

PROVIDER BULLETIN

PROVIDER INFORMATION

September 4, 2018

Medical Oncology Drug Prior Authorization Updates for Fully Insured Commercial Members – eviCore Healthcare Utilization Management (UM) Program

The eviCore Healthcare Utilization Management Program will be making the following updates to the Medical Oncology CPT List.

Effective August 1, 2018, the following drugs no longer require prior authorization for oncologic reasons, under the medical benefit:

<u>Description</u>	<u>Codes</u>
Alemtuzumab (Campath®)	J0202
Amifostine (Ethyol®)	J0207
Anakinra (Kineret®)	J3590
Epoetin beta (Mircera®)	J0888
Ganciclovir sodium (Cytovene®)	J1570
Histrelin Implant (Supprelin LA®)	J9226
Interferon, alfa-n3 (Alferon N®)	J9215
Mesna (Mesnex®)	J9209
Plerixafor (Mozobil®)	J2562
Rasburicase (Elitek®)	J2783

Starting November 1, 2018, the following drugs will require prior authorization for oncologic reasons:

<u>Description</u>	<u>Codes</u>
Copanlisib (Aliqopa®)	C9030
Trastuzumab-dkst (Ogiviri®)	J3490, J3590, J9999
Aprepitant (Cinvanti®)	J3490, C9463
Epoetin alfa-epbx (Retacrit®)	Q5106
Fosnetupitant/Palonosetron (Akynzeo®)	C9399, J3490
Gemtuzumab Ozogamicin (Mylotarg®)	J9203
Leuprolide Acetate (Eligard®, Lupron Depot®, Lupron®) 3.75mg dose	J1950
Rituximab and Hyaluronidase Human (Rituxan Hycela)	C9467
Pegfilgrastim-jmdb (Fulphila®)	C9399, J3590, Q5108
Rolapitant (Varubi®)	J8670, C9464, J3490

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
- Click on the ‘eviCore healthcare Specialty Utilization Management Clinical Guidelines’ link

Products Impacted

- This change only applies to **fully insured commercial members**.
- The changes do not impact commercial self-insured health plans, Government Programs lines of business (Prepaid Medical Assistance Program (PMAP), MinnesotaCare (MNCare), SecureBlue (MSHO), and Minnesota Senior Care Plus (MSC+) health plans), Federal Employee Program (FEP), Medicare Supplement (Senior Gold, Basic Medicare Blue and Extended Basic Blue), Medicare Advantage or Platinum Blue as those lines of business have separate PA requirements.

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

Providers should submit 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
 - 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**.