

Provider Update



Prior Review Now Required for Three Infusible Medications: Remicade, Orencia and Rituxan

To maintain quality, cost-effective health care for our members, Blue Cross and Blue Shield of North Carolina (BCBSNC) is expanding its prior review program to include three infusible medications; Remicade, Orencia and Rituxan.

Prior review is the process by which BCBSNC reviews the provision of certain medical services and medications, prior to their being provided, and based on supporting health care management guidelines. These reviews encourage the appropriate use of a prescribed medication and are based on the drug manufacturers' guidelines and supporting medical literature. The prior review program requires that BCBSNC obtain the diagnosis and certain necessary clinical information from the prescribing doctor, before the drug in question is approved for payment.

Effective July 1, 2008, the prior review program will include Remicade, Orencia and Rituxan. Remicade and Orencia will require prior review for all members, while the requirement for Rituxan will be only for the treatment of members having rheumatoid arthritis.

Prior review requests should be directed to BCBSNC Member Health PartnershipsSM Operations at **1-800-672-7897**. Details about the medical policy and printable fax forms that can be used to request prior review are available on our Web site at <http://www.bcbsnc.com/providers/ppa/prescriptions.cfm>.

For any member who has received one of these three drugs between December 1, 2007 and June 30, 2008, an authorization will be given without review, for the period of time specified in BCBSNC's medical policy for that specific drug. Authorization time-periods for each of the drugs are as follows: (1) Remicade, five years, (2) Orencia, five years and (3) Rituxan, six months. After the time period has passed, the prescribing physician will need to request prior review using the normal prior review procedures.

Prior Plan Approval – Now: Prior Review

Prior Review is the replacement name for prior plan approval. Prior Review is the process by which BCBSNC reviews the provision of certain medical services and medications against health care management guidelines prior to the services being provided. Inpatient admissions, services and procedures received on an outpatient basis, such as in a doctor's office, and prescription medications may be subject to prior approval. Prior approval is not required for emergency instances when the absence of medical attention could jeopardize a person's life, health, or ability to regain maximum function, or could subject a person to severe pain.

The Prior Review list is maintained and available on the BCBSNC Web site at <http://www.bcbsnc.com/providers/ppa/services.cfm>. The Prior Review list is considered as notice of a change. It's important to check the list quarterly. The list is simple to use, just go to *find* and type in the code that you want to know about. BCBSNC updates the list in advance to allow 90 days notice for existing codes. However newly created codes may go directly to the list without 90 days notice. The ineffective date tells you the date that a code was removed from the prior review list. It's important to note that a claim submitted for up to 18 months past the ineffective date, for services rendered prior to that date, will be subject to prior review.

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