

PROVIDER BULLETIN

PROVIDER INFORMATION

October 16, 2017

Implementation of a Medical Drug Exclusions List

Effective December 1, 2017, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will implement a new Medical Drug Exclusions List. Medical drugs included in the list will **not** be covered under the medical benefit for all subscribers who have commercial health plans. See table below for impacted government health plans subscribers. If a subscriber chooses to use one of the excluded (non-covered) drugs, they will be liable to pay the full retail cost of the drug. Blue Cross will honor prior authorization (PA) requests for excluded drugs already approved until the PA expires.

As stewards of healthcare expenditures for our subscribers, Blue Cross is charged with ensuring the highest quality, evidence based care for our members, while driving quality, safety, and affordability. To accomplish this, when multiple versions of the same drug exist, Blue Cross may decide to cover only certain versions of the drug after completing a review of the medical drugs.

| Effective December 1, 2017 – the following non-preferred drugs will NOT be covered under the medical benefit. | | | | | | | |
|---|----------------------------------|-------------|-------------|--|-------------|-------------|--|
| Drug | Preferred Medical Drug (Covered) | | | Excluded Drug Alternatives (Not Covered) | | | Products Impacted |
| | Brand Name | NDC Codes | HCPCS Codes | Brand Name | NDC Codes | HCPCS Codes | |
| Hyaluronan Injections* | SynVisc-One® | 58468009003 | J7325 | GenVisc 850® | 50653000601 | J7320 | <ul style="list-style-type: none"> Commercial health plans Prepaid Medical Assistance Program (PMAP) MinnesotaCare (MNCare) Minnesota Senior Care Plus (MSC+) SecureBlue (MSHO) |
| | Synvisc® | 58468009001 | J7325 | Hyalgan | 54569554300 | J7321 | |
| | | | | | 89122072412 | | |
| | | | | 89122072420 | | | |
| | | | | Supartz® | 89130444401 | J7320 | |
| | | | | Hymovis® | 89122049663 | J7322 | |
| | | | | Euflexxa® | 55566410001 | J7323 | |
| | | | | OrthoVisc® | 59676036001 | J7324 | |
| | | | | | 35356003501 | | |
| | | | | Gel-One® | 87541030091 | J7326 | |
| | | | MonoVisc® | 59676082001 | J7327 | | |
| | | | Gelsyn 3® | 89130311101 | J7328 | | |
| Infliximab** | Remicade® | 57894003001 | J1745 | Inflectra™ | 00069080901 | Q5102 | <ul style="list-style-type: none"> Commercial health plans |
| | | | | Renflexis™ | 00006430501 | Q5102 | |
| | | | | | | | |

*See medical policy II-29 – Intra-Articular Hyaluronan Injections for Osteoarthritis.

**See medical policy II-97 - Infliximab.

Products Not Impacted

The changes do not impact: Platinum Blue or Federal Employee Program (FEP) health plans.

Medical Drug Exclusions List

We encourage providers to review the list online frequently, as the list is subject to change as new drug formulations and products are introduced on the market. To review the list:

- Go to **providers.bluecrossmn.com**
- Under 'Tools and Resources' select 'Medical policy' and then acknowledge the Acceptance Statement
- Click on the '+' next to 'Medical and Behavioral Health Policies' to view the Medical Drug Exclusions List

Questions?

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