

Provider Bulletin

News and Information

Updated March 5, 2020

2020 Changes to Medical Benefit Drug Prior Authorizations

Beginning Jan. 1, 2020, Care Continuum, a subsidiary of Express Scripts, will be performing Medical Benefit Drug Prior Authorization (PA) reviews for all of UCare's lines of business.

- Requests can be initiated at Care Continuum via the following methods:
 - Online(ePA) via the ExpressPAth Portal at the following link https://www.express-path.com/
 Providers can submit requests, check on the status of submitted requests, and submit an authorization renewal on the ExpressPAth Portal. The site also provides 24/7 access, potential for real-time approvals, and email notifications once a decision is reached.
 - o Fax by faxing 1-877-266-1871
 - o Phone by calling 1-800-818-6747
- The grid of medical drugs requiring prior authorization, their corresponding criteria, and prior authorization form are posted on our provider website <u>ucare.org/providers</u>.

Reminder

- Non-par requests for all products with the exception of Individual & Family Plans (IFP), should be sent via fax to UCare, Attn. Clinical services at 612 884-2300.
- If a provider has an existing authorization from UCare that was issued in 2019 for dates of service that extend into 2020, the provider does not need to resubmit a PA request. An authorization will be required for services beyond the authorization end date, if the medication requires prior authorization at that time (please see the Medication authorization grid).

Summary of Medical Injectable Drug Prior Authorization Changes for 2020

Below is a summary of the 2020 medical drug prior authorization requirements for all UCare lines of business.

- 125 drugs require authorization in 2020
 - o 60 drugs that currently require an authorization
 - o 65 additional drugs will require authorization
- The following are the therapeutic conditions associated with the additional drugs requiring an authorization for 2020.
 - Enzyme Replacement: 5 additional drugs
 - Hematology: 4 additional drugs, all for biosimilar step therapy
 - Hereditary Angioedema: 6 additional drugs
 - Inflammatory Conditions: 1 additional drug for biosimilar step therapy

- Oncology: 37 additional drugs, 2 for biosimilar step therapy
- Rare/Miscellaneous Conditions: 11 additional drugs
- Generally criteria confirms appropriate diagnosis, prescriber and dose.
 - Some may require use of a clinically appropriate trial of a previous medication.
- Grandfathering will occur for the 37 additional oncology products that require authorization in 2020.

Biosimilar Step Therapy for Medical Drugs in 2020

A number of biosimilars are available on the marketplace for medical drugs. UCare will implement a step therapy requirement to try a biosimilar first before using the reference list product. Step therapy requirement will be for new starts to therapy only.

Biosimilar Step Therapy Program Details

Currently 7 drugs would be included in the biosimilar step therapy program.

Step Therapy Reference Drug	Biosimilar Preferred Product
Epogen/Procrit	Retacrit
Neupogen	Nivestym and Zarxio
Neulasta	Udenyca and Fulphila
Remicade	Renflexis and Inflectra
Rituxan	Truxima and Ruxience
Herceptin	Kanjinti, Ogivri, Ontruzant, Herzuma, Trazimera

- Step therapy requirement would be for members new to therapy only.
 - 365 day lookback for Medicare and 180 day lookback for Medicaid and Health Exchange.
 - Grandfathering members who we have history using the reference list product within the lookback period timeframes.
- Required to use a biosimilar product prior to using reference listed brand name product.
 - O Currently no preference for which biosimilar is chosen.

Questions?

If you have further questions, please call UCare's Provider Assistance Center at 612-676-3300 or 1-888-531-1493 or visit <u>ucare.org/providers</u>.