

# PROVIDER BULLETIN

## PROVIDER INFORMATION

March 1, 2019

### Medical Oncology Drug Prior Authorization Updates for Fully Insured Commercial and Medicare Advantage Members – eviCore Healthcare Utilization Management Program

The eviCore Healthcare Utilization Management (UM) Program will be making the following updates to the **Medical Oncology** program.

The following medication is awaiting FDA approval. When approved, the medication will automatically be added to the prior authorization (PA) list for oncologic reasons effective immediately. CPT® code(s) will be assigned closer to the approval date.

| Drug Name     | Brand Name(s) |
|---------------|---------------|
| larotrectinib | Vitrakvi®     |

Prior authorization requests will be reviewed based on eviCore clinical guideline criteria available for review on the Blue Cross and Blue Shield of Minnesota (Blue Cross) website at [providers.bluecrossmn.com](http://providers.bluecrossmn.com):

- Select “**Medical Policy**” under *Tools and Resources*, read and accept the Blue Cross Medical Policy Statement
- Click on the “+” (plus) sign next to “**Medical and Behavioral Health Policies**” and locate the *Medical Policy Supporting Documents* section
- Click on the “**eviCore healthcare Specialty Utilization Management Clinical Guidelines**” link
- Scroll down to the “**Medical Oncology**” section

#### Products Impacted

This change only applies to:

- Individual
- Fully insured commercial
- Medicare Advantage subscribers

#### Products Not Impacted

Members who **do not require prior authorization through eviCore** are:

- Blue Cross Commercial Self-Insured Members
- Blue Cross Federal Employee Program (FEP) Members
- Blue Plus Minnesota Health Care Programs Subscribers (Families and Children(F&C), MNCare, MSC+), SecureBlue (MSHO)
- Blue Cross Platinum Blue and Senior Gold Members

#### To submit a Medical Oncology Drug Prior Authorization (PA) Request to eviCore

Providers began submitting eviCore PA requests via our free [Availity](#) provider portal. Instructions on how to utilize this portal are found on the Availity website.

Providers need to reference the eviCore clinical guideline criteria, submit prior authorization request via Availity, and submit all applicable clinical documentation with the PA request. Failure to submit required information may result in review delays or denial of the request due to insufficient information.

Note:

- An approved PA does not guarantee coverage under a member's benefit plan. Member benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies.
- **Some of the Medical Oncology Drugs listed above may be approved by the Food and Drug Administration (FDA) for use treating non-oncology indications.** To identify if a prior authorization is required for a drug for non-oncology use, please refer to the Prior Authorization Lists posted on the Blue Cross website. To access the Pre-Authorization Lists:
  - Go to [providers.bluecrossmn.com](http://providers.bluecrossmn.com)
  - Select "Medical Policy" under Tools and Resources, read and accept the Blue Cross Medical Policy Statement
  - Click on the "+" (plus) sign next to "Utilization Management"

### Questions?

If you have questions, please contact eviCore provider service at **844-224-0494**.