

# SPECIAL BULLETIN

SEPT. 3, 2014

ATTN: NETWORK PROVIDERS

## PRIOR AUTHORIZATION WILL BE REQUIRED FOR 10 DRUGS, EFFECTIVE 11/3/14

**ALIMTA, ALOXI, ERBITUX, NEULASTA, PARAPLATIN, TAXOL, TAXOTERE, TREANDA, TYSABRI, XGEVA**

Effective with dates of service on Nov. 3, 2014, Highmark will require prior authorization\* for the following drugs used in outpatient therapy:

Procedure Code	Drug Name	Description
J9305	Alimta	Injection, pemetrexed, 10 mg
J2469	Aloxi	Injection, palonosetron, HCl, 25 mcg
J9055	Erbitux	Injection, cetuximab, 10 mg
J2505	Neulasta	Injection, pegfilgrastim, 6 mg
J9045	Paraplatin	Injection, carboplatin, 50 mg
J9265	Taxol	Injection, paclitaxel, 30 mg
J9171	Taxotere	Injection, docetaxel, 1 mg
J9033	Treanda	Injection, bendamustine, HCl, 1 mg
J2323	Tysabri	Injection, natalizumab, 1 mg
J0897	Xgeva	Injection, denosumab, 1 mg

In the majority of cases, these drugs are used for oncology-related treatment, but we understand that these drugs are also used for treatment beyond the scope of cancer care. Regardless of treatment use or prescribing specialty, prior authorization will be required.

*\*Hematologists/oncologists who participate in Highmark's Oncology Management Program (launched in 2011) and adhere to P4 Pathways protocols will be exempt from the prior authorization requirement. However, they will be required to enter notification using the process outlined below.*

### WHAT YOU NEED TO KNOW

- This prior authorization process will apply to all Highmark commercial and Medicare Advantage products for outpatient services. The ordering physician is responsible for obtaining authorization.
- Highmark's Commercial medical policies for Alimta, Aloxi, Erbitux, Neulasta, Paraplatin, Taxol, Taxotere, Treanda, Tysabri and Xgeva have been established or updated to support authorization for medically appropriate use. You can read recent articles about the clinical requirements for these drugs in the June 2014 and August 2014 issues of *PRN*, viewable on the Provider Resource Center, in the *Publications and Mailings* link.

(over, please)



- For Medicare Advantage, these drugs may be approved when used for medically acceptable indications as defined by the Centers for Medicare & Medicaid Services, effective Nov. 3, 2014.
- Please note that claims for Alimta, Aloxi, Erbutix, Neulasta, Paraplatin, Taxol, Taxotere, Treanda, Tysabri and Xgeva regimens that begin on or after Nov. 3, 2014, and for which no authorization is obtained will be denied. Likewise, if notification is required and not submitted, the claim will be denied. The member cannot be billed for the denied claim.
- For a smooth transition to the prior authorization process, you may begin to enter authorization requests on October 20, 2014.
- NaviNet® is the most efficient means of obtaining authorizations (or providing notification, if your practice is exempt).
  - Within the NaviNet *Authorization Submission* transaction, choose the Category (Chemotherapy) and then Service (the drug name).
  - Next, choose the appropriate Referred To provider selection: Provider, Facility or both.
  - Providers will be required to input their patients' height and weight in the History/Symptoms comment field. Height should be entered in inches, followed by the abbreviation 'in.' Weight should be entered in pounds, followed by the abbreviation 'lbs.'
  - Complete additional fields as needed.
- If a Highmark member's treatment with these drugs began prior to November 3, 2014, no prior authorization will be required. However, you do need to notify Highmark using the NaviNet *Authorization Submission* transaction. This will help ensure the claim processes correctly. In the Proposed Date of Service field, enter "11/3/2014." (The system doesn't allow you to enter a past date.) In the Treatment Plan comment field, enter "treatment already in progress."
- For Aloxi, if a Highmark member's treatment began prior to November 3, 2014, prior authorization is required.

Be sure to share this information with your staff who manage authorizations and billing. If you have any questions, please contact your Highmark Provider Relations Representative.