

# PROVIDER BULLETIN

## PROVIDER INFORMATION



August 3, 2020

### Site of Service Program Updates for Selected Specialty Medical Drugs for Commercial Subscribers: Medical Policy XI-06

Effective October 5, 2020, important updates will be made to the Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) Site of Service program for specialty medical drugs. A new stand-alone medical policy has been developed for this program, XI-06: Site of Service for Selected Specialty Medical Drugs. Drug-specific policies will continue to address site of service; however, users will be referred to policy XI-06 for the complete site of service criteria.

Medical policy XI-06 determines the medical necessity of hospital outpatient facility level of care for selected specialty medical drugs. The policy addresses patient and/or procedural factors that may increase a patient's risk of requiring urgent access to a higher level of care available in a hospital outpatient facility. Drugs administered in a hospital outpatient facility that do not meet medical policy criteria will not be eligible for reimbursement. As part of the prior authorization process for these drugs, reviews will be conducted to ensure documentation of medical necessity to receive the drug at an outpatient hospital setting.

Please note criteria and drug list changes below, which are also effective October 5, 2020.

#### Medical Necessity Criteria Changes

- Geographic criteria addressing distance from the patient's home to the nearest non-hospital outpatient facility with supervised infusion or injection capabilities was changed from >30 miles to >25 miles to better align with the provider finder tool.
- Clarification regarding maintenance therapy has been added regarding reinitiating therapy after not being on therapy for  $\geq 6$  months (Note: this does not include maintenance therapy).

#### Complete List of Specialty Medical Drugs Included in Medical Policy XI-06

All drugs included in policy XI-06, Site of Service for Selected Specialty Medical Drugs, are listed below, including new drugs to the site of service program effective October 5, 2020.

Category	Policy #	Policy Title	Site of Service
Autoimmune	II-51	Immunoglobulin Therapy (Hizentra®, Gamunex®-C, Gammaked™, Gammagard Liquid®, Cuvitru™, and HyQvia)	Continuation
Autoimmune	II-161	Abatacept (Orencia®)	Continuation
Autoimmune	II-179	Certolizumab Pegol (Cimzia®)	Continuation
Autoimmune	II-180	Golimumab (Simponi Aria®)	Continuation
Autoimmune	II-97	Infliximab (Remicade®, Inflectra®, Renflexis®, Ixifi®)	Continuation
Autoimmune	II-181	Tocilizumab (Actemra®)	Continuation
Autoimmune	II-168	Ustekinumab (Stelara®)	Continuation

Autoimmune	II-182	Vedolizumab (Entyvio®)	Continuation
Autoimmune	II-47	Rituximab (Rituxan®, Rituxan Hycela™)	Continuation
Autoimmune	II-222	Tidrakizumab (Ilumya™)	Continuation
ALS	II-178	Edaravone (Radicava™)	Continuation
Multiple Sclerosis	II-49	Natalizumab (Tysabri®)	Continuation
Multiple Sclerosis	II-185	Ocrelizumab (Ocrevus®)	Continuation
Enzyme Therapy	II-26	Agalsidase Beta (Fabrazyme®)	Continuation
Enzyme Therapy	II-186	Alglucosidase Alfa (Lumizyme®)	Continuation
Enzyme Therapy	II-214	Intravenous Enzyme Replacement Therapy for Gaucher Disease (Cerezyme®, Elelvso®, Vpriv®)	Continuation
Enzyme Therapy	II-200	Sebelipase Alfa (Kanuma®)	Continuation
Asthma	II-203	Benralizumab (Fasenra®)	New
Asthma	II-201	Mepolizumaab (Nucala®)	New
Asthma	II-34	Omalizumab (Xolair®)	New
Asthma	II-202	Reslizumab (Cinqair®)	New
Autoimmune	II-196	Eculizumab (Soliris®)	New
Autoimmune	II-152	Belimumab (Benlysta®)	New
Enzyme Therapy	II-147	Pegloticase (Krystexxa®)	New
Enzyme Therapy	II-215	Idursulfase (Elaprase®)	New
Enzyme Therapy	II-216	Laronidase (Aldurazyme®)	New
Enzyme Therapy	II-217	Galsulfase (Naglazyme®)	New
Enzyme Therapy	II-218	Elosulfase alfa (Vimizim®)	New
Enzyme Therapy	II-219	Vestronidase alfa (Mepsevii™)	New
Blood Disorders	II-211	Romiplostim (Nplate®)	New
Misc.	II-102	Pharmacologic Therapies for Hereditary Angioedema (Berinert®, Cinryze®, Firazyr®, Haegarda®, Kalbitor®, Ruconest®, Takhzyro™)	New
Misc.	II-206	Alpha-1 Proteinase Inhibitors (Aralast NP™, Glassia®, Prolastin-C®, Zemaira®)	New
Misc.	II-212	Burosumab (Crysvita®)	New
Misc.	II-220	Patisiran (Onpattro™)	New

### Products Impacted

This program only applies to fully-insured and self-insured commercial lines of business. As a reminder for an Accountable Care Organization (ACO) subscriber, please have the subscriber call Blue Cross at **(651) 662-5200** or **1-800-262-0820**.

## Submitting a PA Request when Applicable

- Before submitting a PA request, Providers are asked to check applicable Blue Cross policy and **attach all required clinical documentation** with the request. PA requests will be reviewed when patient-specific, relevant medical documentation has been provided supporting the medical necessity of the service. Failure to submit required information may result in review delays (if outreach is needed to obtain missing clinical information) or a denial of the request due to insufficient information. 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 approval will be based on the 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
  - Select the “+” (plus) sign next to Medical and Behavioral Health Policies, then select “Blue Cross Blue Shield of Minnesota Medical Policies” to access policy criteria.
- Prior Authorization Lists are updated to reflect additional PA requirements on the effective date of the management change and includes applicable codes. To access Prior Authorization 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
  - Select the “+” (plus) sign next to “Utilization Management” to access 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.

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

- Online via our free [Availity](#) provider portal – for Blue Cross to review.
- 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 [Minnesota Uniform Form for PA Request and Formulary Exceptions](#) fax form located under the Forms section on the Blue Cross website, or their own PA form (secure fax: 651.662.2810).

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.

## 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
- Select the “+” (plus) sign next to “Medical and Behavioral Health Policies” to see the Upcoming Medical Policy Notifications section

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