PROVIDER QUICK POINTS
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

December 11, 2024

PROVIDER PRESS

ADMINISTRATIVE UPDATES

QUALITY IMPROVEMENT

PHARMACY

MEDICAL AND BEHAVIORAL HEALTH

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

SecureBlue Minnesota Senior Health Options (MSHO) Model of Care: Annual Training Requirement Reminder

The Centers for Medicare & Medicaid Services (CMS) requires all Special Needs Plans (SNPs) to have a Model of Care (MOC) for delivering coordinated care. SecureBlue MSHO is a CMS-approved Special Needs Plan requiring a Model of Care. In addition, CMS requires all providers and appropriate staff to complete MOC training upon initial employment and annually thereafter.

The SecureBlue SNP-MOC training is available online through the BCBSMN Learning and Development website supported by Availity.

- *Providers using Availity,* log in to the Availity portal. Click Payer Spaces | Blue Cross Blue Shield of Minnesota. Click Resources | Access BCBSMN Learning and Development. Providers will be directed to the Catalog. Search Blue Plus SecureBlue Special Needs Plan Model of Care – On-Demand, then click Enroll OR select "Minnesota Health Care Programs" under the Category dropdown to find the training.

- *Providers not using Availity,* use the link https://bcbsmn.availitylearningcenter.com to create your account. To create a new account, select Sign Up Now and follow the prompts. Use your email address as the username. Providers will be directed to the Dashboard. Click "Get Started" on the rotating banner titled Learn with Blue Cross and Blue Shield of Minnesota | then click on Access the Training Catalog | select Blue Plus SecureBlue Special Needs Plan Model of Care– On-Demand, then click Enroll.

We are here to assist you in overcoming any barriers to training completion. If you have questions or require assistance, please send an email to medicare.compliance.training@bluecrossmn.com

SecureBlue Minnesota Senior Health Options (MSHO) 2025 Supplemental Benefits

SecureBlue MSHO provides comprehensive coverage for seniors covered by Medicare and Medical Assistance (Medicaid) including supplemental benefits. Members can contact Member Services with questions about these and other benefits. The Supplemental Benefits for 2025 are listed below.

Health and Wellbeing Benefits
- Blood Pressure Monitoring System[1]
- Friendly Helper: up to 48 hours per year of services by a trained caregiver to provide socialization and help with everyday tasks
- Health & Wellness Classes on falls prevention, chronic disease, and pain management
- Household Supports: a quarterly allowance of $260 to help pay utility bills and rent[2]
- Medically Tailored Meals and Food with Nutrition Education for up to 12 weeks[2]
- Music Therapy: up to 26 sessions per year with a board-certified music therapist*
- Over-the-Counter allowance of $150 each quarter to purchase select, over-the-counter health and wellbeing items from a CVS catalog
- SilverSneakers® fitness program

Caregiver Supports
- Caregiver Emergency Care Plan: create an emergency care plan to be activated if the caregiver can no longer provide care*
- Caregiver Empowerment Program: tablet-based coaching, education, and support for caregivers*

Health Services (Medical/Dental/Vision)
- Additional Dental Services: two dental crowns, an extra preventive exam and an electric toothbrush with three replacement brush heads
- Additional Podiatry Services: up to 12 additional podiatry visits per year
- Eyeglass Upgrades: anti-glare lens coating, photochromatic (transition) lens tinting and progressive (no-line) lenses

Post-Discharge Services
- Home-Delivered Meals: two meals per day for up to two weeks following an inpatient hospital or short-term nursing home stay

- Healthy Transitions Community Health Worker: up to three visits during the first 30 days after a hospital or short-term skilled nursing facility stay

Equipment/Supplies/Safety Items
- $750 for home safety items
- In home medication dispenser with reminders*
- Personal Emergency Response System*
- Choice of an animatronic cat or dog or bird for companionship[3]

Transportation
In additional to medical and dental rides, BlueRide is also available for up to one round-trip ride per day to:
- SilverSneakers participating fitness locations
- Alcoholics Anonymous and Narcotics Anonymous meetings
- Health education classes
- Grocery shopping up to 6 round-trip rides per month[4]

[1,2,3,4]*Eligibility for this benefit cannot be guaranteed based solely on the member's condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact Member Services. Members must have one or more of the following chronic conditions: [1,4]Cardiovascular disorders, [2,4]COPD, [3,4]Cognitive Impairment, [3]Dementia, [2,4]Diabetes, [1,4]ESRD, [2]Hypertension, [3]Social Isolation, [1,4]Stroke, [1,4]Other eligible conditions not listed*

*Other restrictions or conditions may apply

SecureBlue Minnesota Senior Health Options (MSHO) 2025 Part D Benefits

$0 Part D copays
Effective January 1, 2025, all SecureBlue MSHO members have a $0 copay for all Part D medications.

$50 reward card[+]
Members can get free comprehensive medication reviews through the Medication Therapy Management (MTM) program. A specialized pharmacist will:
- Talk with the member about their medications and how they are taken
- Discuss ways to manage any side effects
- Look for ways to lower costs, if applicable

After the review, the member will receive a written summary of the visit including a recommended to-do list with specific suggestions.

The member will receive a $50 reward card in the mail for completing the comprehensive medication review.

[+]*SecureBlue to provide these benefits as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans. SecureBlue is a Medicare Advantage coordinated-care plan that combines Medicare and Medical Assistance (Medicaid) benefits. The reward may result in a taxable event. Consult your tax advisor*

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)**
General Provider Services	**(651) 662-5200 or 1-800-262-0820 and 1-888-420-2227**
Minnesota Health Care Programs (MHCP) Provider Services	**(651) 662-9962 or 1-866-518-8448**
FEP® (voice response unit)	**(651) 662-5044 or 1-800-859-2128**
Please verify these numbers are correctly programmed into your office phones.	
For additional helpful 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

Utilization Management Statement

Utilization Management (UM) decision-making at Blue Cross is based solely on the appropriateness of care and service, as well as existing coverage provisions. Blue Cross is committed to ensuring that practitioners and other individuals making UM decisions are not compensated or rewarded for denying coverage or services. We do not offer incentives that could encourage denial of coverage or result in less than appropriate care or under-utilization of necessary 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 www.bluecrossmn.com/providers. 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.

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, on your experience with various aspects of the health care 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. Applicable to PCP and Behavioral Health Providers.	Telephone	2nd or 3rd Quarter
Utilization Management - This survey studies practitioners' satisfaction with utilization management policies and procedures, including the appeals process.	E-mail	3rd or 4th Quarter
Appointment Accessibility – A contracted vendor will be conducting calls on behalf of Blue Cross as a Mystery Shopper to assess appointment availability for Blue Cross subscribers.	Calls	Throughout the year
Accuracy of Provider Directory and Appointment Accessibility - These are calls or e-mail inquiries attempting to assess the accuracy of the data you have provided for the Provider Directory.	Calls or E-mails	Throughout the year
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	3rd or 4th Quarter

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

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, 2025.

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 Kaying Khang by email at Kaying.Khang@bluecrossmn.com or by phone at (651) 662-7932.

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 Amy Johnson, Program Manager by email at amy.johnson@bluecrossmn.com or by phone at (651) 662-8202.

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

Reminder: Provider Responsibility of Demographic Changes

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) continues to collaborate with providers to ensure accurate information is available for all Blue Cross members and published in the Provider Finder tool, if applicable. Accuracy requires both Providers and Blue Cross to make every effort to support current information.

In accordance with Medicare and other governing bodies, Blue Cross is required to maintain accurate provider network directories for the benefit of subscribers. Please promptly submit a form to us when changes occur, including any of the following:

- Accepting New Patients
- Demographic address and phone changes
- Mailing address changes
- Office hours or other changes that affect availability
- Tax ID changes
- Practitioner additions or terminations
- Branch Additions

Examples of items that providers search for and location of documents to make updates:

1. How do we update a practice's demographic data?
   - Instructions and forms for updating provider demographic data can be found at: https://www.bluecrossmn.com/providers/network-participation/provider-demographic-updates

2. My practice has gone through an ownership change. What does Blue Cross need in this situation?
   - Notify Blue Cross of ownership change by completing a Tax ID change form. This form can be found under the "Provider demographic updates" link: https://www.bluecrossmn.com/providers/network-participation/provider-demographic-updates. Scroll down to "Change Tax ID."

3. The NPI for my practice has changed. What does Blue Cross need from me in this situation?
   - Notify Blue Cross of NPI change by completing the Provider Demographic Change form. This form can be found under the "Provider demographic updates" link: https://www.bluecrossmn.com/providers/network-participation/provider-demographic-updates. Scroll down to "Update NPI."

4. How can I find out if a practitioner is or has been affiliated to my practice?
   - Providers can review the Provider Directory Validation tool. Instructions for how to use the tool can be found at https://www.bluecrossmn.com/providers/education-center. Scroll down to "Provider Directory Validation" and click on the PDF.
   - You can also contact the provider service at (651) 662-5200 or 1-800-262-0820 to ask if the practitioner is affiliated to your practice. To get through the provider service phone prompts, you may need to repeat "customer service" several times throughout the prompts to get through to a live representative if you do

not have a subscriber/member ID available. If the representative is unable to answer your question, please ask to speak to someone in Provider Service who can, as not all representatives have access to the provider demographic system.

5. Why are some of the practitioners in my practice not showing up in the provider directories? The most common reasons that practitioners do not show up in the provider directories include:
    –   The practitioner does not see patients at the location at least once a week. CMS requires provider directories to only display practitioners at locations where patients can call and make an appointment with the practitioner.
    –   The practice may have requested that the practitioner not be displayed in the provider directory.

6. How do I get changes made to the information in the provider directory?
    –   The display or suppress individual practitioners, complete the Minnesota Uniform Practitioner Change form. This can be found under https://www.bluecrossmn.com/providers/network-participation/provider-demographic-updates. Scroll down to "Directory Suppress a practitioner or remove a directory suppression."

PHARMACY

Pharmacy Updates for Quarter 4, 2024

Insulin Member Cost Share Update for Commercial Lines of Business
Starting January 1, 2025, upon plan renewal, if offered by the member's plan, preferred insulin products will be covered at no more than $25 per prescription per month when filled at an in-network pharmacy, even if the deductible has not been met. Coverage information may be found in the Benefit Booklet, or by calling the number on the back of the member ID card. To review the list of preferred insulin products, members are encouraged to contact Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) Customer Service.

Glucagon-like Peptide-1 (GLP-1) Day Supply Benefit Update for Commercial Lines of Business
Blue Cross will be applying a day supply benefit change for some Commercial members. Effective January 1, 2025, GLP-1 drugs will be limited to a one-month supply filled at retail or mail. A retail month is based on benefit design (e.g., 31-34 days). The day supply limit applies to all GLP-1 drugs regardless of indication. The change will apply to all Fully-Insured groups and some Self-Insured groups. For more information, members are encouraged to call the number on the back of their ID card.
- Bydureon
- Byetta
- Mounjaro
- Ozempic
- Rybelsus
- Saxenda
- Trulicity
- Victoza/liraglutide
- Wegovy
- Zepbound

Adalimumab Coverage Update for Commercial Lines of Business
Blue Cross is committed to providing access to safe, quality, cost-effective health care. On January 1, 2025, preferred adalimumab coverage will change for the Commercial line of business and may vary by formulary. Prior authorization and quantity limits apply to the adalimumab products to ensure safe and appropriate use and dosing.

Adalimumab Commercial Coverage
- adalimumab-aaty

- adalimumab-adaz
- Hadlima (adalimumab-bwwd)
- Humira (adalimumab)*
- Simlandi (adalimumab-ryvk)

For existing Humira utilizers to support continuation of therapy, on most Commercial formularies

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

- Scroll to '*Resources*,' select '*View all resources*.'
- Scroll to '*Formularies and drug programs*,' select '*Learn more about prescription drug benefits*.'
- Scroll to '*Search a drug list*', select '*Individual and family and employer plans drug lists*' or '*Medicare drug lists*.'

- **Commercial and Medicaid**: Choose the applicable formulary from the drop-down menu, select '*Apply*.'
  - Scroll down the page to '*Helpful Documents*.' Select the Drug List or Formulary Updates document.

- **Medicare:** Select the health plan type from the drop-down menu.
  - Select '*Yes*' to the resulting question '*Are you a Medicare Part D member…?*' then select '*Continue*.'
  - Scroll down the page to '*Helpful Documents*.' Select '*Comprehensive 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 with Quantity Limit Programs Effective 01/01/2025

Product Name	UM Program		
CARAFATE SUSPENSION 1 gm/10 mL, 25 mg/5 mL	PA	QL	
ENDARI POWDER 5 gm	PA		
ENTRESTO CAPSULE 6-6 mg, 15-16 mg	PA	QL	
EPANED SOLUTION 1 mg/mL	PA	QL	
indomethacin suppository 50 mg	PA	QL	
INDOMETHACIN SUPPOSITORY 100 mg	PA	QL	
JYLAMVO SOLUTION 2 mg/mL	PA	QL	
KATERZIA SUSPENSION 1 mg/mL	PA	QL	
NORLIQVA SOLUTION 1 mg/mL	PA	QL	
PROCYSBI CAPSULE 25 mg, 75 mg, 300 mg	PA		
QBRELIS SOLUTION 1 mg/mL	PA	QL	
REZDIFFRA TABLET 30 mg, 80 mg, 1000 mg	PA	QL	
XOLREMDI CAPSULE 100 mg	PA	QL	

Changes to Existing Utilization Management Programs Effective 01/01/2025

Product Name	UM Program		
ADALIMUMAB-AACF AUTO-INJECTOR STARTER KIT 40 mg/0.8 mL CD/UC/HS	PA	QL	
ADALIMUMAB-AACF AUTO-INJECTOR STARTER KIT 40 mg/0.8 mL Psoriasis/Uveitis	PA	QL	
ADALIMUMAB-ADAZ PEN 40 mg/0.4 mL	PA	QL	
ADALIMUMAB-RYVK PREFILLED SYRINGE 40 mg/0.4 mL	PA	QL	
COBENFY CAPSULE 50-20 mg, 100-20 mg, 125-30 mg		QL	ST
COBENFY CAPSULE STARTER PACK 50-20 mg & 100-20 mg		QL	ST
dasatinib tablet 20 mg, 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	PA	QL	
EBGLYSS INJECTION 250 mg/2 mL	PA	QL	
FIRDAPSE TABLET 10 mg	PA	QL	
LAZCLUZE TABLET 80 mg, 240 mg	PA	QL	
LIVDELZI CAPSULE 10 mg	PA	QL	
LIVMARLI SOLUTION 19 mg/mL	PA		
LUMRYZ STARTER PACK 4.5 gm, 6 gm, 7.5 gm	PA	QL	
OMNIPOD 5 G6 INTRO KIT		QL	
ONYDA XR SUSPENSION 0.1 mg/mL		QL	
OTEZLA TABLET 20 mg, STARTER PACK 4x10 mg, 51x20 mg	PA	QL	
OXYCODONE TABLET 10 mg		QL	
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 mg/0.25 mL, 40 mg/0.5 mL	PA	QL	
TREMFYA SUBCUTANEOUS INJECTION 200 mg/2 mL PEN, SYRINGE	PA	QL	
TRUQAP PAK 160 mg, 200 mg	PA	QL	
VORANIGO TABLET 10 mg, 40 mg	PA	QL	
ZEPBOUND INJECTION 2.5 mg/0.5 mL, 5 mg/0.5 mL	PA	QL	
ZITUVIMET TABLET 50-500 mg, 50-1000 mg		QL	ST
ZITUVIMET XR TABLET 50-500 mg, 50-1000 mg, 100-1000 mg		QL	ST

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

Effective November 1, 2024
- Relyvrio Prior Authorization with Quantity Limit will be discontinued for Commercial and Medicaid.
- Xermelo Prior Authorization with Quantity Limit will be discontinued for Commercial.

Effective December 1, 2024
- Neurokinin Receptor Antagonists Prior Authorization with Quantity Limit will be renamed Vasomotor Symptoms Prior Authorization with Quantity Limit for Commercial.
- Ocaliva Prior Authorization with Quantity Limit will be renamed Primary Biliary Cholangitis Prior Authorization with Quantity Limit for Commercial and Medicaid.
- Resmetirom Prior Authorization with Quantity Limit program will be implemented for Medicaid.

Effective January 1, 2025
- Alternative Dosage Form Prior Authorization with Quantity Limit program will be implemented for Commercial.
- Bisphosphonates Quantity Limit program will be discontinued for Commercial and Medicaid.

- Erectile Dysfunction - Phosphodiesterase Type 5 Inhibitors, Topical Prostaglandin Prior Authorization will be discontinued for Commercial. Quantity Limit will be maintained.
- Resmetirom Prior Authorization with Quantity Limit program will be implemented for Commercial.
- Sucralfate Suspension Prior Authorization with Quantity Limit program will be discontinued for Commercial.
- Xolremdi Prior Authorization with Quantity Limit program will be implemented for Commercial and Medicaid.

Effective February 1, 2025
- Duvyzat Prior Authorization with Quantity Limit program will be implemented for Commercial and Medicaid.
- Ohtuvayre Prior Authorization with Quantity Limit program will be implemented 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

- **Medicare**:
    - Scroll to '*Resources*,' select '*View all resources*.'
    - Scroll to '*Formularies and drug programs*,' select '*Learn more about prescription drug benefits*.'
    - Scroll to '*Search a drug list*,' select '*Medicare drug lists*.'
    - Select the health plan type from the drop-down menu.
    - Select '*Yes*' to the resulting question '*Are you a Medicare Part D Member...?*' then select '*Continue*.'
    - Scroll down the page to '*Helpful Documents*.' Select '*Prior Authorization Criteria*.'

- **Commercial and Medicaid**:
    - Under '*Medical Management*,' select '*Pharmacy Utilization Management*.'
    - Browse programs or search by program name.

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.

±The lock-out applies to both brand and generic drug.

Product Name	Pharmacy Benefit Exclusion Effective Date for Commercial
Prescription Digital Therapeutics	January 1, 2025
Absorica (isotretinoin) capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	January 1, 2025
adalimumab-adbm 40 mg/0.4 mL, 40 mg/0.8 mL (NDC beginning with 82009; manufactured by Quallent Pharmaceuticals)	January 1, 2025
adalimumab-ryvk 40 mg/0.4 mL (NDC beginning with 82009; manufactured by Quallent Pharmaceuticals)	January 1, 2025
Basaglar Tempo Pen 100 unit/mL	January 1, 2025
cyclosporine ophthalmic emulsion 0.05%	January 1, 2025
Enilloring vaginal ring 0.12-0.015mg/24 hr	January 1, 2025
Haloette vaginal ring 0.12-0.015mg/24 hr	January 1, 2025
PNV tabs± 20-1mg tablet	January 1, 2025
Procysbi DR capsule± 25 mg, 75 mg Procysbi DR granule packet± 75 mg, 300 mg	January 1, 2025
tramadol oral solution± 5 mg/mL	January 1, 2025

Product Name	Pharmacy Benefit Exclusion Effective Date for Commercial
Trexall (methotrexate) tablet± 5 mg, 7.5 mg, 10 mg, 15 mg	January 1, 2025
Xatmep (methotrexate) oral solution 2.5 mg/mL	January 1, 2025

The following drugs have been updated to reflect eligibility for coverage under the Commercial pharmacy benefit.

Product Name	Pharmacy Benefit Inclusion Effective Date for Commercial
Avita (tretinoin) gel 0.025%	January 1, 2025
Endari powder pack 5 gm	January 1, 2025
Fulphila (pegfilgrastim-jmdb) prefilled syringe 6 mg/0.6 mL	January 1, 2025
Jylamvo (methotrexate) oral solution 2 mg/mL	January 1, 2025
Nyvepria (pegfilgrastim-apgf) prefilled syringe 6 mg/0.6 mL	January 1, 2025
Otrexup PF auto-injector	January 1, 2025

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.

Product Name	Pharmacy Benefit Exclusion Effective Date for Commercial
edaravone intravenous (IV) infusion	August 28, 2024
epinephrine injection 1 mg/mL, PF 1 mg/mL, epinephrine IV solution prefilled syringe 1 mg/10 mL, epinephrine kit 1 mg/mL	October 23, 2024
Fasenra (benralizumab) solution for subcutaneous (SC) injection	September 11, 2024
Kisunla (donanemab-azbt) intravenous (IV) infusion	August 28, 2024
Ocrevus Zunovo (ocrelizumab and hyaluronidase-ocsq) solution for subcutaneous (SC) injection	November 13, 2024
PiaSky (crovalimab-akkz) intravenous (IV) infusion	August 28, 2024
Tecelra (afamitresgene autoleucel) intravenous (IV) infusion	August 28, 2024
Tremfya (guselkumab) injection for intravenous (IV) infusion	November 13, 2024

Product Name	Pharmacy Benefit Exclusion Effective Date for Medicaid
epinephrine injection 1 mg/mL, PF 1 mg/mL, epinephrine IV solution prefilled syringe 1 mg/10 mL, epinephrine kit 1 mg/mL	October 23, 2024
Fasenra (benralizumab) solution for subcutaneous (SC) injection	May 19, 2024
Kisunla (donanemab-azbt) intravenous (IV) infusion	August 28, 2024
Ocrevus Zunovo (ocrelizumab and hyaluronidase-ocsq) solution for subcutaneous (SC) injection	November 13, 2024
PiaSky (crovalimab-akkz) intravenous (IV) infusion	August 28, 2024
Tecelra (afamitresgene autoleucel) intravenous (IV) infusion	August 28, 2024
Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs) solution for subcutaneous (SC) injection	November 13, 2024

Product Name	Pharmacy Benefit Exclusion Effective Date for Medicaid
Tevimbra (tislelizumab-jsgr) solution for intravenous (IV) infusion	October 9, 2024
Tremfya (guselkumab) injection for intravenous (IV) infusion	November 13, 2024
Tyenne (tocilizumab-aazg) solution for intravenous (IV) infusion	June 12, 2024

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 or a plan Coverage Exception Form. Subscriber liability for non-preferred drugs is subject to the Subscriber specific benefit design. You may find the plan Coverage Exception Forms at the web addresses below:

Exception request: https://www.bluecrossmn.com/providers

- **Medicare**:
  - Scroll to '*Resources*,' select '*View all resources*.'
  - Scroll to '*Formularies and drug programs*,' select '*Learn more about prescription drug benefits*.'
  - Scroll to '*Search a drug list*,' select '*Medicare drug lists*.'
  - Select the health plan type from the drop-down menu.
  - Select '*Yes*' to the resulting question '*Are you a Medicare Part D Member...?*' then select '*Continue.*'
  - Scroll down the page to '*Helpful Documents*.' Select '*Prior Authorization Criteria*.'

- **Commercial and Medicaid**:
  - Under '*Medical Management*,' select '*Pharmacy Utilization Management*.'
  - Select '*Prior authorization formulary exception form*.'

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: December 2, 2024 | Notification Posted: October 1, 2024

Policies Developed

None

Policies Revised
- Amino Acid Based Elemental Formulas, II-69
- Panniculectomy/Excision of Redundant Skin or Tissue, IV-24
- Wheelchairs Mobility Assistive Equipment, VII-04

Policies Inactivated
None

Policies Delegated to eviCore
None

Policies Effective: January 6, 2025 | Notification Posted: November 1, 2024

Policies Developed
None

Policies Revised
- Measurement of Serum Antibodies to Selected Biologic Agents, VI-55
- Microprocessor-Controlled Prostheses for the Lower Limb, VII-16
- Myoelectric Prosthetic and Orthotic Components for the Upper Limb, VII-60
- Transcatheter Mitral Valve Repair or Replacement, IV-152
- Water Vapor Energy Ablation and Waterjet Tissue Ablation for Benign Prostatic Hyperplasia, IV-163

Policies Inactivated
- Autologous Chondrocyte Implantation of Focal Articular Cartilage Lesions, IV-113
- Bone Growth Stimulators for Spinal Indications, II-104
- Computed Tomography (CT) To Detect Coronary Artery Calcification, V-09
- Computed Tomography Angiography (CTA) for Evaluation of Coronary Arteries, V-14
- Cytochrome P450 Genotyping, VI-07
- Expanded Molecular Panel Testing of Tumor Tissue of Circulating DNA (Liquid Biopsy) for Solid Tumors, VI-49
- Extended Hours Skilled Nursing in the Home for Patients with Medically Complex Conditions, IX-01
- Gene Expression Profiling and Protein Biomarkers for Prostate Cancer Management, VI-57
- Gene Expression Profiling for the Management of Breast Cancer Treatment, VI-10
- Gene Expression Profiling for Genetic Testing for Melanoma, VI-26
- Gene Expression Testing for Cancers of Unknown Primary, VI-38
- Gene Expression Testing to Predict Coronary Artery Disease (CAD), VI-40
- Genetic Testing for Cardiac Ion Channelopathies, VI-19
- Genetic Testing for Familial Alzheimer's Disease, VI-04
- Genetic Testing for FMR1 Mutations (including Fragile X Syndrome), VI-44
- Genetic Testing for Statin Induced Myopathy, VI-52
- Genetic Testing for Warfarin Dose, VI-33
- Genetic Testing to Evaluate Patients with Developmental Delay/Intellectual Disability, Autism Spectrum Disorder, or Congenital Anomalies, VI-48
- Implantable Cardioverter-Defibrillator, IV-84
- Interspinous Process Spacers, IV-51
- Intradiscal Electrothermal Annuloplasty (IDET), Percutaneous Radiofrequency Annuloplasty (PIRFT), and Intradiscal Biacuplasty, IV-10
- Laboratory and Genetic Testing for Use of 5- Fluorouracil (5-FU) in Patients with Cancer, VI-41
- Lysis of Epidural Adhesions, IV-47
- Molecular Marker Evaluation of Thyroid Nodules, VI-50

- Multigene Expression Assays for Predicting Risk of Recurrence in Colon Cancer, VI-34
- PathfinderTG® Molecular Testing, VI-15
- Percutaneous and Endoscopic Techniques for Disc Decompression, IV-96
- Percutaneous Vertebroplasty, Kyphoplasty, and Sacroplasty, V-05
- Positron Emission Mammography, V-24
- Preimplantation Genetic Testing, II-02
- Proteomics-based Testing Panels for the Evaluation of Ovarian (Adnexal) Masses, VI-45
- Proton Beam Radiation Therapy, V-20
- Scintimammography/Breast-Specific Gamma Imaging/Molecular Breast Imaging, V-06
- Sleep Disorder Testing in Adults, II-106
- Sleep Studies/Polysomnograms in Children and Adolescents, II-128
- Surgical Treatment of Femoroacetabular Impingement, IV-112
- Testing of Circulating Tumor Cells, VI-25
- Testing of Fetal Nucleic Acids in Maternal Blood for Detection of Fetal Aneuploidy, VI-43
- Trigger Point Injections, II-175
- Whole Exome and Whole Genome Sequencing for Diagnosis of Patients with suspected Genetic Disorders, VI-54

Policies Delegated to eviCore
None

Policies reviewed with no changes in September and October 2024
- Actigraphy, II-127
- Angioplasty and/or Stenting for Intracranial Aneurysms and Atherosclerosis, IV-48
- Artificial Retinal Devices, IV-154
- Biofeedback, II-70
- Bronchial Thermoplasty, IV-117
- Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting, II-43
- Cardiovascular Disease Risk Assessment and Management: Laboratory Evaluation of Non-Traditional Lipid and Nonlipid Biomarkers, VI-24
- Chiropractic Services, III-04
- Continuous Glucose Monitoring Systems, VII-05
- Drug Testing for Substance Use Disorder and Chronic Pain Management, VI-47
- Endoscopic Radiofrequency Ablation or Cryoablation for Barrett's Esophagus, II-94
- Expanded Cardiovascular Risk Panels, VI-51
- Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, II-118
- Hematopoietic Stem Cell Transplantation for Acute Myeloid Leukemia, II-115
- Hematopoietic Stem Cell Transplantation for Multiple Myeloma and POEMS Syndrome, II-138
- Humanitarian Use Devices, IV-11
- Hyperbaric Oxygen Therapy, II-04
- Implantable Middle Ear Hearing Aids (Semi-Implantable and Fully Implantable) for Moderate to Severe Sensorineural Hearing Loss, IV-37
- Mastopexy, IV-33
- Medical Necessity Criteria for Medical Technologies which are Not Addressed by a Specific Medical Policy, XI-02
- Nerve Fiber Density Measurement, II-177
- Organ Transplantation, IV-128
- Orthognathic Surgery, IV-16
- Ovarian and Internal Iliac Vein Embolization as a Treatment for Pelvic Congestion Syndrome, V-26
- Percutaneous Left Atrial Appendage Occluder Devices, IV-169
- Percutaneous Ultrasonic Ablation of Soft Tissue, IV-160
- Single Photon Emission Computed Tomography (SPECT) of the Head, V-29
- Sublingual Immunotherapy Drops for Allergy Treatment, II-169

- Surgery for Groin Pain, IV-173
- Temporomandibular Disorder (TMD): Diagnosis and Selected Treatments, II-07
- Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease (GERD), II-31
- Vagus Nerve Stimulation, IV-131
- Wound Healing: Electrostimulation and Electromagnetic Therapy, II-85

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.