

Improved Prior Authorization Process for Provider-Administered Specialty Medications

Background

BlueCross has partnered with Magellan Rx Management to change the way we manage select specialty medications used to treat multiple sclerosis, rheumatoid arthritis, cancer and other serious, chronic conditions. We have entered into this partnership in order to help ensure our members get access to medically appropriate medications as quickly as possible.

Magellan Rx will assist us with a new process for reviewing prior authorization criteria for certain specialty medications, which will involve the use of current medical criteria, consensus and evidence-based guidelines, as well as clinical pharmacists and board-certified physicians to advance quality care.

Talking Points

- New prior authorization requirements are effective Dec. 1, 2016, for Medicare Advantage and BlueCare Plus (HMO SNP)SM and Jan. 1, 2017, for all other lines of business.
- The Magellan Rx program pertains to **provider-administered** specialty pharmaceuticals administered in the physician's office, outpatient hospital and home infusion.
- Prior authorization will not be required for specialty medications when they are administered during an inpatient stay, in an emergency room or in an observation room setting.
- Prior authorization requests can be submitted via BlueAccessSM, our secure provider portal, and by calling the provider service line and selecting the appropriate option. Beginning Nov. 23 through Dec. 31, 2016, providers using the web to submit prior authorization requests will not see the BCBST medical policy criteria and should use the free form box to provide clinical rationale for their requests.
- After Dec. 1, 2016, we will **not** be able to accept prior authorization requests for specialty medications by fax. We are requiring online or phone prior authorization submissions to help ensure providers get faster responses.
- For assistance submitting prior authorization requests on BlueAccess, contact your [eBusiness Marketing Consultant](#).
- The Provider-Administered Specialty Drug Lists vary by lines of business and are located online:
 - **Medicare Advantage/BlueCare Plus (HMO SNP)SM:**
<https://www.bcbst.com/docs/providers/MA-DSNP-Specialty-Pharmacy-List.pdf>
 - **Commercial/CoverKids/BlueCare Tennessee:**
<https://www.bcbst.com/docs/pharmacy/provider-administered-specialty-pharmacy-list.pdf>

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1. Why is BlueCross making changes to the provider-administered specialty medications?

Drug costs continue to rise and provider-administered specialty medications contribute significantly to that trend. Our goal is to further promote appropriate utilization for these medications and decrease the number of errors found in claim submissions in regards to the number of units being billed. We are changing the way we manage select specialty medications used to treat multiple sclerosis, rheumatoid arthritis, cancer and other serious, chronic conditions. This program will enable BlueCross to further support physicians' treatment plans that are consistent with consensus and evidence-based best practices.

2. What are the new requirements for the provider-administered specialty medications?

BlueCross, in partnership with Magellan Rx Management, is enhancing the prior authorization process for provider-administered specialty medications to obtain more detailed information from providers on medications being administered.

3. What is Magellan Rx Management's partnership role with BlueCross?

Magellan Rx Management will assist us with a new process for reviewing and approving these specialty medications, which involves the use of current medical criteria, consensus and evidence-based guidelines, as well as clinical pharmacists and board-certified physicians to advance quality care.

4. When are the new requirements for the provider-administered specialty medications effective?

The new prior authorization requirements are effective Dec. 1, 2016, for Medicare Advantage and BlueCare Plus (HMO SNP)SM and Jan. 1, 2017, for all other lines of business.

5. Do other BlueCross plans partner with Magellan Rx Management?

Yes, including BlueCross BlueShield of South Carolina, Florida Blue and Horizon Blue Cross Blue Shield of New Jersey.

6. Which lines of business will this new requirement affect?

The new prior authorization requirements will affect all lines of business under the medical benefit, including BlueCare Plus (HMO SNP)SM, BlueCare Tennessee, Commercial, CoverKids and Medicare Advantage.

7. How are prior authorizations for provider-administered specialty medications submitted?

Providers can request prior authorizations via BlueAccess, our secure provider portal, and by calling the provider service line and selecting the appropriate option. Beginning Nov. 23 through Dec. 31, 2016, providers using the web to submit prior authorization requests will not see the BlueCross medical policy criteria and should use the free form box to provide clinical rationale for their requests.

8. Can prior authorizations for provider-administered specialty medications be submitted via fax?

After Dec. 1, 2016, we will **not** be able to accept prior authorization requests for specialty medications by fax. We are requiring online or phone prior authorization submissions to help ensure providers get faster responses.

9. If I need assistance submitting prior authorization requests on BlueAccess, what should I do? For assistance submitting prior authorization requests on BlueAccess, contact your [eBusiness Marketing Consultant](#).

10. Is prior authorization required for all provider-administered specialty medications?

Prior authorization is required for **provider-administered** specialty pharmaceuticals administered in the physician's office, outpatient hospital and home infusion. However, prior authorization will not be required when administered during an inpatient stay, in an emergency room or in an observation room setting.

11. I'm an out-of-state provider, will my prior authorization process change?

This enhanced prior authorization process will not impact the way claims are processed through BlueCard® or for out-of-state providers. Out-of-state providers will follow the same process for prior authorization as they do today. However, the requirements to gain approval will change as medical policies are updated.

12. Where can I find a list of the provider-administered specialty medications?

The Provider-Administered Specialty Drug Lists vary by lines of business and are located online:

- **Medicare Advantage/BlueCare Plus (HMO SNP) SM:**
<http://www.bcbst.com/docs/providers/MA-DSNP-Specialty-Pharmacy-List.pdf>
- **Commercial/CoverKids/BlueCare Tennessee:**
<http://www.bcbst.com/docs/pharmacy/provider-administered-specialty-pharmacy-list.pdf>

13. How frequently is the Provider-Administered Specialty Drug Lists updated?

The Provider-Administered Specialty Drug Lists, for each line of business, are updated monthly; however, that may be subject to change. Please refer to the list online to ensure you have the most current information.

14. Will this new requirement be communicated to BlueCross members?

No, there is no benefit change for members - the changes are specifically tied to medical policy.

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