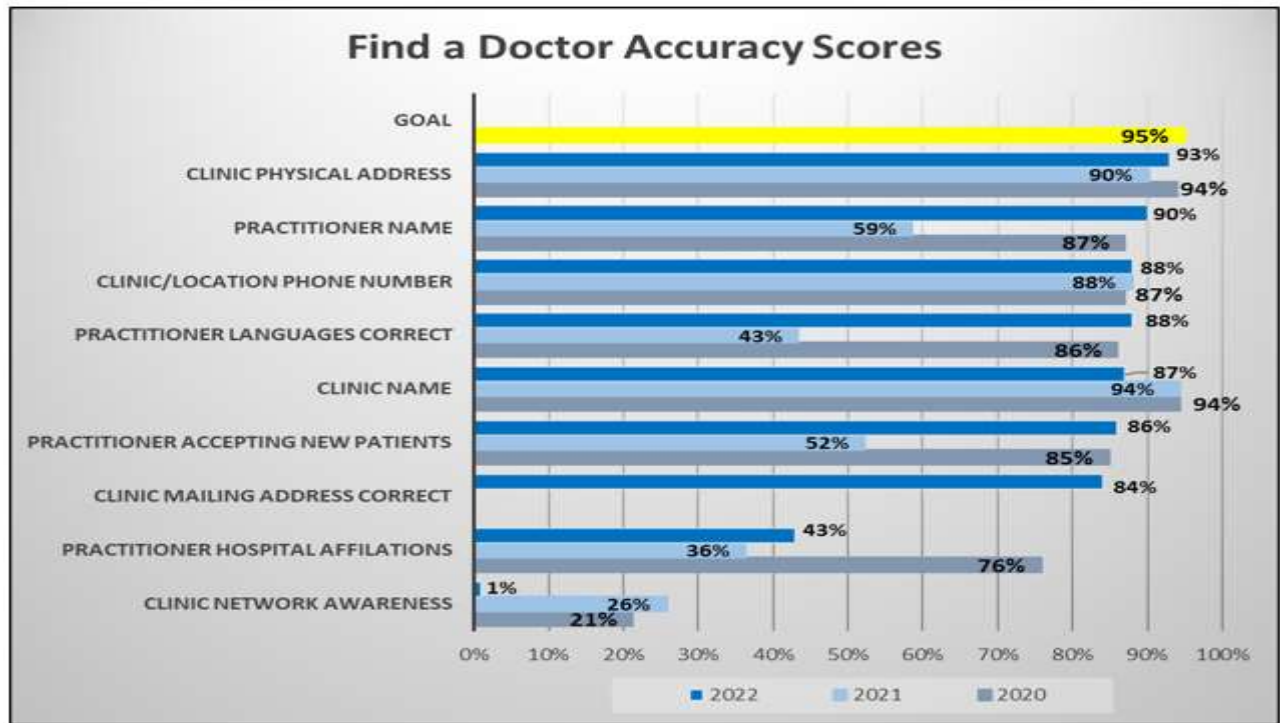
High volume specialty care is defined as the types of practitioners most likely to provide services to the largest segment of the membership and included OB/GYN and Dermatology. High impact specialty care is defined as practitioner types that treat conditions that have high mortality and morbidity rates and included Cardiology and Oncology. Behavioral Health services were broken out as either prescriber which included psychiatrists and psychiatric nurse practitioners, and non-prescribers which included psychologists. Lastly, our most utilized practitioner type; Primary Care practitioners.

Letters were sent to all providers active in the Blue Cross Find a Doctor tool between June and July of 2022. These letters provided information on what was being assessed and the web address to complete the survey.

The results of this survey showed a strong overall response rate of 32.4% return. This was greatly appreciated by Blue Cross. The collected data showed that while Blue Cross did not achieve our goal of 95% accuracy of the data, it did show where we could improve. The tables below show the overall results of the FAD components:

Results by grid and graph

		<i>Correct</i>	<i>Incorrect</i>	<i>Location Closed</i>	<i>Provider Termed</i>	<i>Partial Response</i>	<i>Total</i>	<i>Accuracy</i>
<i>Location</i>	Name	2,291	262	73	-	48	2,674	87%
	Physical Address	2,305	98	73	-	198	2,674	93%
	Mailing Address	2,109	331	73	-	161	2,674	84%
	Phone #	2,196	222	73	-	183	2,674	88%
	Networks	10	1,303	73	-	1,288	2,674	1%
<i>Practitioner</i>	Name	12,169	36	-	1,273	390	13,868	90%
	Accepting New Patients	11,030	502	-	1,273	1,063	13,868	86%
	Languages	9,917	121	-	1,273	2,557	13,868	88%
	Hospital Affiliations	4,593	4,874	-	1,273	3,128	13,868	43%



The biggest area of concern was centered around the question on Network Awareness. This question is required by the National Committee for Quality Assurance (NCQA) for compliance with its standards for quality. However, Blue Cross recognizes that the way the question was phrased may not coincide with your current processes for validating member coverage. Blue Cross is working on another way to obtain this information that will be easier for providers and still meet the NCQA requirements.

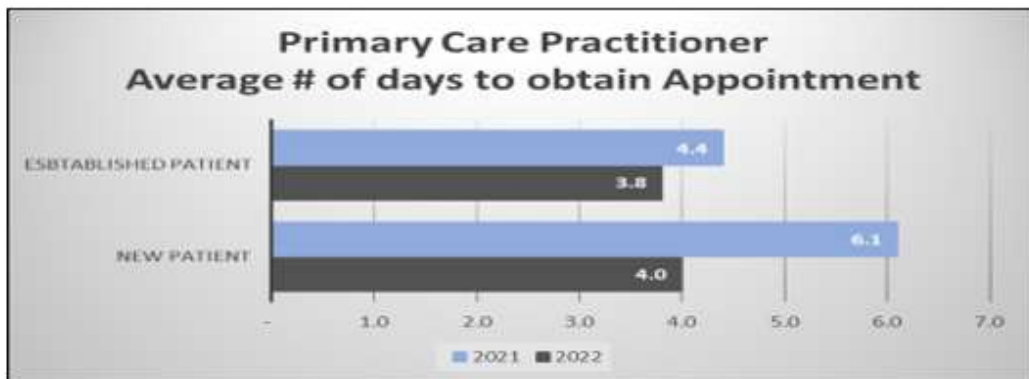
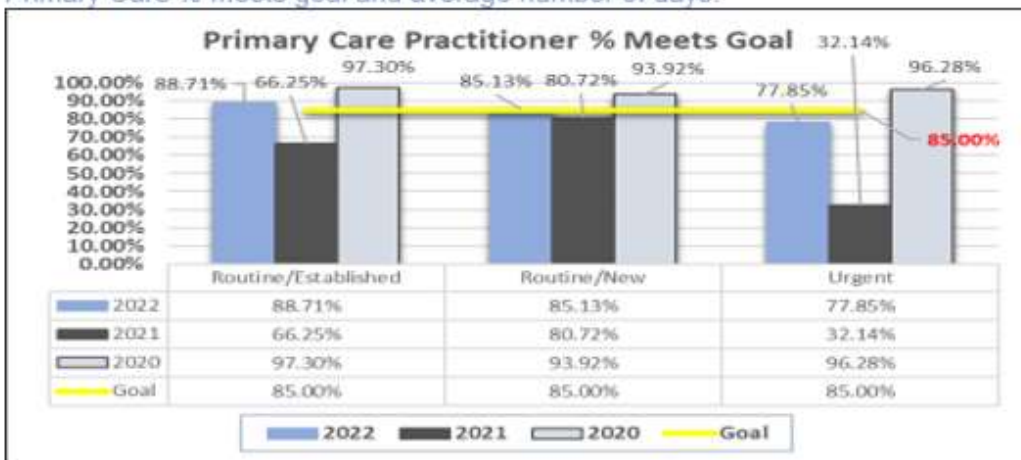
This survey will also allow our provider data outreach team to narrow its work to those providers indicating issues with their data, by reaching out to you and helping you update any data that may have been incorrect. Finally, the feedback provided by you either through the survey or through the contact e-mail will help us improve the survey for 2023.

While the overall survey was a success, not all components of the survey were completed, especially those centered around appointment accessibility for the applicable specialties resulting in data that was not significant enough to obtain meaningful data without conducting additional phone calls. Reviewing the results of the data showed that those locations where appointment accessibility was needed did not complete the survey or chose to not complete this portion of the survey. This has been a consistent issue for the last two years of this survey. It is also becoming increasingly hard to obtain this information over the phone due to the complicated scheduling systems that do not allow the scheduler to look up appointment access unless you have valid healthcare information needed to get into the appointment information. Blue Cross essentially is calling as a secret shopper and would not have this information. It is very important that we obtain appointment access information and if you have a better way of providing this information, please reach out to Blue Cross Quality at Quality.Improvement@bluecrossmn.com.

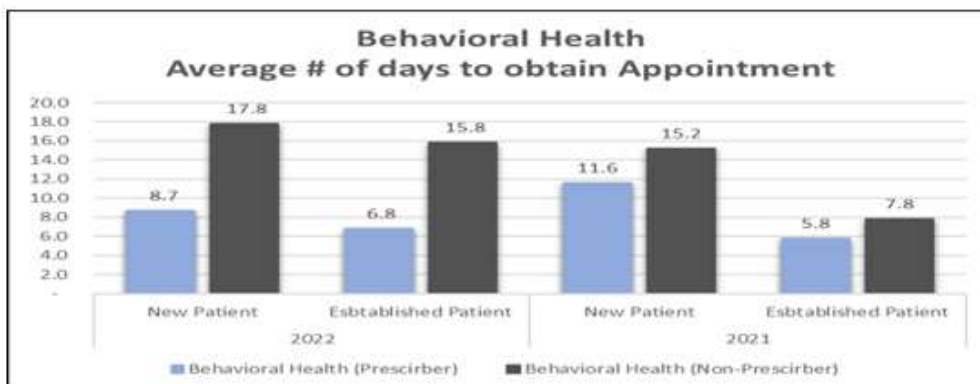
Network Accessibility

The results of the 2022 appointment access information are included in the tables below:

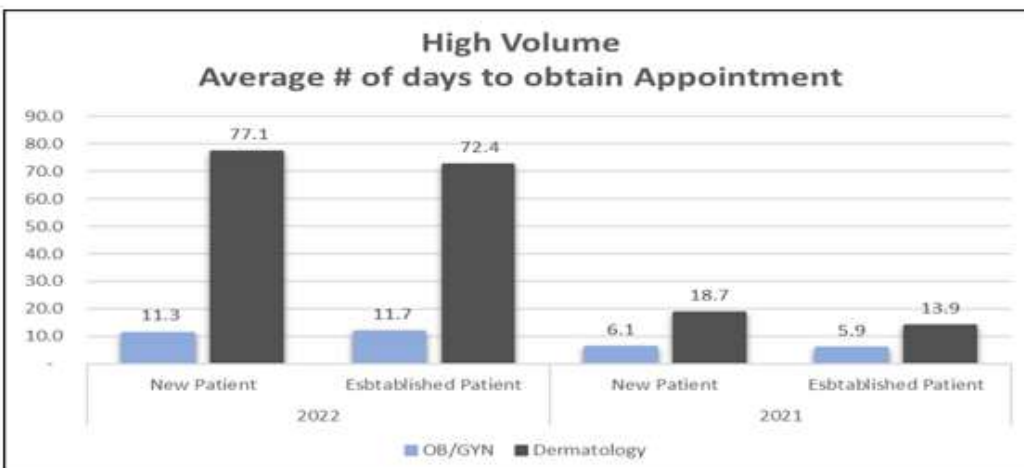
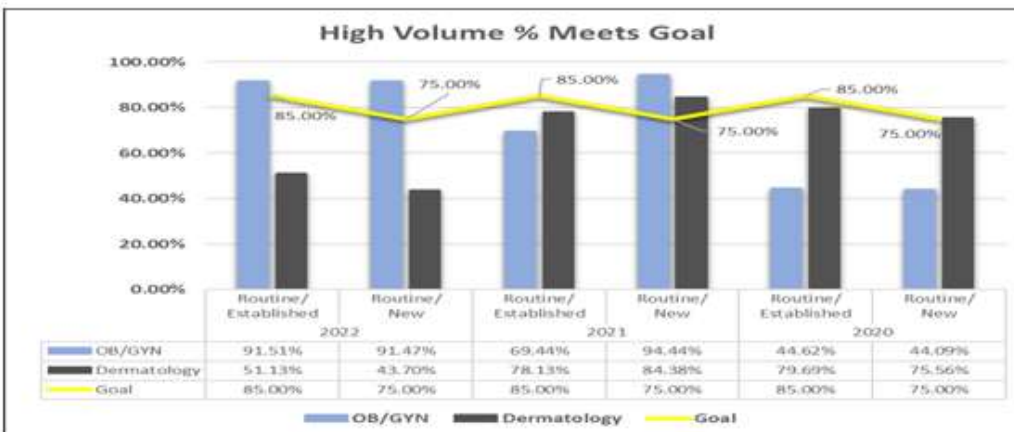
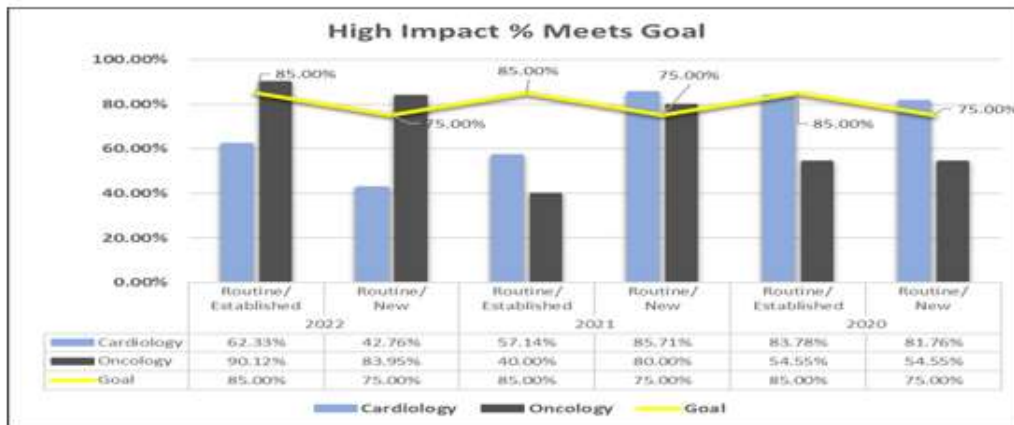
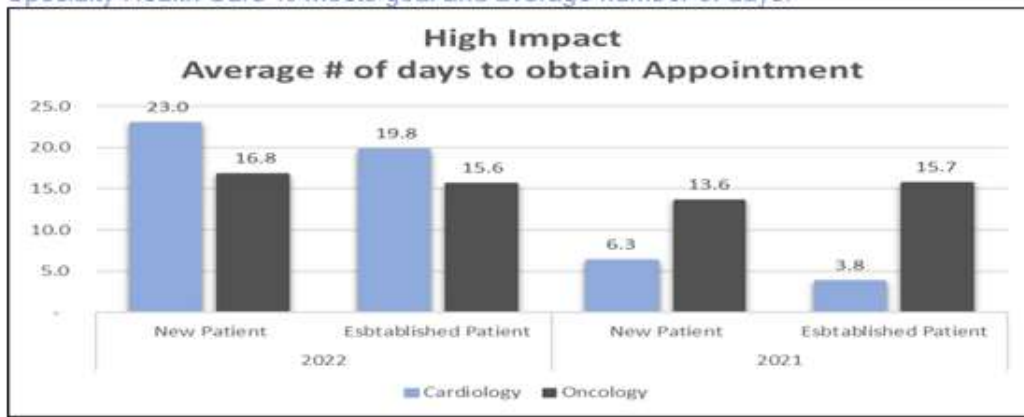
Primary Care % meets goal and average number of days:



Behavioral Health Care % meets goal and average number of days:



Specialty Health Care % meets goal and average number of days:



Overall, the data indicates that most of the specialties are experiencing an uptick in time to obtain appointments and is likely because of the release of COVID-19 restrictions. However, Dermatology does appear to be experiencing a great uptick with wait times tripling from the previous year.

Blue Cross very much appreciates your efforts in helping us provide the best possible FAD tool and appointment accessibility for our members and your patients. If you have further feedback you would like to provide related to the Online Provider Survey, please contact Blue Cross at the Quality.Improvement@bluecrossmn.com mailbox. This mailbox is not monitored daily, and we cannot answer any provider questions not related to the Online Provider Survey.

What does this mean for you? Blue Cross will use these results to identify improvement opportunities to enhance our network capabilities. Normally, Blue Cross would send out letters to those providers who did not meet requirements. However due to the current pandemic, no letters will be sent out this year. Please remember, as a contracted provider you are bound by the Provider Policy and Procedure Manual posted on our website at providers.bluecrossmn.com.

After-Hours Survey

Blue Cross conducted an After-Hours survey in August of 2022. The survey was a random selection of our primary care physicians (PCP) and Behavioral Health Practitioners utilized by Blue Cross members.

The results showed that 89.4% of the PCP's surveyed met the requirement to have after-hours messaging. While this is a positive result, it fell short of Blue Cross' goal to have 100% of providers conveying after-hours information to members. This is a slight increase from the previous year and highlights the fact that some PCP locations are still not meeting After-Hours requirements and will require additional assessment and follow-up.

The Behavioral Health practitioners also did not meet the goal, with only 63.6% of practitioners meeting this requirement. This was a 3% decline from the prior year's results. The after-hours messaging is especially important within the Behavioral Health arena. If a member cannot obtain the services he/she believes they need due to office hours, then an alternative such as a behavioral health hotline needs to be offered to members in crisis.

Blue Cross encourages all practitioners to review the After-Hours requirements to understand what is expected for each location contracted with Blue Cross.

What does this mean for you? Normally, Blue Cross would send out letters to those providers who did not meet requirements, however no letters will be sent this year. Please remember, as a contracted provider you are bound by the After-Hours requirements listed in the Provider Policy and Procedure Manual posted on our website at providers.bluecrossmn.com.

Multicultural Health Distinction

While Blue Cross has achieved the National Committee for Quality Assurance (NCQA) Multicultural Health Care (MHC) distinction for the last 4 years, NCQA has shifted gears and is now offering Health Equity Accreditation (HEA) and Health Equity Accreditation Plus (HEA+) programs. These programs offer more insight into equitable health care for all. These accreditations identify organizations that are more intentional in assessing and identifying areas of historical bias, helping illustrate underserved communities and promoting actions to reduce disparities. Blue Cross is working towards achieving both accreditations in 2025.

To help assist with this program we need both members and provider multicultural information. Some of the information that would be needed from the providers is pulled from your provider profiles that are completed as part of the credentialing process. We also collect and validate information provided through the annual Provider Data Survey. It is important that you provide this information so Blue Cross can provide the best care possible.

Blue Cross believes that organizations responsible for care must be aware of and be sensitive to their populations' racial, cultural and language differences. The U.S. Department of Health and Human Services notes that "by tailoring services to an individual's culture and language preferences, health professionals can help bring about positive health outcomes for diverse populations."

To help facilitate our providers to provide this type of tailored care, Blue Cross has provided you with member REL information (if available) for Blue Cross members with claims data for your location. The REL information is provided through the member files provided through the Value Based Program and are sent out monthly.

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

PHARMACY

Pharmacy Updates for Quarter 1, 2023

Pharmacy Drug Formulary Update

As part of our continued efforts to evaluate and update our formularies, Blue Cross evaluates drugs on a regular basis. This evaluation includes a thorough review of clinical information, including safety information and utilization. Blue Cross has developed several formularies based on each of our products and population requirements. A complete list of all formularies and updates can be found at the following web address.

Formularies: <https://www.bluecrossmn.com/providers>

In the box titled 'Resources', select 'See all resources', then scroll down and select 'Learn more about prescription drug benefits' under the 'Formularies and drug programs' header. Next, select 'Search a drug list', choosing your patient's affiliated plan type, 'Individual and family and employer plans' or 'Medicare'. If you choose 'Individual and family and employer plans', select a formulary design from the 'choose your drug list' drop-down menu, then select 'Apply'. Scroll down the page to 'Helpful Documents' and select the documents titled 'Drug list' or 'Formulary updates' to review the applicable formulary. If you select 'Medicare', the health plan drop-down is defaulted to 'BCBS Minnesota', select the Medicare plan type formulary you wish to view; Medicare Advantage, Platinum Blue, or SecureBlue. Select 'Continue'. Scroll down the resulting page to 'Helpful documents', select the document titled 'Comprehensive Formulary' to review the applicable formulary.

Pharmacy Utilization Management (UM) Updates

Blue Cross employs a variety of utilization management programs such as Prior Authorization, Step Therapy, and Quantity Limits. Blue Cross has implemented additional Prior Authorizations and Quantity Limits depending on the member's prescription drug benefit. Updates also include changes to existing Prior Authorization and Quantity Limit programs. Quantity Limits apply to brand and generic agents. Generic drugs are listed in lower case boldface. Brand name drugs are capitalized.

Prior Authorization Program Effective 01/01/2023

BRAND NAME (generic name - if available)	UM Program		
VTAMA CREAM 1%	PA		

New Prior Authorization with Quantity Limit Program Effective 01/01/2023

BRAND NAME (generic name - if available)	UM Program		
ADLYXIN STARTER KIT 10 mcg/0.2mL & 20 mcg /0.2mL	PA*		QL**
ADLYXIN STARTER PEN 20 mcg	PA*		QL**
BYDUREON BCISE PEN 2 mg	PA*		QL**
BYDUREON PEN 2 mg	PA*		QL**
BYETTA PEN 5 mcg	PA*		QL**
BYETTA PEN 10 mcg	PA*		QL**

BRAND NAME (generic name - if available)	UM Program		
CAMZYOS CAPSULE 2.5 mg	PA		QL
CAMZYOS CAPSULE 5 mg	PA		QL
CAMZYOS CAPSULE 10 mg	PA		QL
CAMZYOS CAPSULE 15 mg	PA		QL
MOUNJARO PEN 2.5 mg	PA*		QL**
MOUNJARO PEN 5 mg	PA*		QL**
MOUNJARO PEN 7.5 mg	PA*		QL**
MOUNJARO PEN 10 mg	PA*		QL**
MOUNJARO PEN 12.5 mg	PA*		QL**
MOUNJARO PEN 15 mg	PA*		QL**
OZEMPIC SOLOUTION PEN INJ 0.25 or 0.5 MG/DOSE (2 MG/1.5ML)	PA*		QL**
OZEMPIC SOLUTION PEN INJ 1 mg/dose (2 mg/1.5mL)	PA*		QL**
OZEMPIC SOLN PEN INJ 4 mg/3mL	PA*		QL**
OZEMPIC SOLN PEN INJ 8 mg/3mL	PA*		QL**
RADICAVA ORS 105 mg/5mL	PA		QL
RADICAVA ORS STARTER KIT 105 mg/5mL	PA		QL
RYBELSUS TABLET 3 mg	PA*		QL**
RYBELSUS TABLET 7 mg	PA*		QL**
RYBELSUS TABLET 14 mg	PA*		QL**
TRULICITY PEN 0.75 mg/0.5mL	PA*		QL**
TRULICITY PEN 1.5 mg/0.5mL	PA*		QL**
TRULICITY PEN 3 mg/0.5mL	PA*		QL**
TRULICITY PEN 4.5 mg/0.5mL	PA*		QL**
VICTOZA PEN 18 mg/3 mL	PA*		QL**

*Transition of Step Therapy (ST) Program to Prior Authorization (PA) Program

** QL already in place

Changes to Existing Utilization Management Programs Effective 01/01/2023

BRAND NAME (generic name - if available)	UM Program		
AUVELITY TABLET 45-105 mg		ST	QL
CALQUENCE TABLET 100 mg	PA		QL
CAPLYTA CAPSULE 10.5 mg		ST	QL
CAPLYTA CAPSULE 21 mg		ST	QL
CETRORELIX INJECTION 0.25 mg	PA		QL
dabigatran capsule 150 mg			QL
DORYX MPC TABLET 60 mg	PA		
ENTADFI CAPSULE 5-5			QL
fenoprofen capsule 400 mg		ST	
IMBRUVICA SUSPENSION 70 mg/mL	PA		QL
INSULIN DEGLUDEC 100 unit			QL
INSULIN DEGLUDEC FLEXTOUCH 100 unit			QL
INSULIN DEGLUDEC FLEXTOUCH 200 unit			QL
ORKAMBI GRANULES 75-94 mg	PA		QL
ORLISTAT CAPSULE 120 mg	PA		QL
PHEBURANE 483 mg/g	PA		

BRAND NAME (generic name - if available)	UM Program		
PIRFENIDONE TABLET 534 mg	PA		QL
QUETIAPINE TABLET 150 mg		ST	QL
RYALTRIS NASAL SPRAY 665-25 mcg/act			QL
SOTYKTU TABLET 6 mg	PA		QL
TADLIQ SUSPENSION 20 mg/5mL	PA		QL
TASCENSO ODT TABLET 0.25 mg		ST	QL
tolvaptan tablet 15 mg	PA		QL
VENLAFAXINE TABLET 112.5 mg		ST	QL
VIVJOA CAPSULE THERAPY PACK 150 mg	PA		

Key for all above tables: PA=Prior Authorization; QL=Quantity Limit, ST = Step Therapy

Effective January 1, 2023

- Strensiq Prior Authorization program was implemented for Medicaid.

Effective March 1, 2023

- Hyftor Quantity Limit program will be implemented for Medicaid.
- Relyvrio Prior Authorization with Quantity Limit program will be implemented for Medicaid.
- Zoryve Prior Authorization program will be implemented for Medicaid.

Effective April 1, 2023

- Antifungal Agents - Brexafemme (ibrexafungerp), Cresemba (isavuconazonium), Noxafil (posaconazole), Vfend (voriconazole), Vivjoa (oteseconazole) Prior Authorization with Quantity Limit program name will be changed to 'Antifungals Prior Authorization with Quantity Limit' for Commercial and Medicaid.
- Antifungal Agents - ciclopirox, efinaconazole, itraconazole, tavaborole, terbinafine Prior Authorization with Quantity Limit program name will be changed to 'Topical Antifungals, itraconazole, terbinafine Prior Authorization with Quantity Limit' for Commercial and Medicaid.
- Hyftor Prior Authorization with Quantity Limit program will be implemented for Commercial.
- Lucemyra Prior Authorization with Quantity Limit program will be retired for Commercial and Medicaid.
- Relyvrio Prior Authorization with Quantity Limit program will be implemented for Commercial.
- Zoryve Prior Authorization program will be implemented for Commercial.

A detailed list of all drugs included in these programs can be found at the following web address:

Utilization Management information: <https://www.bluecrossmn.com/providers>

In the box titled 'Resources', select 'See all resources', then scroll down and select 'Learn more about prescription drug benefits' under the 'Formularies and drug programs' header. Next, select 'Search a drug list', choosing your patient's affiliated plan type, 'Individual and family and employer plans' or 'Medicare'. If you choose 'Individual and family and employer plans', select a formulary design from the 'choose your drug list' drop-down menu, then select 'Apply'. Scroll down the page to 'Helpful Documents' and select the documents titled 'Drug list' or 'Utilization Management Updates' to review the applicable formulary. If you select 'Medicare', the health plan drop-down is defaulted to 'BCBS Minnesota', select the Medicare plan type formulary you wish to view; Medicare Advantage, Platinum Blue, or SecureBlue. Select 'Continue'. Scroll down the resulting page to 'Helpful documents', select the document with 'Utilization management updates' in the title. These will list all applicable drugs currently included in one of the above programs.

Pharmacy Benefit Exclusions and Updates

Blue Cross will no longer cover the following medications under the Commercial pharmacy benefit. Subscribers must use a medication alternative that is covered under the pharmacy benefit plan or pay full price for continued use of their current medication.

Drug Name	Pharmacy Benefit Exclusion Effective Date for Commercial
Entadfi™ (finasteride and tadalafil) capsule 5-5 mg	April 1, 2023
insulin degludec FlexTouch® 100 unit/ml, 200 unit/ml	April 1, 2023
insulin degludec injection 100 unit/ml	April 1, 2023
Ryaltris™ (olopatadine hydrochloride and mometasone furoate) nasal suspension 665-25 mcg/act	April 1, 2023
Venlafaxine tablet extended release 24 hr 112.5 mg	April 1, 2023
Vivjoa (oteseconazole) capsule 150 mg	April 1, 2023

Due to their route of administration and/or clinician required administration, the following drugs will no longer be covered under the pharmacy drug benefit but may be covered and processed under the medical drug benefit. For drugs that require a prior authorization under the medical benefit, failure to obtain authorization prior to service will result in a denied claim and payment.

Drug Name	Pharmacy Benefit Exclusion Effective Date for Commercial
Briumvi™ (ublituximab-xiyy) solution for intravenous (IV) infusion	February 8, 2023
Cimerli™ (ranibizumab-eqrn) injection for intravitreal use	November 23, 2022
Cimzia (certolizumab pegol) lyophilized powder for reconstitution and subcutaneous (SQ) injection	February 22, 2023
Hemgenix® (etranacogene dezaparvovec-drlb) suspension for intravenous (IV) infusion	February 8, 2023
Rebyota™ (fecal microbiota, live–jslm) suspension for rectal administration	February 8, 2023
Skysona® (elivaldogene autotemcel) suspension for intravenous (IV) infusion	November 23, 2023
Spevigo® (spesolimab-sbzo) solution for intravenous (IV) infusion	November 23, 2023
Sunlenca® (lenacapavir sodium injection) solution for subcutaneous injection	February 8, 2023
Tziel™ (teplizumab-mzww) solution for intravenous (IV) infusion	December 28, 2022
Xenpozyme™ (olipudase alfa-rpcp) lyophilized powder for reconstitution for intravenous (IV) infusion	November 23, 2023

Drug Name	Pharmacy Benefit Exclusion Effective Date for Medicaid
Briumvi™ (ublituximab-xiyy) solution for intravenous (IV) infusion	February 8, 2023
Cimerli™ (ranibizumab-eqrn) injection for intravitreal use	September 25, 2022
Elahere™ (mirvetuximab soravtansine-gynx) solution for intravenous (IV) infusion	December 28, 2022
Hemgenix® (etranacogene dezaparvovec-drlb) suspension for intravenous (IV) infusion	February 8, 2023
Imjudo® (tremelimumab-actl) solution for intravenous (IV) infusion	December 14, 2022
Lunsumio™ (mosunetuzumab-axgb) solution for intravenous (IV) infusion	February 8, 2023
Pedmark® (sodium thiosulfate injection) solution for intravenous (IV) infusion	November 9, 2022
Rebyota™ (fecal microbiota, live–jslm) suspension for rectal administration	February 8, 2023
Rolvedon™ (eflapegrastim-xnst) solution for subcutaneous use	November 9, 2022
Skysona® (elivaldogene autotemcel) suspension for intravenous (IV) infusion	November 9, 2022
Spevigo® (spesolimab-sbzo) solution for intravenous (IV) infusion	November 9, 2022

Drug Name	Pharmacy Benefit Exclusion Effective Date for Medicaid
Sunlenca® (lenacapavir sodium injection) solution for subcutaneous injection	February 8, 2023
Tecvayli™ (teclistamab-cqyv) solution for subcutaneous injection	December 14, 2022
Tzielid™ (teplizumab-mzwv) solution for intravenous (IV) infusion	December 28, 2022
Vivimusta (bendamustine hydrochloride) solution for intravenous (IV) infusion	February 8, 2023
Xenpozyme™ (olipudase alfa-rpcp) lyophilized powder for reconstitution for intravenous (IV) infusion	November 9, 2022

Exception Requests

Prescribing providers may request coverage of a non-preferred drug for a Subscriber by completing the Minnesota Uniform Form for Prescription Drug Prior Authorization (PA) Requests and Formulary Exceptions. Subscriber liability for non-preferred drugs is subject to the Subscriber specific benefit design. This form can be found at the following web address:

Exception Request: <https://www.bluecrossmn.com/providers>

Under 'Resources', select 'See all resources', then scroll down and select 'Learn more about prescription drug benefits' under the 'Formularies and drug programs' header. Next, scroll down to select 'Search a drug list', choosing your patient's affiliated plan type, 'Individual and family and employer plans' or 'Medicare'. If you choose 'Individual and family and employer plans', select a formulary design from the 'choose your drug list' drop-down menu, then select 'Apply'. Scroll down the page to 'Helpful Documents' and select the documents titled 'Drug list' or 'Formulary updates' to review the applicable formulary. If you select 'Medicare', the health plan drop-down is defaulted to 'BCBS Minnesota', select the Medicare plan type formulary you wish to view; Medicare Advantage, Platinum Blue, or SecureBlue. Select 'Continue'. Once you have selected the applicable pharmacy plan on the top bar of the web page, select "Forms" and then "Coverage Exception Form" or you may call Provider Services to obtain the documentation.

Additional Resources

For tools and resources regarding Pharmacy, please visit our website at [bluecrossmn.com](https://www.bluecrossmn.com) and select 'Shop Plans' then 'Prescription Drugs' (found at the bottom of the page), select 'See prescription drug info'. Tools include information on preventive drugs (if covered by plan), specialty drugs and other pharmacy programs. You will also be able to search for frequently asked questions and answers. Formulary updates are completed quarterly and posted online for review.

Additional information regarding Pharmacy is also located in the Provider Policy and Procedure Manual. To access the manual, go online to [bluecrossmn.com/providers](https://www.bluecrossmn.com/providers) and under 'Publications and manuals', select 'Manuals'. From the 'Category' drop down menu, select 'Provider Policy and Procedure Manual'. Topics in the manual include, but are not limited to, claims submission and processing, formulary exceptions, quantity limits and step therapy.

Similar Pharmacy Management for Federal Employee Program (FEP) subscribers can be found online at <https://www.fepblue.org> – FEP subscribers have a different PBM (Caremark) and will have a different formulary list and procedures for prior authorizations and quantity limits than listed above. This information can be found by scrolling down to 'Pharmacy' and selecting 'Learn more'.

MEDICAL AND BEHAVIORAL HEALTH

Medical and Behavioral Health Policy Updates

[Policies Effective: January 30, 2023](#)

[Notification Posted: December 1, 2022](#)

Policies Developed

- Elivaldogene Autotemcel, II-268

Policies Revised

- Biofeedback, II-70
- Teprotumumab, II-239
- Pharmacologic Therapies for Hereditary Angioedema, II-102
- Intravitreal Angiogenesis Inhibitors for Treatment of Retinal & Choroidal Vascular Conditions, II-71
- Immunoglobulin Therapy, II-51

Policies Inactivated

None

Policies Delegated to eviCore

None

[Policies Effective: April 3, 2023](#)

[Notification Posted: February 1, 2023](#)

Policies Developed

- Spesolimab, II-269
- Olipudase alfa, II-270

Policies Revised

- Intravenous Anesthetics for Treatment of Chronic Pain and Psychiatric Disorders, II-271
- Efgartigimod alfa, II-260
- Ravulizumab, II-229
- Eculizumab, II-196
- Speech Generating Devices (SGD), VII-52
- Breast Implant, Removal or Replacement, VI-14
- Gynecomastia Surgery, IV-71

Policies Inactivated

- Buprenorphine Implant, II-197
- Intravenous Anesthetics for Treatment of Chronic Pain, II-141
- Intravenous Ketamine for Treatment of Depression, II-225
- Aducanumab- Medicare, II-254

Policies Delegated to eviCore

None

Policies reviewed with no changes in November 2022 and January 2023

- Absorbable Nasal Implant for Treatment of Nasal Valve Collapse, IV-165
- Advanced Pharmacologic Therapies for Pulmonary Arterial Hypertension, II-107
- Allogeneic Hematopoietic Stem-Cell Transplantation for Genetic Diseases and Acquired Anemias, II-129
- Anesthesia Services for Dental Procedures, II-166
- Avalglucosidase Alfa (Nexviazyme), II-256
- Balloon Dilation of the Eustachian Tube, IV-162
- Baroreflex Stimulation Devices, IV-139
- Bioimpedance Spectroscopy Devices for Detection and Management of Lymphedema, II-148
- Composite Tissue Allotransplantation of the Hand, IV-151
- Dynamic Spine Stabilization, IV-52
- Electroconvulsive Therapy (ECT), X-46
- Electromagnetic Navigational Bronchoscopy, II-132
- Expanded Cardiovascular Risk Panels, VI-51

- Genetic Testing for Hereditary Breast and/or Ovarian Cancer, VI-16
- Hematopoietic Stem Cell Transplantation for Autoimmune Disease, II-121
- Hematopoietic Stem Cell Transplantation for Hodgkin Lymphoma, II-135
- Infusion or Injection of Vitamins and/or Minerals, II-163
- Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence, IV-133
- Injectable Clostridial Collagenase for Fibroproliferative Disorders, II-145
- Measurement of Serum Antibodies to Selected Biologic Agents, VI-55
- Mechanical Stretching Devices, VII-62
- Medical Marijuana (Cannabis), II-221
- Medicare Advantage Part B Step Therapy, II-247
- MRI-Guided High-Intensity Focused Ultrasound Ablation and MRI-Guided High-Intensity Directional Ultrasound Ablation, IV-119
- Naltrexone Implants, II-223
- Nonpharmacologic Treatment of Acne, II-33
- Nonpharmacologic Treatment of Rosacea, II-08
- Omalizumab (Xolair), II-34
- Patisiran (Onpattro), II-220
- Pegloticase (Krystexxa), II-147
- Pelvic Floor Stimulation as a Treatment of Urinary Incontinence, IV-134
- Percutaneous Tibial Nerve Stimulation (PTNS), IV-135
- Phototherapy in the Treatment of Psoriasis, II-39
- Platelet-Rich Plasma, II-76
- Rhinoplasty and Septorhinoplasty, IV-73
- Secretin Infusion Therapy for Autism, II-23
- Steroid-Eluting Devices for Maintaining Sinus Ostial Patency, IV-140
- Subtalar Arthroereisis, IV-26
- Tildrakizumab (Ilumya), II-222
- Tocilizumab (Actemra), II-181
- Transcatheter Arterial Chemoembolization to Treat Primary or Metastatic Liver Malignancies, II-190
- Transvaginal and Transurethral Radiofrequency Tissue Remodeling for Urinary Stress Incontinence, IV-136
- Ultrasound-Guided High-Intensity Focused Ultrasound Ablation, IV-118
- Vedolizumab (Entyvio), II-182
- Viltolarsen (Viltepso), II-246
- Voretigene Neparvovec (Luxturna), II-188
- Wearable Cardioverter- Defibrillators, II-91
- Wound Healing: Non-Contact Ultrasound Treatment, II-88

To access medical and behavioral health policies:

Medical and behavioral health policies are available for your use and review on the Blue Cross and Blue Shield of Minnesota website at <https://www.bluecrossmn.com/healthy/public/personal/home/providers/medical-affairs/>. From this site, there are two ways to access medical policy information depending on the patient's Blue Plan membership.

For out-of-area Blue Plan patients:

Under "Medical Policy and Pre-Certification/Authorization Router," click Go. You will be taken to the page where you select either medical policy or pre-certification/prior authorization and enter the patient's three-digit prefix as found on their member identification card and click Go. Once you accept the requirements, you will be routed to the patient's home plan where you can access medical policy or pre-certification/pre-authorization information.

For local Blue Cross and Blue Shield of Minnesota Plan patients:

Select "Medical policy" (under Tools & Resources), and then read and accept the Blue Cross Medical Policy Statement. You have now navigated to the Blue Cross and Blue Shield of Minnesota Medical Policy web page.

Click on the "+" (plus) sign next to "Medical and Behavioral Health Policies."

- The "Upcoming Medical Policy Notifications" section lists new or revised policies approved by the Blue Cross Medical and Behavioral Health Policy Committee. Policies are effective a minimum of 45 days from the date they were posted.

- The “Medical and Behavioral Health Policies” section lists all policies effective at the time of your inquiry.

Click on the “+” (plus) sign next to “Utilization Management.”

- The Pre-Certification/Pre-Authorization/Notification lists identify various services, procedures, prescription drugs, and medical devices that require pre-certification/pre-authorization/notification. These lists are not exclusive to medical policy services only; they encompass other services that are subject to pre-certification/pre-authorization/notification requirements.

If you have additional questions regarding medical or behavioral health policy issues, call provider services at (651) 662-5200 or 1-800-262-0820 for assistance.