

# PROVIDER BULLETIN

## PROVIDER INFORMATION

October 1, 2021

### Update for New-to-Market Medical Drug: aducanumab (Aduhelm)

On December 1, 2020, Provider Bulletin [P87-20](#) communicated that Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) would be expanding prior authorization (PA) requirements for the new-to-market medical drug aducanumab (Aduhelm) upon approval by the Food and Drug Administration (FDA). The PA requirement applies to Medicare Advantage subscribers.

On January 13, 2021, Provider Quick Point [QP2-21](#) communicated the addition of aducanumab (Aduhelm) to the Medical Drug Evaluation Process List under Blue Cross medical policy II-174, upon approval by the FDA. This applies to commercial subscribers.

On June 7, 2021, the FDA approved aducanumab for use in the United States. On July 12, 2021, the Centers for Medicare and Medicaid Services (CMS) began a formal review process to evaluate the available evidence to develop a National Coverage Determination (NCD) for aducanumab. CMS is expected to finalize the NCD by April 2022. Blue Cross will continue to follow the developing guidance of local and federal health officials regarding coverage of aducanumab for government health plans.

Effective December 6, 2021, there will be drug-specific Blue Cross medical policies for aducanumab (policies II-253 and II-254). The drug will be removed from Blue Cross medical policy II-174 and the Medical Drug Evaluation Process List and addressed under Blue Cross medical policy II-253 for commercial subscribers. Blue Cross medical policy II-254 will apply for Medicare Advantage and Platinum Blue subscribers.

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring they receive the highest quality, evidence-based care. This is accomplished through expanded development of medical policies and through management of these policies to include the PA process. The primary purpose of the PA process is to ensure that evidence-based care is provided to our subscribers, driving quality, safety, and affordability.

#### The following medical policy changes will be effective December 6, 2021:

Policy #	Policy Title/ Service	New Policy	Prior Authorization	Line(s) of Business
II-253	Aducantumab (Aduhelm)	Yes <i>(Replacing policy II-174)</i>	Not Applicable	Commercial
II-254	Aducantumab (Aduhelm)	Yes <i>(Moving from LCD L33394)</i>	Continued	Medicare Advantage
II-254	Aducantumab (Aduhelm)	Yes <i>(Moving from LCD L33394)</i>	Not Applicable	Platinum Blue

#### Products Impacted

The information in this bulletin applies only to subscribers who have coverage through Commercial, Medicare Advantage, and Platinum Blue lines of business.

## Submitting a PA Request when Applicable

- Prior to submitting a PA request, providers must check applicable Blue Cross policy. PA requests will be reviewed when patient-specific, relevant medical documentation has been submitted. If a provider does not obtain the required PA before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization.
- PA decisions will be based on Blue Cross policy criteria. To review Blue Cross criteria:
  - Go to [providers.bluecrossmn.com](http://providers.bluecrossmn.com)
  - Under Tools & Resources, select “Medical Policy”, and read/accept the Blue Cross Medical Policy Statement
  - Under the Medical and Behavioral Health Policies section, select “Blue Cross Blue Shield of Minnesota Medical Policies” to access policy criteria.
- Current and future PA requirements can be found using the *Is Authorization Required* tool in the Availity® portal prior to submitting a PA request. Prior Authorization Lists are also updated to reflect additional PA requirements on the effective date of the management change and includes applicable codes. To access the Pre-certification / Pre-authorization Prior Authorization Notification Lists for all lines of business:
  - Go to [providers.bluecrossmn.com](http://providers.bluecrossmn.com)
  - Under Tools & Resources, select “Medical Policy”, and read/accept the Blue Cross Medical Policy Statement
  - Look under the “Utilization Management” section, to find the Prior Authorization Lists
  - If a provider does not obtain the required PA before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization. The requirement applies to subscribers starting therapy and to those already being treated with a therapy noted above.

Note: An approved PA does not guarantee coverage under a subscriber’s benefit plan. Subscriber benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies.

## Providers can Submit an Electronic Prior Authorization (ePA) Request

- Participating providers must submit PA requests online via our free [Availity®](#) provider portal
- For Medical Drugs, PA’s can also be submitted using a [NCPDP](#) standard XML file feed to Blue Cross through CenterX, via an integrated Electronic Medical Record (EMR) system. To learn how to do this, providers should contact their EMR vendor for assistance.
- Out of state, non-contracted providers can submit a PA request to Blue Cross by either using the electronic processes above, the [fax form](#) located under the Forms & Publications section on the Blue Cross website, or their own PA form.

## Reminder Regarding Medical Policy Updates & Changes:

Medical Policy changes are communicated in the Upcoming Medical Policy Notifications section of the Blue Cross Medical and Behavioral Health Policy website. The Upcoming Policies section lists new, revised, or inactivated policies approved by the Blue Cross Medical and Behavioral Health Policy Committee and are effective at minimum 45 days from the date they were posted. To access the website:

- Go to [providers.bluecrossmn.com](http://providers.bluecrossmn.com)
- Under Tools & Resources, select “Medical Policy”, and read/accept the Blue Cross Medical Policy Statement
- Under the Medical and Behavioral Health Policies section, select the Upcoming Medical Policy Notifications section.

## Questions?

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