

# PROVIDER BULLETIN

## PROVIDER INFORMATION

January 2, 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 oncologic drugs already require PA through eviCore’s Medical Oncology program, but will have the following code changes **effective January 2, 2019**:

Drug	Deleted/Discontinued code(s)	Newly added code(s)
Aprepitant (Cinvanti™)	C9463	J0185
Bevacizumab (Avastin™)	C9257	
Bevacizumab-awwb (Mvasi™)		Q5107
Copanlisib (Aliqopa™)	C9399, C9030	J9057
Dinutuximab (Unituxin™)	J3490, J3590	
Doxorubicin HCL (liposomal) – (Doxil™)	Q2049	
Doxorubicin HCL (liposomal) – (Lipodox™)	Q2050	
Durvalumab (Imfinzi™)	C9492	J9173
Fosnetupitant/Palonosetron (Akyneo™)	C9399, C9033	J1454, J3590, J9999
Gemtuzumab Ozogamicin (Mylotarg™)	C9399, J9999	
Inotuzumab Ozogamicin (Besponsa™)	J3490, J3590, C9028	J9229
Liposome-encapsulated combination of Daunorubicin and Cytarabine (Vyxeos™)	J3490, J3590, C9024	J9153
Pegfilgrastim-jmdb (Fulphila™)	C9399, J3590	Q5108
Peginterferon, alfa-2a (Pegasys™)	C9399, J3490, J3590, J9999	
Peginterferon, alfa-2b (Sylatron™)	J3490	
Peginterferon, alfa-2b (PegIntron™)	J3490, J3590	
Rituximab and Hyaluronidase Human (Rituxan Hycela™)	J3490, J3590, C9467	J9311
Rituximab (Rituxan™)	J9310	J9312

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

Drug	Code(s)
Bendamustine (Generic Bendamustine)	C9399, J9999
Cemiplimab-rwlc (Libtayo™)	C9399, J9999
Etoposide – injectable (Etopophos™)	J9181

Drug	Code(s)
Filgrastim-aafi (Nivestym™)	Q5110
Leuprolide Acetate (Leuprolide Acetate™)	J1950 (3.75mg) J9218 (1mg) J9217 (7.5mg)
Levoleucovorin (Khapzory™)	J3490, J3590
Mogamulizumab-kpkc (Poteligeo™)	C9038, C9399, J9999
Moxetumomab pasudotox-tdfk (Lumoxiti™)	C9399, J9999
Pegfilgrastim-cbqv (Udenyca™)	Q5111
Rituximab-abbs (Truxima™)	C9399, J3490, J3590, J9999

The following drug has been removed from the market by the Federal Drug Administration and has been removed from eviCore's Medical Oncology program **effective January 1, 2019:**

Drug	Code(s)
Rolapitant (Varubi™)	C9464, J3490, J8670

The following medications are awaiting regulatory approval. When approved, the medications will automatically be added to the PA list for oncologic reasons effective immediately. CPT® codes will be assigned closer to the approval date.

Drug Name	Brand Name(s)
Aldoxorubicin hydrochloride	
Alvocidib	
Bevacizumab biosimilar	
Binimetinib / encorafenib / cetuximab (IV only)	
Calaspargase pegol	
Depatuxizumab mafodotin	
Lisocabtagene maraleucel	
Lurbinectedin	
Luspatercept	
Mirvetuximab soravtansine	
Sacituzumab govitecan	
Tagraxofusp	Elzonris™
Trastuzumab biosimilar	Herzuma™, Ontruzant™, Trazimera™, Kanjinti™

Prior authorization requests will be reviewed based on eviCore clinical guideline criteria available for review on the 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
- Scroll down and click on the “**eviCore healthcare Specialty Utilization Management Clinical Guidelines**” link
- Scroll down to “**Medical Oncology**” section to view PA CPT® code list

To view Clinical Guidelines:

- Click on “**Clinical Guidelines and Forms**” in the upper right corner
- Select “**Medical Oncology**” solution

## **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 Government Programs (Families and Children(F&C), MinnesotaCare (MNCare), SecureBlue (MSHO), and Minnesota Senior Care Plus (MSC+) health plans)
- Blue Cross Federal Employee Program (FEP)

## **To submit a 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 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**.