

# SPECIAL BULLETIN

FOR PROFESSIONAL PROVIDERS

JAN. 23, 2015

ATTN: ORDERING PHYSICIANS

## EIGHT CHEMOTHERAPY DRUGS TO REQUIRE AUTHORIZATION, EFFECTIVE MARCH 30, 2015

Effective with dates of service of March 30, 2015, and beyond, Highmark Blue Cross Blue Shield West Virginia will implement a prior authorization process\* for the eight outpatient therapy infusion chemotherapy drugs that are listed in the following chart. These drugs are sometimes prescribed contrary to evidence-based national prescribing standards. Highmark West Virginia's goal is to safeguard our members from inappropriate exposure to these toxic treatments when efficacy is not supported by clinical evidence, as defined by nationally recognized guidelines created by the oncology community.

**\* Note: Hematologists/oncologists who participate in Highmark West Virginia's Oncology Management Program (launched in 2011) and adhere to P4 Pathways protocols won't be required to follow this new prior authorization requirement. However, they will be required to enter notification using the process outlined on Page 2.**

### PROCEDURE CODES IMPACTED

| Procedure Code: | Description:   |
|-----------------|--|
| J0641           | FUSILEV (INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG)            |
| J9047           | KYPROLIS (INJECTION, CARFILZOMIB, 1 MG)                        |
| J9179           | HALAVEN (INJECTION, ERIBULIN MESYLATE, 0.1 MG)                 |
| J9264           | ABRAXANE (INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG) |
| J9306           | PERJETA (INJECTION, PERTUZUMAB, 1 MG)                          |
| J9354           | KADCYLA (INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG)           |
| J9395           | FASLODEX (INJECTION, FULVESTRANT, 25 MG)                       |
| J9400           | ZALTRAP (INJECTION, ZIV-AFLIBERCEPT, 1 MG)                     |

### WHAT YOU NEED TO KNOW

- This prior authorization process will apply to all Highmark West Virginia commercial and Medicare Advantage products for outpatient chemotherapy. The ordering physician is responsible for obtaining authorization. **(over, please)**



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**(continued)**

- Commercial and Medicare Advantage medical policies have been established or updated to support authorization for medically appropriate use. The following policies are currently available under the *Medical & Claims Payment Guidelines* link in Highmark West Virginia's online Provider Resource Center: Fusilev, Commercial I-114 and Medicare Advantage I-114; Kyprolis, Commercial I-41 and Medicare Advantage I-57; Perjeta, Commercial I-40 and Medicare Advantage I-115; Kadcyła, Commercial I-113 and Medicare Advantage I-113; Zaltrap, Commercial I-112 and Medicare Advantage I-112. Starting March 30, 2015, the following policies will be available under the *Medical & Claims Payment Guidelines* link in Highmark West Virginia's online Provider Resource Center: Halaven, Commercial I-119 and Medicare Advantage I-119; Abraxane, Commercial I-65 and Medicare Advantage I-65; Faslodex, Commercial I-123 and Medicare Advantage I-123. (Additionally, the January 2015 edition of *Medical Policy Update* [Highmark West Virginia's new monthly newsletter for medical policy news that will launch this year] will include commercial and Medicare Advantage news about Halaven, Abraxane and Faslodex.) 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 March 30, 2015, and for which no authorization is obtained will be denied. The member cannot be billed for the denied claim.
- For a smooth transition to the prior authorization process, you may enter authorization requests for these medications beginning March 16, 2015, for dates of service of March 30, 2015, and beyond.
- NaviNet® is the most efficient means of obtaining authorizations (or providing notification, if your practice participates in P4 Pathways).
  - 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.'
- If a Highmark West Virginia member's treatment with these drugs began prior to March 30, 2015, no prior authorization will be required. However, you do need to notify Highmark West Virginia using the NaviNet *Authorization Submission* transaction. This will help ensure the claim processes correctly. In the Proposed Date of Service field, enter "3/30/2015." (The system doesn't allow you to enter a past date.) In the Treatment Plan comment field, enter "treatment already in progress."

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.