PROVIDER BULLETIN PROVIDER INFORMATION



April 1, 2019

Medical Oncology Drug Prior Authorization Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Utilization Management (UM) Program

The eviCore Healthcare Utilization Management Program will be making the following updates to the Medical Oncology CPT® Prior Authorization (PA) Code List.

The following drugs have been added to the Medical Oncology program and will require prior authorization for oncologic reasons beginning June 1, 2019:

Drug	Code(s)
Bortezomib (Not Otherwise Specified)	J9044
Trastuzumab and Hyaluronidase-oysk (Herceptin Hylecta)	J3490, J3590

Prior authorization requests will be reviewed based on eviCore clinical guideline criteria available for review on the Blue Cross website at **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
- Scroll down and click on the "eviCore healthcare Specialty Utilization Management Clinical Guidelines" link
- Scroll to the "Need Help?" section and click on "Access Guidelines"
- Click on the **Medical Oncology** program
- Type "BCBS MN" in the "Search by Health Plan" search bar
- Select the current guideline

Products Impacted

This change only applies to **fully insured commercial** and **Medicare Advantage** subscribers.

The changes do not impact:

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

To submit a Prior Authorization (PA) Request to eviCore

Providers should submit eviCore PA requests via our free <u>Availity</u> provider portal. Instructions on how to utilize this portal are found on the Availity website.

Rulletin P36-19 Continued

It is recommended that providers reference the eviCore clinical guideline criteria, submit PA requests via Availity, and include 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 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 for a drug for non-oncology use, please refer to the PA Lists posted on the Blue Cross website. To access the PA Lists:
 - o Go to providers.bluecrossmn.com
 - o Select "Medical Policy" under Tools and Resources, read and accept the Blue Cross Medical Policy Statement
 - o Click on the "+" (plus) sign next to "Utilization Management"

Questions?

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