BlueCross BlueShield of Alabama

An Independent Licensee of the Blue Cross and Blue Shield Association

Provider-Administered Oncology Drug Preauthorization

FREQUENTLY ASKED QUESTIONS

Blue Cross and Blue Shield of Alabama is working with Magellan Rx Management, an independent company that specializes in managing provider-administered drugs covered under the medical benefit. Magellan Rx has served as our Medical Drug Benefit Manager since 2019 and oversees our Provider-Administered Drug Review (PAD) program for non-oncology drugs. **Oncology drugs will be transitioned to Magellan Rx effective January 1, 2024**.

1 What does this transition affect?

Effective January 1, 2024, management of oncology drugs under the PAD program that are covered by the medical benefit will transition to Magellan Rx, the current vendor for the management of our provider-administered non-oncology drugs.

2 Why transition to Magellan Rx?

By transitioning the management of provider-administered oncology drugs to the same vendor that manages non-oncology drugs, we are able to streamline our precertification, peer-to-peer and appeal processes, as well as expedite our claims processing.

3 Will this affect members?

- No member impact is anticipated.
- Existing drug authorizations will remain in place for the duration authorized.
- Providers will need to obtain new drug authorizations through Magellan Rx upon expiration of existing authorizations.

4 Will members be notified of this change?

Since there is no expected impact to members, members will not be notified of this change.

5 How will this change benefit providers?

- Administrative burden is lessened by not having to follow a specific pathway.
- Providers will have a single portal for all provider-administered drug authorizations.
- Providers will be able to view authorizations through *ProviderAccess* beginning January 1, 2024.

6 What important information should providers know before the upcoming transition?

- Existing drug authorizations received through the current vendor before January 1, 2024, will remain in place for the duration authorized. Providers will need to obtain new drug authorizations through Magellan Rx upon expiration of existing authorizations.
- For any authorizations submitted after January 1, 2024, providers will be required to submit new drug authorizations through Magellan Rx via the online portal (accessible through Eligibility & Benefits within ProviderAccess) or by phone at 1-800-424-8270.
- Faxed requests will not be accepted.
- Urgent requests must be called in to Magellan Rx at 1-800-424-8270. Do not submit urgent requests online.
  Note: An urgent request is defined as: “A request that is received from a provider and/or member requesting a preauthorization review in which using the standard preauthorization determination process could seriously jeopardize the life, or health of the member, or the ability of the member to regain maximum function, or in the opinion of the provider would subject the member to severe pain that cannot be adequately managed without the medical pharmaceutical treatment being requested.”
- The medical drug policies that have been used by the current vendor are the same policies that will be used by Magellan Rx in the management of oncology drugs.
- Magellan Rx will implement post-service claim edits to ensure the appropriate units and frequency granted in the precertification are being submitted by the provider.
  - Any adjustments to dosing amount or frequency should be communicated with Magellan Rx via a phone call to ensure claims will not be inappropriately denied. Call 1-800-424-8270 for these adjustments.

- With this transition to Magellan Rx, the Mandatory Drug Wastage Program will be implemented for select oncology drugs.
  - The Mandatory Drug Wastage Program is managed by Magellan Rx and identifies specific authorizations for a targeted list of drugs to determine if rounding the dosage down (within 10% of requested dose) will allow for more efficient vial size utilization and result in drug cost savings, if clinically appropriate. This program is designed to reduce waste, improve efficiency of healthcare and provide high quality of care for members.

7 Will additional drugs require precertification?

Yes, precertification will be required for the following drugs effective January 1, 2024:

- Jevtana (cabazitaxel)
- Halaven (eribulin mesylate)

Members who have received these therapies in 2023 will be allowed to continue with treatment through March 31, 2024. However, precertification for members to continue these therapies will be required beginning April 1, 2024. Affected members and prescribing providers will be notified via letter about this change.

8 Will post-service claim edits be applied to oncology medications?

- Yes, post-service claim edits will be applied to ensure the appropriate dose and frequency that is approved in the precertification is being administered.
- If a dose or frequency changes during the course of therapy, providers should contact Magellan Rx at 1-800-424-8270 to update the authorization in order to receive appropriate reimbursement.

9 How will oncology appeals be handled for precertifications prior to January 1, 2024, through the current vendor?

- Open cases initiated prior to January 1, 2024, through the current vendor will be reviewed per standard process.
- Blue Cross allows reconsiderations within 10 calendar days of precertification denials, so peer-to-peer reviews will take place until January 10, 2024.
- Providers will retain access to current vendor cases created prior to January 1, 2024, via the portal for three years (through December 31, 2026).