

SPECIAL BULLETIN

FOR PROFESSIONAL PROVIDERS

ORIGINALLY ISSUED MARCH 25, 2015; UPDATED MAY 28, 2015

ATTN: ORDERING PHYSICIANS

EIGHT INJECTABLE DRUGS TO REQUIRE AUTHORIZATION, BEGINNING IN JUNE/JULY 2015

Beginning in **June/July 2015**, Highmark Blue Cross Blue Shield Delaware (Highmark Delaware) will implement a prior authorization process for the eight outpatient therapy infusion drugs that are listed in the following charts. These drugs are sometimes prescribed contrary to evidence-based national prescribing standards. Highmark Delaware's goal is to safeguard our members from inappropriate exposure to these treatments when efficacy is not supported by clinical evidence, as defined by nationally recognized guidelines created by the health care community.

PROCEDURE CODES TO BE IMPACTED 6/1/15

Effective with dates of service of June 1, 2015, and beyond, these five codes will require authorization for Highmark Delaware members:

| Procedure Code: | Description: |
|-----------------|---|
| J0598 | CINRYZE — INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), CINRYZE, 10 UNITS |
| J1290 | KALBITOR — INJECTION, ECALLANTIDE, 1 MG |
| J0597 | BERINERT — INJECTION, C1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS |
| J1744 | FIRAZYR — INJECTION, ICATIBANT, 1 MG |
| J3590 | RUCONEST — UNCLASSIFIED BIOLOGICS |

PROCEDURE CODES TO BE IMPACTED 6/29/15 AND 7/27/15

Effective with dates of service of June 29, 2015/**July 27, 2015**, and beyond, these three codes will require authorization for Highmark Delaware members:

| Procedure Code: | Description: |
|-----------------|--|
| J0256 | INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG (The authorization requirement for this code has been postponed until July 27, 2015.) |
| J0257 | GLASSIA — INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG (The authorization requirement for this code has been postponed until July 27, 2015.) |
| J1300 | SOLIRIS — INJECTION, ECUZUMAB, 10 MG |

WHAT YOU NEED TO KNOW

- This prior authorization process will apply to all Highmark Delaware commercial products. The ordering physician is responsible for obtaining authorization.

(over, please)



(continued)

- Medical policies have been established or updated to support authorization for medically appropriate use. The following policies will be available under the *Medical & Claims Payment Guidelines* link in Highmark Delaware's online Provider Resource Center, as of the corresponding effective dates:
 - Commercial I-122 — Berinert, Kalbitor, Firazyr, Ruconest and Cinryze; effective June 1, 2015
 - Commercial I-126 — Prolastin C, Aralast NP, Zemaira and Glassia; effective June 29, 2015 (The authorization requirement for procedure codes J0256 and J0257 has been postponed until July 27, 2015; therefore, this medical policy won't go into effect or be available online in our Provider Resource Center until July 27, 2015.)
 - Commercial I-130 — Soliris; effective June 29, 2015

Also, be sure to check the member's medical benefits before providing care and services to see if authorization is required.

- Please note that claims for these medications for courses of treatment that begin after the June/July 2015 effective dates and for which no authorizations are obtained will be denied. The member cannot be billed for the denied claim.
- NaviNet® is the most efficient means of obtaining authorizations.
 - Within the NaviNet *Authorization Submission* transaction, choose the Category "Outpatient" and then Service "Planned Medical."
 - Next, choose the appropriate Referred To provider selection: Provider
 - Enter the procedure code.

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