August 1, 2023

New Medical, Medical Drug and Behavioral Health Policy Management Updates: Effective July 6, 2020

Revision: The bulletin was updated to add the new brand name Roctavian for the drug valoctocogene roxaparvovec, which received FDA approval on 06/29/23. Updated directions on how to locate medical policy information and submit a prior authorization request have also been provided due to navigational changes made to the Blue Cross website.

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be expanding utilization management requirements, including prior authorization (PA) requirements.

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring they receive the highest quality, evidence-based care. This is accomplished through expanded development of medical policies and through management of these policies to include the PA process. The primary purpose of the PA process is to ensure that evidence-based care is provided to our subscribers, driving quality, safety, and affordability.

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
II-239	Teprotumumab (Tepezza™)	Yes *(Replacing policy II-174)*	New	Commercial
II-29	Intra-Articular Hyaluronan Injections for Osteoarthritis • No PA required for preferred drugs, Synvisc and Synvisc-One • PA required for non-preferred drugs (exception requests only)	No	New *(Exception requests for non-preferred drugs)*	Commercial
II-173	Accepted Indications for Medical Drugs Which are Not Addressed by a Specific Medical Policy: • Inebilizumab*	No	New	Commercial
L33394	Coverage for Drugs & Biologics for Label & Off-Label Uses: • Inebilizumab* • Valoctocogene roxaparvovec **(Roctavian, f.k.a. Valrox)**	No	New	Medicare Advantage

* PA will be required upon FDA approval.

Products Impacted
The information in this bulletin applies **only** to subscribers who have coverage through Commercial and Medicare Advantage lines of business.

Submitting a PA Request when Applicable

- Providers may submit PA requests for any treatment in the above table starting June 29, 2020.

- Providers must check applicable Blue Cross policy and **attach all required clinical documentation** with the PA request. PA requests will be reviewed when patient-specific, relevant medical documentation has been submitted supporting the medical necessity of the service. Failure to submit required information may result in review delays or a denial of the request due to insufficient information to support medical necessity. 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
  - Under Medical Management, select "Medical and behavioral health policies."

- Current and future PA requirements can be found using the *Is Authorization Required* tool in the Availity® portal prior to submitting a PA request. Prior Authorization Lists are also updated to reflect additional PA requirements on the effective date of the management change and includes applicable codes. To access the Prior Authorization Lists for all lines of business:
  - Go to providers.bluecrossmn.com
  - Under Medical Management, select "Prior Authorization Lookup."

- 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.

Prior Authorization Requests

- Participating providers must submit PA requests online via our free Availity® provider portal

- 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 fax form located under the Forms & Publications section on the Blue Cross website, or their own PA form.

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
- Under Medical Management, select "Upcoming medical policies."

Questions?

Please contact provider services at **(651) 662-5200** or **1-800-262-0820**.