

---

**Changes to Prior Review Requirements Effective 10/1/09  
FAQs for BCBSNC Sales and Producers**

**August 18, 2009**

**General Information**

To provide high-quality, cost-effective health care to our members, beginning on October 1, 2009, BCBSNC is expanding its prior review/certification requirements for several drugs. The changes are summarized below:

- **Prior Review/Certification for Intranasal Steroids:** Requires users of nonpreferred intranasal steroids (Beconase AQ, Nasacort AQ, Rhinocort Aqua, and Veramyst) to try generic Flonase or Nasonex before the nonpreferred drug will be covered. Commonly used to treat allergic rhinitis.
- **Prior Review/Certification for Oral Bisphosphonates:** Requires users of non-preferred bisphosphonate (Actonel) to try generic Fosamax, Fosamax D or Boniva before the nonpreferred drug will be covered. Commonly used to treat or prevent osteoporosis.
- **Change to Proton Pump Inhibitor (PPI) Prior Review/Certification:** Requires new users of nonpreferred PPIs (such as Prevacid, Zegerid) to try **two** of the preferred PPI options (omeprazole, pantoprazole, and Nexium) before the nonpreferred drug will be covered. Currently, we require members to try only one of the preferred PPI options before a nonpreferred drug will be covered.
- **Adding New Drug, Simponi, to Prior Review/Certification List:** This new drug treats rheumatoid arthritis. We will add it to the existing prior review program for disease-modifying antirheumatic drugs, requiring the use of methotrexate before Simponi will be covered. We currently do not have any members using this drug.

**General Questions & Answers**

**Why is BCBSNC doing this?**

Encouraging the use of generics and preferred brand-name drugs is one way that BCBSNC is working to reduce drug costs and provide quality, cost-effective health care to our members.

**What is prior review/certification?**

Prior review/certification is the process by which BCBSNC reviews the provision of certain medical services and medications prior to the services being provided and based on supporting health care management guidelines. These reviews encourage the appropriate use of a prescribed medication and are based on the drug manufacturers' guidelines and supporting medical literature.

**Who decides which drugs are subject to prior review or are considered as restricted access drugs?**

Prior review and/or restricted access recommendations are made by BCBSNC and approved by the BCBSNC Pharmacy & Therapeutics Committee. The Pharmacy & Therapeutics committee is a group made up of independent practicing physicians and pharmacists throughout North

Carolina. The group meets at least quarterly to ensure that the formulary is current and continually meets the needs of our membership.

**Which BCBSNC members are affected by these certification requirements?**

- Group and individual commercial members with pharmacy benefits through BCBSNC
- Group members who have drug utilization management programs (PA/QL)

**Which BCBSNC members are not affected?**

- Members of groups that do not have BCBSNC pharmacy benefits
- Members of groups that do not have our drug utilization management programs (PA/QL)
- State Health Plan, Federal Employee Program or Medicare members

Note: Please check with these plans as other utilization requirements may apply.

**Can ASO groups opt out of these certification requirements?**

ASO groups participating in BCBSNC’s Prior Authorization/Quantity Limitations (PA/QL) program cannot opt out of these new requirements unless they elect not to have PA/QL for any class of drug.

**Questions about Intranasal Steroids, Oral Biphosphonates and PPIs**

**Which drugs are considered “preferred” and which are “nonpreferred?”**

Preferred Medications	Nonpreferred Medication* (Physician Written Certification Required as of October 1, 2009)
<b>Intranasal Steroid</b> fluticasone (generic Flonase®) Nasonex® flunisolide (generic Nasarel®)	<b>Intranasal Steroid</b> Beconase AQ® Nasacort AQ® Rhinocort Aqua® Veramyst® Omnaris®
<b>Oral Bisphosphonate</b> alendronate (generic Fosamax®) Fosamax D® Boniva®	<b>Oral Bisphosphonate</b> Actonel® Actonel® with Calcium
<b>Proton Pump Inhibitor (PPI)</b> omeprazole (generic Prilosec®) pantoprazole (generic Protonix®) Nexium®	<b>Proton Pump Inhibitor (PPI)</b> Zegerid® Prevacid® Protonix® (40mg suspension only) Prilosec® (oral suspension only) Lansoprazole® powder for compounds Aciphex® Kapidex™

\*Only the nonpreferred drugs listed are subject to physician certification requirement.

**When will members be notified about this new requirement?**

We will notify approximately 4,000 members who currently take a nonpreferred drug about this new certification requirement in early September.

---

**How will providers provide certification for those patients who meet the criteria to use a nonpreferred drug?**

In order for a nonpreferred drug to be covered, the member's physician must certify in writing that the preferred drug was either ineffective in treating the patient's condition or likely to be detrimental to the member's health. If providers wish to certify to the above, they can complete and fax a certification form that can be downloaded from [www.bcbsnc.com](http://www.bcbsnc.com). The form will be available online by September 1, 2009.

**Once BCBSNC receives a written certification from a member's doctor, how long before the member can fill a prescription for the nonpreferred drug?**

Providers will be notified when the certification is received and whether or not it is acceptable within three business days of receipt. The member can fill the prescription the day after the provider is notified of the approval.

**If providers have questions about this certification requirement, who can they contact?**

If you are unable to answer their questions, please advise providers to contact their BCBSNC Network Management representative.

**How will this certification requirement impact members who take one of these nonpreferred drugs?**

Once members are notified in early September about this new requirement, we encourage them to contact their doctor to discuss what options are right for them. It's important for them to work with their doctor prior to October 1. If they try to fill a prescription for a nonpreferred drug and their doctor hasn't submitted the written certification yet, the claim will reject at the pharmacy and not be covered.

If this happens, the member can contact their physician to determine if one of the preferred drugs may be appropriate for their condition. If the physician approves a switch to a preferred drug, the pharmacist may immediately fill the new prescription.

**Will members who currently take a nonpreferred drug be subject to the new program, or is it just for new users?**

All current and new users of a nonpreferred intranasal steroid or oral bisphosphonate will be subject to the new certification requirement. The new requirements for PPIs will only affect new users.

**How will groups be notified of these changes?**

We have provided a sample letter that summarizes the changes to our Sales staff and have asked them to provide the letter to their groups as is appropriate. The letter also includes samples of the member letters that BCBSNC will send in early September to impacted members.

---

**Questions about Simponi**

**What is Simponi?**

Simponi (golimumab) is an injection used for the treatment of rheumatoid arthritis, psoriatic arthritis, and ankylosing spondylitis. Simponi is an TNF (tumor necrosis factor) blocker, similar to Enbrel, Humira, Cimzia, and Remicade.

The recommended adult dose of Simponi is 50 mg injected subcutaneously (under the skin) once a month. Simponi is available in a single- dose prefilled autoinjector, or in a single- dose prefilled syringe.

Simponi is a specialty drug on the BCBSNC commercial formulary's 4<sup>th</sup> tier.

**What are the criteria for prior approval of Simponi?**

Criteria for the use of Simponi was posted on the Prior Approval and Quantity Limitations page (<http://www.bcbsnc.com/services/formulary/rxnotes.cfm>) and the Prior Plan Approval page (<http://www.bcbsnc.com/providers/ppa/prescriptions.cfm>). These criteria for the use of Simponi closely follow the U.S. Food and Drug Administration's approved labeling for the drug.

**Is Simponi covered on the pharmacy benefit or medical benefit?**

Simponi is a self-administered injection that is covered when it is obtained at the pharmacy (pharmacy benefit). It is also covered when it is administered at the doctor's office (medical benefit).

**Will BCBSNC send member or provider notifications about Simponi?**

Since we have identified no members with prescription drug claims for Simponi to- date, we will not be sending specific member or provider letters. Providers were notified of this drug's prior review requirement via *Blue e*. In addition, authorization criteria for Simponi were posted on the external Web site in July.

**For which BCBSNC lines of business does prior review for Simponi apply?**

All BCBSNC commercial lines of business for which the overall prescription drug benefit PA/QL program apply will also require prior review for Simponi as of October 1, 2009.

There is no prior review on Simponi for members with Medicare Part D coverage at this time, but one this is subject to change.

**How will this certification requirement impact members who take a prescription for Simponi to the pharmacy?**

In most cases, prescribers of this drug will be aware of the requirement for prior review and obtain approval before prescribing the drug. Members who try to fill a prescription for Simponi without prior authorization will have the claim reject at the pharmacy, and it will not be covered. They will be asked to have their doctor submit prior review documentation. The Simponi fax form will be available on *bcbsnc.com* by late September.

**How long is the duration of approval for Simponi?**

The duration of approval for Simponi will be indefinite, the same as for approvals of similar drugs used for rheumatoid arthritis covered on the BCBSNC formulary.

**How will groups be notified of these changes?**

We have provided a sample letter that summarizes the changes to our Sales staff and have asked them to provide the letter to their groups as appropriate. The letter also includes samples of the member letters that BCBSNC will send in September to impacted members. In addition, we will feature an article about these changes in the fall 2009 issue of our online employer



---

group publication, *Benefit Management Briefs*, which will be available on [www.bcbsnc.com/employers](http://www.bcbsnc.com/employers).

An independent licensee of the Blue Cross and Blue Shield Association.  
® and <sup>SM</sup> Marks of the Blue Cross and Blue Shield Association.  
<sup>SM1</sup> Mark of Blue Cross and Blue Shield of North Carolina.