

PROVIDER QUICK POINTS

PROVIDER INFORMATION

December 27, 2023

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

Whom To Contact?

HELPFUL PHONE NUMBERS	
BLUELINE (voice response unit)	(651) 662-5200 or 1-800-262-0820
BlueCard® member benefits or eligibility	1-800-676-BLUE (2583)
FEP® (voice response unit)	(651) 662-5044 or 1-800-859-2128
Provider Services	(651) 662-5200 or 1-800-262-0820 and 1-888-420-2227 Notes: eviCore provider service: 1-844-224-0494 Minnesota Health Care Programs (MHCP) provider service: 1-866-518-8448
Please verify these numbers are correctly programmed into your office phones.	
For phone numbers, fax numbers and addresses for Care Management programs and services please refer to the Provider Policy and Procedure Manual, Chapter 1 “How to Contact Us” section.	

QUALITY IMPROVEMENT

HEDIS® Season Is Here!

The Healthcare Effectiveness Data and Information Set (HEDIS) medical record abstraction process is taking place from February 13 through May 1, 2024.

What is HEDIS?

HEDIS is a government mandated set of measurements used to evaluate the health and quality of services provided to our members.

Why is HEDIS important?

- Results supply comparative data that consumers can use to make choices about the health plan(s) and provider(s) they will use to meet their healthcare needs.
- Reporting HEDIS results annually is a federal and state contractual requirement as well as a National Committee for Quality Assurance accreditation requirement.
- Many employer groups consider HEDIS scores when choosing a health plan to offer to their employees.

The medical record review project involves reviewing a random sample of our members' medical records. If you have patients selected for the sample, you will receive a letter from us in February identifying the requested records. Blue Cross will work with you on the process for accessing the records – there are several options. We can review medical records remotely via EMR link. Providers also can send medical records via secure electronic FTP transfer, fax, or mail.

If you would like assistance setting up a secure electronic transfer account or EMR link access, please contact **Megan Gienger** by email at Megan.Gienger@bluecrossmn.com or by phone at (651) 662-0590.

Thank you for accommodating our team as we complete the review of over 16,000 medical records throughout the state of Minnesota. Blue Cross is committed to providing accurate HEDIS results with the least amount of disruption to your clinic staff as possible. For questions or concerns please contact Crystal Swarbrick, Program Manager Pr. by email at crystal.swarbrick@bluecrossmn.com or by phone at (651) 662-3922.

Thank you for all you do to improve the health of your patients and our members!

Improving Continuity and Coordination of Care

Coordination of care in healthcare is crucial for ensuring that patients receive comprehensive, seamless, and efficient healthcare services. Serious problems can occur for patients undergoing transitions across sites of care. Problems with communication between providers, patient's understanding of complex treatment regimens and follow-up plans, and overall sharing of information can affect the quality and effectiveness of care received and ultimately health outcomes for patients.

According to the [Agency for Healthcare Research and Quality \(AHRQ\)](#), "Care coordination in the primary care practice involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care. The main goal of care coordination is to meet patients' needs and preferences in the delivery of high-quality, high-value healthcare. This means that the patient's needs and preferences are known and communicated at the right time to the right people, and that this information is used to guide the delivery of safe, appropriate, and effective care."

Coordination of care can be complex, involving multiple healthcare providers, settings, and communication channels. Some contributing factors are:

- Communication barriers (lack of information sharing and poor communication channels)
- Transitions of care (inadequate communication during transitions between healthcare settings)
- Limited patient involvement

- Resource constraints (staffing shortages, time constraints, lack of access to technology)
- Exchange of healthcare information (lack of integrated EHRs)

Addressing these challenges requires a concerted effort from healthcare organizations and practitioners to promote a culture of collaboration. In the article [Understanding the Digital Health Industry: Care Coordination, Orchestration, and Management Demystified](#) originally published April 7, 2023 on LinkedIn, it identified some ways to address key aspects of care coordination:

- Ensuring timely appointments and follow-ups
- Sharing medical records with providers
- Collaborating with various providers
- Engaging patients in their care
- Collaboration with non-medical providers (community health workers)
- Understanding and respecting the cultural diversity of patients

By addressing these aspects, healthcare providers and organizations can create a more integrated and patient-focused approach to care, ultimately leading to improved patient outcomes and satisfaction. Watch for more articles related to best practices and Blue Cross' efforts to help improve continuity and coordination of care for our members.

Upcoming Surveys: We Need Your Feedback. Your Opinion Matters!

As a participating provider in the Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) networks, we rely on you to provide quality care and service to our members—your patients. We also need to hear from you, our partners, about your experience with different aspects of the healthcare system.

Your Provider Service Agreement requires your support and collaboration to maintain the best quality of care for the patients we both serve. National Committee for Quality Assurance (NCQA) standards are one of many ways that our partnership helps support this delivery of quality care and patient satisfaction. Blue Cross is asking its provider partners to assist in the important requirements of NCQA by cooperating with surveys, if you are randomly selected. By responding to these important surveys, you will directly impact the high value placed in the care you deliver to patients through your partnership with Blue Cross.

Below is a summary of surveys that are conducted and an estimation of when you may expect them annually. These surveys can come in a variety of formats, so please keep an eye out for a mailed, telephone, or email survey. A strong response rate provides us with a clearer picture of our network's experience and expectations, so we can more confidently identify opportunities to improve your satisfaction with Blue Cross.

Additionally, we ask that you notify your front-line staff about these surveys and support their cooperation. We have built these surveys for efficiency and the best use of your staff's time as to create only minimal interruption to your operations. Currently, we do not have a way to provide these surveys to specific individuals as we do not have a database to store the information or the resources to make sure that information for individual contacts is up to date.

Survey Purpose	Survey Mode	Expected in Field
After Hours Access - This survey studies your ability to either care for or direct members to appropriate care outside of normal business hours.	Telephone	2 nd or 3 rd Quarter
Utilization Management - This survey studies practitioners' satisfaction with utilization management policies and procedures, including the appeals process.	E-mail	3 rd or 4 th Quarter
Accuracy of Provider Directory and Appointment Accessibility - This survey measures the accuracy of practitioner and hospital information available to members on our online or printed provider directories and your ability to provide timely appointment access	Mailed letter with address for survey via a digital platform + follow up calls if needed	2 nd or 3 rd Quarter

based on provider specialty and member need (urgent, routine, new patient, or existing patient).		
Coordination of Medical and/or Behavioral Care - This survey studies the frequency and effectiveness of continuity and coordination of care across different avenues of care.	E-mail with address for survey via a digital platform	3 rd or 4 th Quarter

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

Utilization Management Statement

Utilization Management (UM) decision making is based only on the appropriateness of care and service and on existing coverage provisions. Blue Cross does not compensate providers, practitioners or other individuals making UM decisions for denial of coverage or services. We do not offer incentives to decision makers to encourage denial of coverage or services that would result in less than appropriate care or under-utilization of appropriate care and services.

Utilization Management Clinical Criteria

Upon request, any Blue Cross practitioner may review the clinical criteria used to evaluate an individual case. Medical and behavioral health policies are available for your use and review on our website at providers.bluecrossmn.com.

If you have questions or would like to request a paper copy, please contact Provider Services at (651) 662-5200 or 1-800-262-0820.

PHARMACY

Pharmacy Updates for Quarter 4, 2023

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.

Changes to Existing Utilization Management Programs Effective 09/01/2023

PRODUCT NAME	UM Program		
	PA		QL
ADALIMUMAB-ADAZ PREFILLED SYRINGE 40 MG/0.4 ML	PA		QL
ADALIMUMAB-ADAZ INJECTION 40 MG/0.4 ML	PA		QL
ADALIMUMAB-FKJP PREFILLED SYRINGE 20 MG/0.4 ML	PA		QL
ADALIMUMAB-FKJP PREFILLED SYRINGE 40 MG/0.8 ML	PA		QL
ADALIMUMAB-FKJP INJECTION 40 MG/0.8 ML	PA		QL
AMJEVITA PREFILLED SYRINGE 10 MG/0.2ML	PA		QL
CYLTEZO PREFILLED SYRINGE 10 MG/0.2 ML	PA		QL
CYLTEZO PREFILLED SYRINGE 20 MG/0.4 ML	PA		QL
CYLTEZO PREFILLED SYRINGE 40 MG/0.8 ML	PA		QL
CYLTEZO INJECTION 40 MG/0.8 ML	PA		QL
CYLTEZO STARTER PACKAGE FOR PSORIASIS OR CROHNS DISEASE/UC/HS 40 MG/0.8 ML	PA		QL
HADLIMA PREFILLED SYRINGE 40 MG/0.4 ML	PA		QL
HADLIMA PUSHTOUCH INJECTION 40 MG/0.4 ML	PA		QL
HADLIMA PREFILLED SYRINGE 40 MG/0.8 ML	PA		QL
HADLIMA PUSHTOUCH INJECTION 40 MG/0.8 ML	PA		QL
HULIO PREFILLED SYRINGE 20 MG/0.4 ML	PA		QL
HULIO PREFILLED SYRINGE 40 MG/0.8 ML	PA		QL
HULIO INJECTION 40 MG/0.8 ML	PA		QL
HYRIMOZ PREFILLED SYRINGE 10 MG/0.1 ML	PA		QL
HYRIMOZ PREFILLED SYRINGE 20 MG/0.2 ML	PA		QL
HYRIMOZ PREFILLED SYRINGE 40 MG/0.4 ML	PA		QL
HYRIMOZ INJECTION 40 MG/0.4 ML	PA		QL
HYRIMOZ INJECTION 80 MG/0.8 ML	PA		QL
HYRIMOZ CROHNS DISEASE AND UC STARTER PACK 80 MG/0.8 ML	PA		QL
HYRIMOZ PLAQUE PSORIASIS STARTER PACK 80 MG/0.8 ML & 40 MG/0.4 ML	PA		QL
HYRIMOZ PEDIATRIC CROHNS DISEASE STARTER PACK 80 MG/0.8 ML	PA		QL
HYRIMOZ PEDIATRIC CROHNS DISEASE STARTER PACK 80 MG/0.8 ML & 40 MG/0.4 ML	PA		QL
YUFLYMA INJECTION 40 MG/0.4 ML	PA		QL
YUSIMRY INJECTION 40 MG/0.8 ML	PA		QL

New Prior Authorization with Quantity Limit Program Effective 10/01/2023

PRODUCT NAME	UM Program		
	PA		QL
DAYBUE SOLUTION 200 MG/ML	PA		QL
FILSPARI TABLET 200 MG	PA		QL
FILSPARI TABLET 400 MG	PA		QL
SKYCLARYS CAPSULE 50 MG	PA		QL

Changes to Existing Utilization Management Programs Effective 10/01/2023

PRODUCT NAME	UM Program		
ABILIFY ASIMTUFII SYRINGE 720 MG		ST	QL
ABILIFY ASIMTUFII SYRINGE 960 MG		ST	QL
AUSTEDO XR TABLET TITRATION PACK 6 MG & 12 MG & 24 MG	PA		QL
baclofen suspension 25 mg/5 mL	PA		QL
darunavir tablet 600 mg			QL
darunavir tablet 800 mg			QL
gefitinib tablet 250 mg	PA		QL
INPEFA TABLET 200 MG		ST	QL
KALYDECO ORAL PACKET 13.4 MG	PA		QL
LITFULO CAPSULE 50 MG	PA		QL
LIQREV SUSPENSION 10 MG/ML	PA		QL
LUMRYZ PACK 4.5 GM	PA		QL
LUMRYZ PACK 6 GM	PA		QL
LUMRYZ PACK 7.5 GM	PA		QL
LUMRYZ PACK 9 GM	PA		QL
MEKINIST SOLUTION 0.05 MG/ML	PA		QL
MIRCERA INJECTION SOLUTION 120 MCG/0.3 ML	PA		
OLPRUVA PACKET 2 GM	PA		
OLPRUVA PACKET 3 GM	PA		
OLPRUVA PACKET 4 GM	PA		
OLPRUVA PACKET 5 GM	PA		
OLPRUVA PACKET 6 GM	PA		
OLPRUVA PACKET 6.67 GM	PA		
OMNIPOD GO KIT 10 UNITS/DAY			QL
OMNIPOD GO KIT 15 UNITS/DAY			QL
OMNIPOD GO KIT 20 UNITS/DAY			QL
OMNIPOD GO KIT 25 UNITS/DAY			QL
OMNIPOD GO KIT 30 UNITS/DAY			QL
OMNIPOD GO KIT 35 UNITS/DAY			QL
OMNIPOD GO KIT 40 UNITS/DAY			QL
posaconazole intravenous solution 300 mg/16.7 mL	PA		
SOGROYA PEN 5 MG/1.5 ML	PA		
SOGROYA PEN 10 MG/1.5 ML	PA		
SOGROYA PEN 15 MG/1.5 ML	PA		
TAFINLAR TABLET 10 MG	PA		QL
TALZENNA CAPSULE 0.1 MG	PA		QL
TALZENNA CAPSULE 0.35 MG	PA		QL
TRIKAFTA ORAL GRANULES 80-40-60 MG & 59.5 MG	PA		QL
TRIKAFTA ORAL GRANULES 100-50-75 MG & 75 MG	PA		QL

PRODUCT NAME	UM Program		
		ST	QL
UZEDY SYRINGE 50 MG/0.14 ML		ST	QL
UZEDY SYRINGE 75 MG/0.21 ML		ST	QL
UZEDY SYRINGE 100 MG/0.28 ML		ST	QL
UZEDY SYRINGE 125 MG/0.25 ML		ST	QL
UZEDY SYRINGE 150 MG/0.42 ML		ST	QL
UZEDY SYRINGE 200 MG/0.56 ML		ST	QL
UZEDY SYRINGE 250 MG/0.7 ML		ST	QL
ZAVZPRET NASAL SPRAY 10 MG/ACT	PA		QL
ZEJULA TABLET 100 MG	PA		QL
ZEJULA TABLET 200 MG	PA		QL
ZEJULA TABLET 300 MG	PA		QL
ZEPOSIA CAPSULE STARTER KIT 4 X 0.23 MG & 3 X 0.46 MG & 21 X 0.92 MG	PA		QL
zolpidem tartrate capsule 7.5 mg		ST	QL

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

Effective November 1, 2023

- Joenja Prior Authorization with Quantity Limit program has been implemented for Commercial and Medicaid.
- Nocturia Prior Authorization with Quantity Limit program has been discontinued for Commercial.
- Rezurock Prior Authorization with Quantity Limit program has been implemented for Commercial and Medicaid.
- Rho Kinase Inhibitor Step Therapy program has been discontinued for Commercial. Quantity Limits will remain in effect.

Effective December 1, 2023

- Ivermectin Quantity Limit program will be discontinued for Commercial and Medicaid.
- Natpara Prior Authorization with Quantity Limit program will be discontinued for Commercial.

Effective January 1, 2024

- Miebo Prior Authorization with Quantity Limit program will be implemented for Commercial.
- Miebo Quantity Limit program will be implemented for Medicaid.
- Neurokinin Receptor Antagonists Prior Authorization with Quantity Limit program will be implemented for Commercial.
- Oral Inhalers Step Therapy with Quantity Limit program will be implemented for Commercial.
- Pancreatic Enzyme Step Therapy program will be implemented for Commercial.
- Vowst Prior Authorization with Quantity Limit program will be implemented for Commercial and Medicaid.
- Winlevi Step Therapy program will change to Winlevi Prior Authorization program for Commercial.

Effective February 1, 2024

- Nocturia Prior Authorization with Quantity Limit program will be discontinued for 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 Exclusion 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
Advair Diskus (fluticasone-salmeterol aepb) 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act	January 1, 2024
isotretinoin oral capsule 25 mg, 35 mg	January 1, 2024
Moxifloxacin HCL (moxifloxacin HCl) ophthalmic solution 0.5%	January 1, 2024
Neomycin-polymyxin-hydrocortisone ophthalmic suspension	January 1, 2024
risedronate sodium delayed release oral tablet 35 mg	January 1, 2024
Zolpidem (zolpidem tartrate) oral capsule 7.5 mg	January 1, 2024

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
Abilify Asimtufii® (aripiprazole) suspension for intramuscular (IM) injection	September 13, 2023
Adstiladrin® (nadofaragene firadenovec-vncg) suspension for intravesical instillation	September 13, 2023
Aphexda™ (motixafortide) lyophilized powder for reconstitution and subcutaneous (SC) injection	November 8, 2023
Beyfortus™ (nirsevimab-alip) solutions for intramuscular (IM) injection	October 11, 2023
Brixadi™ (buprenorphine) extended-release solution for subcutaneous (SC) injection	September 13, 2023
Daxxify® (daxibotulinumtoxinA-lanm) – lyophilized powder for reconstitution and intramuscular (IM) injection	October 11, 2023
Glydo® (lidocaine HCl jelly) 2% gel for urethral / mucosal topical administration	September 13, 2023
Izervay™ (avacincaptad pegol) solution for intravitreal injection	October 11, 2023
lidocaine (lidocaine HCl jelly) 2% gel for urethral / mucosal topical administration	September 13, 2023
Pombiliti™ (cipaglucosidase alfa-atga) – lyophilized powder for reconstitution and intravenous (IV) infusion	November 8, 2023
Roctavian™ (valoctocogene roxaparvovec-rvox) suspension for intravenous (IV) infusion	September 13, 2023
Sublocade® (buprenorphine) extended-release suspension for subcutaneous (SC) injection	November 1, 2023
Uzedy™ (risperidone) extended-release suspension for subcutaneous (SC) injection	September 13, 2023

Drug Name	Pharmacy Benefit Exclusion Effective Date for Commercial
Veopoz™ (pozelimab-bbfg) solution for intravenous (IV) or subcutaneous (SC) administration	October 11, 2023
Ycanth™ (cantharidin) - topical solution	December 1, 2023

Drug Name	Pharmacy Benefit Exclusion Effective Date for Medicaid
Adstiladrin® (nadofaragene firadenovec-vncg) suspension for intravesical instillation	September 13, 2023
Aphexda™ (motixafortide) lyophilized powder for reconstitution and subcutaneous (SC) injection	November 8, 2023
Beyfortus™ (nirsevimab-alip) solutions for intramuscular (IM) injection	October 11, 2023
Brixadi™ (buprenorphine) extended-release solution for subcutaneous (SC) injection	September 13, 2023
Daxxify® (daxibotulinumtoxinA-lanm) – lyophilized powder for reconstitution and intramuscular (IM) injection	October 11, 2023
Elrexio™ (elranatamab-bcmm) solution for subcutaneous (SC) injection	October 11, 2023
Izervay™ (avacincaptad pegol) solution for intravitreal injection	October 11, 2023
Pombiliti™ (cipaglucosidase alfa-atga) – lyophilized powder for reconstitution and intravenous (IV) infusion	November 8, 2023
Roctavian™ (valoctocogene roxaparvovec-rvox) suspension for intravenous (IV) infusion	September 13, 2023
Talvey™ (talquetamab-tgvs) solution for subcutaneous (SC) injection	October 11, 2023
Veopoz™ (pozelimab-bbfg) solution for intravenous (IV) or subcutaneous (SC) administration	October 11, 2023
Ycanth™ (cantharidin) - topical solution	December 1, 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](https://www.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: November 6, 2023](#) | [Notification Posted: September 1, 2023](#)

Policies Developed

- Teclistamab, II-282
- Epcoritamab, II-283

Policies Revised

- Risk-Reducing Mastectomy, IV-27
- Hematopoietic Stem Cell Transplantation in the Treatment of Germ-Cell Tumors, II-114
- Hematopoietic Stem Cell Transplantation, Updates to Several Policies:
 - Hematopoietic Stem Cell Transplantation for Chronic Lymphocytic, II-122
 - Hematopoietic Stem Cell Transplantation for Solid Tumors of Childhood, II-131
 - Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndrome and Myeloproliferative Neoplasms, II-133
 - Hematopoietic Stem Cell Transplantation for Hodgkin Lymphoma, II-135
 - Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia, II-136
- IV Iron Replacement Therapy, II-243

Policies Inactivated

None

Policies Delegated to eviCore

None

[Policies Effective: December 4, 2023](#) | [Notification Posted: October 1, 2023](#)

Policies Developed

- Delandistrogene moxeparovec, II-284
- Valoctocogene roxaparovec, II-286

Policies Revised

- Vagus Nerve Stimulation, IV-131
- Islet Cell Transplantation and Cellular Therapy, IV-09
- Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, II-118

- Axicabtagene Ciloleucel, II-187
- Brexanolone, II-231

Policies Inactivated

None

Policies Delegated to eviCore

None

[Policies Effective: January 1, 2024](#) | [Notification Posted: November 1, 2023](#)

Policies Developed

- None

Policies Revised

- Hematopoietic Stem Cell Transplantation for Acute Myeloid Leukemia, II-115
- Continuous Glucose Monitoring Systems, VII-05
- Site of Service for Selected Specialty Medical Drugs, XI-06
- Infliximab, II-97
- MS Drug Policy Updates:
 - Alemtuzumab, II-184
 - Natalizumab, II-49
 - Ocrelizumab II-185
 - Ublituximab, II-275

Policies Inactivated

None

Policies Delegated to eviCore

None

Policies reviewed with no changes in August, September, and October 2023

- Abatacept (Orencia), II-161
- Accepted Indications for Medical Drugs Which are not Addressed by a Specific Medical Policy, II-173
- Acupuncture, III-01
- Aducanumab (Aduhelm) – Commercial, II-253
- Air Ambulance, II-160
- Amino Acid-Based Elemental Formulas, II-69
- Angioplasty and/or Stenting for Intracranial Aneurysms and Atherosclerosis, IV-48
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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.