BlueCross BlueShield of Alabama

## PROVIDER-ADMINISTERED DRUG REVIEW FREQUENTLY ASKED QUESTIONS/ANSWERS

The following FAQs apply to oncology and non-oncology provider-administered drugs.

1. Why are precertifications required?	<ul> <li>Blue Cross and Blue Shield of Alabama requires precertifications for Provider-Administered drugs because they provide:</li> <li>More consistent application of medical policy requirements to identify inappropriate use, inappropriate dosing, safety concerns or other coverage issues before the drug is administered.</li> <li>Improved member safety, less waste and reduced costs associated with inappropriate therapy.</li> <li>Earlier notification of coverage issues, which assists in delivering superior customer service and meeting high standards of accreditation.</li> </ul>
2. Does precertification apply if I buy and bill?	Yes. Precertification must be obtained whether the drug is accessed through home infusion, a specialty pharmacy or via buy and bill.
3. Who reviews the precertification requests and provides authorization?	Precertification reviews for Provider-Administered drugs are performed by Prime Therapeutics for oncology and non-oncology drugs. The complete list of drugs requiring a precertification and their policies can be found at <b>AlabamaBlue.com/Pharmacy</b> under "Provider-Administered Drug Policies."
4. If my patient is already receiving a Provider-Administered medication, do I have to request a precertification?	Yes. Provider-Administered drug precertification is required for existing users as well as new starts.
5. How do I submit a request for a precertification?	The preferred method for submission is through the link in <i>ProviderAccess</i> Eligibility and Benefits on our website, <b>AlabamaBlue.com</b> . See "How to Initiate a Provider-Administered Drug Precertification."
6. Why is submission through the online portal preferred?	The online portal is designed to obtain all information necessary for review on initial submission, reducing any back and forth requests for additional information from your office. Precertifications can be automatically approved based on the information provided.
7. What if no precertification is requested or my precertification request is denied and the claim is submitted?	The claim will be denied for lack of precertification.

8. What do I do if my precertification is denied?	Peer-to-peer consultations are available as well as an appeals process.
9. How do I initiate a peer-to-peer consultation?	Providers can request a peer-to-peer review by calling the number listed on the denial letter within 10 days of receipt of an adverse benefit determination. Providers will be contacted within one business day to schedule the consultation. For additional appeal options, see our provider website, <b>AlabamaBlue.com/Providers</b> , and select "Provider Appeals" under the Guidelines and Policies heading.
10. How long will it take to process my precertification request?	Precertifications can be auto approved based on the information provided. If more information is needed, the review will pend and will go to Prime for further review. Prime may need to reach out to the provider for additional information to complete the review. Once all information is received, standard precertification requests are generally processed within three to four days.

For urgent or expedited requests call Prime at 1-800-424-8270

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