PROVIDER QUICK POINTS
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

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PROVIDER PRESS

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ADMINISTRATIVE UPDATES

Member Rights & 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 the Member Rights and Responsibilities can be found online at bluecrossmn.com by entering "member rights" in the search field or in the Blue Cross Provider Manual found at bluecrossmn.com/providers. Questions or requests for a paper copy may be directed to Lisa K. at (651) 662-2775.

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

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QUALITY IMPROVEMENT

Continuity and Coordination of Care: Attention Deficit/Hyperactivity Disorder (ADHD)

When doctors and other health care providers work together and share information, patient's needs and preferences are known and communicated at the right time to the right people. This information can be used to provide safe, appropriate, and effective care. Patients are able to be healthier longer, better manage chronic conditions and experience care that is consistent with their goals.

When doctors and other health care providers don't communicate effectively with each other, treatments prescribed by different doctors for a patient's different health issues might conflict or become unmanageable for the patient. Attention Deficit/Hyperactivity Disorder (ADHD) is an example of a chronic condition that can benefit greatly from the collaboration of providers.

Attention Deficit/Hyperactivity Disorder (ADHD) is a condition that manifests in childhood. ADHD affects over 5 percent of the childhood population which makes it the most common behavioral health condition seen in childhood. According to the CDC, in 2016, there were about 6 million children diagnosed with ADHD. Of the children diagnosed with ADHD 3 out of 4 were receiving some form of treatment. Most children under 5 received behavioral therapy for themselves and their families while older children and adolescents generally received medication treatment.

Interestingly, the rate of diagnosis in a population and the mix of treatment modalities can vary based on many factors including availability of behavioral health child specialists, school system intolerance to behavioral issues and cultural differences.

Because of the wide variability of prevalence and treatment utilization in the childhood population, the need for clinical practice guidelines that provide a concise summary of evidence-based practices in the diagnosis and treatment of ADHD is vital. Blue Cross and Blue Shield of Minnesota (Blue Cross) has adopted the American Academy of Pediatrics guideline for the treatment of ADHD in children and adolescence titled “Diagnosis, Evaluation, and Treatment of ADHD in Children and Adolescents”. This document provides a concise summary of evidence-based practices in the diagnosis and treatment of ADHD of children and adolescents. It helps instruct providers on choosing appropriate treatment modalities based on the individual needs of the child and their family. By adopting this professional organization clinical practice guideline, we look to facilitate progress towards the goal of standardizing treatment around accepted evidence-based interventions. A link to the guideline can be found on page 3-19 of the Blue Cross Provider Policy and Procedure Manual.

Of course, not all people with ADHD are identified and diagnosed as children. There is a growing awareness of adults who were not identified and treated for their ADHD as children. It is important to note that ADHD does not suddenly develop in adulthood. There must be a childhood history of symptoms even if those symptoms were not assessed or treated. The treatment of ADHD in adults can look very different, with primary utilization of non-stimulant medications as a first line drug intervention. In addition, concerns regarding substance use disorders must be taken into account when prescribing for this population. Appropriate treatment for an adult who has suffered with ADHD all their life can be a life-changing event. Presently, there are no generally accepted clinical guidelines for the diagnosis and treatment of adult ADHD, but some professional organizations (such as the American Academy of Family Practice) have developed an Adult ADHD Toolkit for physicians outlining standardized assessments and treatments for this condition.

Blue Cross is committed to improving the care our members receive through various programs. The adoption and dissemination of Clinical Practice Guidelines is just one way we take part in improving care. Providers who are treating patients with ADHD are encouraged to review the childhood guidelines and adult toolkit.

PHARMACY

Pharmacy Updates for Quarter 3, 2023

Pharmacy Drug Formulary Update

Adalimumab Coverage Update for All Lines of Business
Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is committed to providing access to safe, quality, cost-effective health care. On July 1, 2023, new biosimilars for Humira (adalimumab) were added to the Commercial, Medicaid, and Medicare formularies. There were no changes in coverage of Humira products. Coverage of specific biosimilars vary by formulary and is outlined below. Since there are no clinically meaningful differences between Humira and the biosimilar adalimumab products, patients are not expected to experience a change in the safety or effectiveness of their treatment if members utilize covered adalimumab biosimilars. Prior authorization and quantity limits apply to the adalimumab products to ensure safe and appropriate use and dosing.

Adalimumab Formulary Coverage

- Commercial: Humira, Amjevita, Hadlima
- Medicaid: Humira, Hadlima (was added to covered tier on September 1, 2023)
- Medicare: Humira, Cyltezo

Other Formulary Updates

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

Under 'Resources', select 'See all resources', then scroll down to 'Formularies and drug programs', select 'Learn more about prescription drug benefits'. 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'. 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, Step Therapy, 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.

New Prior Authorization Program Effective 07/01/2023

BRAND NAME (generic name - if available)	UM Program		
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10 ML	PA		QL

Changes to Existing Utilization Management Programs Effective 07/01/2023

BRAND NAME (generic name - if available)	UM Program		
ABRILADA	PA		QL
ADALIMUMAB-ADAZ	PA		QL
ADALIMUMAB-FKJP	PA		QL
ALTUVIIIO INJECTION 250 UNIT	PA		QL
ALTUVIIIO INJECTION 500 UNIT	PA		QL
ALTUVIIIO INJECTION 1000 UNIT	PA		QL
ALTUVIIIO INJECTION 2000 UNIT	PA		QL
ALTUVIIIO INJECTION 3000 UNIT	PA		QL
ALTUVIIIO INJECTION 4000 UNIT	PA		QL
AMJEVITA INJECTION 20 MG/0.4 ML	PA		QL
AMJEVITA PEN 40 MG/0.8 ML	PA		QL
AMJEVITA INJECTION 40 MG/0.8 ML	PA		QL
ATORVALIQ SUSPENSION 20 MG/5 ML		ST	QL
AUSTEDO XR TABLET 6 MG	PA		QL
AUSTEDO XR TABLET 12 MG	PA		QL

BRAND NAME (generic name - if available)	UM Program		
AUSTEDO XR TABLET 24 MG	PA		QL
CYLTEZO	PA		QL
dexlansoprazole DR capsule 30 MG			QL
doxepin hcl cream 5%	PA		QL
ERLEADA TABLET 240 MG	PA		QL
GRALISE TABLET 450 MG		ST	QL
GRALISE TABLET 750 MG		ST	QL
GRALISE TABLET 900 MG		ST	QL
HADLIMA	PA		QL
HULIO	PA		QL
HYRIMOZ	PA		QL
IDACIO	PA		QL
JAYPIRCA TABLET 50 MG	PA		QL
JAYPIRCA TABLET 100 MG	PA		QL
KONVOMEP SUSPENSION 40 MG/20 ML		ST	QL
LUMARKAS TABLET 320 MG	PA		QL
LYRICA CR TABLET ER 24HR 82.5 MG		ST*	QL**
LYRICA CR TABLET ER 24HR 165 MG		ST*	QL**
LYRICA CR TABLET ER 24HR 330 MG		ST*	QL**
ORENITRAM TITRATION KIT MONTH 1	PA		QL
ORENITRAM TITRATION KIT MONTH 2	PA		QL
ORENITRAM TITRATION KIT MONTH 3	PA		QL
ORSERDU TABLET 86 MG	PA		QL
ORSERDU TABLET 345 MG	PA		QL
OXYBUTYNIN TABLET 2.5 MG			QL
posaconazole suspension 40 mg/mL	PA		
PRADAXA PAK 20 MG			QL
PRADAXA PAK 30 MG			QL
PRADAXA PAK 40 MG			QL
PRADAXA PAK 50 MG			QL
PRADAXA PAK 110 MG			QL
PRADAXA PAK 150 MG			QL
REBINYN SOLUTION 3000 UNITS	PA		QL
REZVOGLAR INJECTION 100 UNIT/ML			QL
TAKHYZRO INJECTION 150 MG/ML	PA		QL
teriflunomide tablet 7 MG			QL
teriflunomide tablet 14 MG			QL
topiramate capsule er 200 mg	PA		QL
YUFLYMA	PA		QL
YUSIMRY	PA		QL

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

**** QL already in place**

Key for all above tables:

PA=Prior Authorization; QL=Quantity Limit; ST=Step Therapy

Effective September 1, 2023

- Sodium-glucose Co-transporter 2 (SGLT-2) Inhibitors and Combinations Step Therapy with Quantity Limit program name changed to 'Sodium-glucose Co-transporter (SGLT) Inhibitors and Combinations Step Therapy with Quantity Limit program for Commercial and Medicaid.

Effective October 1, 2023

- Daybue Prior Authorization with Quantity Limit program will be implemented for Commercial and Medicaid.
- Fibrates Quantity Limit program will be discontinued for Commercial and Medicaid.
- Filspari Prior Authorization with Quantity Limit program will be implemented for Commercial and Medicaid.
- Jesduvroq Prior Authorization with Quantity Limit program will be implemented for Commercial and Medicaid.
- Skyclarys Prior Authorization with Quantity Limit program will be implemented for Commercial and Medicaid.
- Vuity Quantity Limit program name will be changed to 'Ophthalmic Pilocarpine Quantity Limit' program for Commercial and Medicaid.

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

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 '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
Atorvaliq® (atorvastatin) oral suspension 20 mg/5ml	October 1, 2023
Konvomep™ (omeprazole-sodium bicarbonate) for oral suspension 2-84 mg/ml	October 1, 2023
Rezvoglar™ Kwikpen® (insulin glargine-aglr) solution pen-injector 100 unit/ml	October 1, 2023
Xaciato™ (clindamycin) vaginal gel 2%	October 1, 2023
Xyrem® (sodium oxybate) oral solution 500 mg/ml	October 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
Aponvie™ (aprepitant) emulsion for intravenous (IV) injection	June 14, 2023
Elevidys (delandistrogene moxeparvovec-rokl) solution for intravenous (IV) infusion	August 9, 2023
Elfabrio® (pegunigalsidase alfa-iwxj) solution for intravenous (IV) infusion	July 12, 2023
Iheezo™ (chloroprocaine hcl) ophthalmic gel	June 14, 2023
Omisirge® (omidubicel-onlv) suspension for intravenous (IV) infusion	June 14, 2023
Qalsody™ (tofersen) solution for intrathecal administration	June 14, 2023
Rystiggo® (rozanolixizumab-noli) solution for subcutaneous (SC) infusion	August 9, 2023
Vyjuvek™ (beremagene geperpavec-svdt) gel for topical use	July 12, 2023
Vyvgart® Hytrulo (efgartigimod alfa and hyaluronidase-qvfc) - solution for subcutaneous (SC) infusion	August 9, 2023
Columvi™ (glofitamab-gxbm) solution for intravenous (IV) infusion	August 9, 2023
Elevidys (delandistrogene moxeparvovec-rokl) solution for intravenous (IV) infusion	August 9, 2023
Elfabrio® (pegunigalsidase alfa-iwxj) solution for intravenous (IV) infusion	July 12, 2023
Epkinly™ (epcoritamab-bysp) solution for subcutaneous injection	July 12, 2023
Iheezo™ (chloroprocaine hcl) ophthalmic gel	June 14, 2023
Omisirge® (omidubicel-onlv) suspension for intravenous (IV) infusion	June 14, 2023
Qalsody™ (tofersen) solution for intrathecal administration	June 14, 2023
Rystiggo® (rozanolixizumab-noli) solution for subcutaneous (SC) infusion	August 9, 2023
Vyjuvek™ (beremagene geperpavec-svdt) gel for topical use	July 12, 2023
Vyvgart® Hytrulo (efgartigimod alfa and hyaluronidase-qvfc) solution for subcutaneous (SC) infusion	August 9, 2023

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. You may find this form at the web address below:

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 and select ‘Shop Plans’ then ‘Prescription Drugs’. 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 https://www.bluecrossmn.com/providers, 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 the 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: July 31, 2023 | Notification Posted: June 1, 2023

Policies Developed
- Eyelid Thermal Pulsation, IX-05
- Functional Endoscopic Sinus Surgery (FESS), IV-174
- Pegcetacoplan, II-277
- Prostatic Artery Embolization for Benign Prostatic Hyperplasia (BPH), IV-177
- Velmanase alfa, II-278

Policies Revised
- Balloon Ostial Dilation, IV-01
- Bariatric Surgery, IV-19
- Lisocabtagene Maraleucel, II-249
- Rhinoplasty, Septorhinoplasty, and Septoplasty, IV-73
- Temporomandibular Disorder (TMD): Diagnosis and Selected Treatments, II-07

Policies Inactivated
None

Policies Delegated to eviCore
None

Policies Effective: September 4, 2023 | Notification Posted: July 3, 2023

Policies Revised
- Rituximab, II- 47
- Intravitreal Angiogenesis Inhibitors for Treatment of Retinal & Choroidal Vascular Conditions, II-71
- Bunionectomy, IV-171
- Wireless Gastric Motility Monitoring, II-134
- Nasal Swell Body Reduction, IV-172

Policies Inactivated
None

Policies Delegated to eviCore
None

Policies Effective: October 2, 2023 | Notification Posted: August 2, 2023

Policies Developed
- Virtual Reality, IX-06
- Tofersen, II-280
- Pegunigalsidase alfa, II-281

Policies Revised
- Hematopoietic Stem Cell Transplantation for Non-Hodgkin Lymphoma, II-117
- Smoking Cessation Updates to Several Policies:
  - Treatment of Obstructive Sleep Apnea and Snoring in Adults, IV-07
  - Sacroiliac Joint Fusion, IV-126
  - Orthognathic Surgery, IV-16
  - Responsive Neurostimulation for the Treatment of Refractory Focal (Partial) Epilepsy, IV-161
  - Penile Prosthesis Implantation, IV-166
  - Hysterectomy Surgery for Non-Malignant Conditions, IV-168
  - Blepharoplasty and Brow Ptosis Repair, IV-17
  - Bunionectomy, IV-171
  - Panniculectomy/Excision of Redundant Skin or Tissue, IV-24
  - Gynecomastia Surgery, IV-71
  - Rhinoplasty and Septorhinoplasty, IV-73
  - Sacral Nerve Neuromodulation/Stimulation for Selected Conditions, IV-83
  - Reduction Mammoplasty, V-32
- Agalsidase beta, II-26
- Medicare Part B Step Therapy, II-247

Policies Inactivated
None

Policies Delegated to eviCore
None

Policies reviewed with no changes in May, June, and July 2023
- Ablation Procedures for Treatment of Chronic Rhinitis, IV-170
- Adjunctive Techniques for Screening and Surveillance of Barrett's Esophagus and Esophageal Dysplasia (WATS-3D), VI-61
- Alglucosidase Alfa (Lumizyme), II-186
- Alpha-1 Proteinase Inhibitors, II-206
- Amniotic Membrane and Amniotic Fluid, IV-145
- Belimumab, II-152
- Bezlotoxumab (Zinplava), II-199
- Blepharoplasty and Brow Ptosis Repair, IV-17
- Bone Growth Stimulators for Non-Spinal Indications, II-110
- Botulinum Toxin, II-16
- Casimersen (Amondys 45™), II-251
- Cellular Immunotherapy for Prostate Cancer (Provenge), II-144

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.