EmblemHealth Injectable Drug Utilization Management Program Implementation
Frequently Asked Questions

Introducing EmblemHealth’s Injectable Drug Utilization Management Program

On June 1, 2012, EmblemHealth begins a utilization management program for injectable drugs ordered or administered by practitioners in their offices, or in hospital outpatient or ambulatory surgery center settings. Magellan Rx will provide prior approvals for these injectable drugs. These drugs, which include, but are not limited to, medications for chemotherapy and rheumatoid arthritis, are covered as part of our members’ medical insurance benefit. The purpose of this program is to manage specific drugs requiring administration by health care professionals, while ensuring quality care and affordability for our members.

Members often need specialized medications for complex conditions, such as cancer, rheumatoid arthritis or multiple sclerosis, and need to see a doctor to have these drugs administered. Most of the time providing the specialized medication is the appropriate course of action. For the vast majority, requests for prior approval of injectable drugs are granted within 24 hours. There are times, however, when feedback from another expert may offer an alternative, and perhaps safer, course of treatment for your patient, our member.

General Program Information

What is Magellan Rx?

Magellan Rx is a subsidiary of Magellan Health Services and is a leading injectable benefits management company, with expertise in controlling specialty pharmaceutical costs for managed care organizations. Last year, Magellan Rx’s Medical Pharmacy Solutions program received full health utilization management accreditation from URAC.

The Magellan Rx Web site is ih.magellanrx.com. To access information for medical professionals, select the “Providers and Physicians” icon on the Web site’s home page.

Magellan Rx will provide prior approval for injectable drugs ordered or administered by practitioners in their offices or in hospital outpatient or ambulatory surgery settings. The drugs that will require prior approval include, but are not limited to, medications for chemotherapy and rheumatoid arthritis, and are covered as part of our members’ medical insurance benefit.
What members are covered by this program?
Effective June 1, 2012, the program will apply to:

- GHI HMO/POS
- Commercial plans underwritten by HIP (HIP HMO/POS/EPO/PPO, CompreHealth EPO/HMO and Vytra HMO)
- HIP state-sponsored programs (Medicaid, Family Health Plus and Child Health Plus)
- EmblemHealth Medicare HMO (underwritten by HIP) EmblemHealth Medicare PPO (underwritten by GHI)
- GHI and HIP FEHB plans
- Vytra ASO account members

Also included are members who have elected to obtain care from one of our physician medical groups:

- Manhattan’s Physician Group
- Preferred Health Partners (Brooklyn)
- Queens–Long Island Medical Group
- Staten Island Physician Practice

Exceptions: Commercial plans underwritten by Group Health Incorporated (EmblemHealth EPO/PPO, GHI EPO/PPO) and the NY Bridge Plan (also underwritten by GHI), and HIP members assigned to a Montefiore (CMO) or Health Care Partners (HCP) PCP, are excluded from this program. The Managing Entities are indicated on the member ID cards and on the Member Details page of the Eligibility/Benefits lookup feature on www.emblemhealth.com.

What is the impact to member benefits?
The subscriber and their dependents will continue to receive the same care and access to medications that are currently available to them as part of their Medical Benefit. As with all services, they must be medically necessary to be considered a Covered Service.

Registration and Use of Magellan Rx

How do I obtain a user ID and PIN for Magellan Rx?
You may register online at Magellan Rx. Select New User Request Access. Beginning May 24, 2012, the Web administrator for your practice/facility can request a unique user name and password from Magellan Rx.

Although you may register for Magellan Rx on May 24 2012, the Web site is not operational for the processing of prior approval requests until June 1, 2012, for drugs to be administered June 1, 2012, and after.

The following information is required:
- Practitioner or facility name
- Tax ID number
- E-mail address
- In general, allow up to two business days for information regarding user access. To facilitate the start of the program Magellan Rx is pre-registering practitioners so the turnaround time to obtain the user/PIN number will be faster.

- Your Web administrator is then able to set up a user name for each Magellan Rx Web site user in the practice.

- The Magellan Rx Web site cannot be used for retrospective or expedited approval requests. Those must be processed directly through the Magellan Rx call center at 1-800-424-4084, Monday through Friday, 8 am to 6 pm (EST).

What do I do if I cannot see one of the practitioners in our practice listed on Magellan Rx? Who do I contact?

- Send a secure message to Magellan Rx.
- If it is an urgent request, call 1-800-424-4084.

If all practitioners in our practice share a Tax ID number (TIN), is more than one user ID and PIN needed?

No. One administrator will be able to conduct transactions for every network practitioner linked to the practice’s TIN. Magellan Rx’s system will present them with a drop-down menu so they can select the correct provider to link to the transaction.

We are a multipractitioner practice, but we each bill under our own Tax ID number (TIN). How can we have our office staff registered at Magellan Rx with the fewest user ID and PINs?

A request for a special setup can be submitted through Magellan Rx, at ih.magellanrx.com, via the Help section or New User Request Access link on the home page.

Prior Approvals

Prior approval procedures
You will have the opportunity to obtain upfront prior approvals to help streamline medication administration and service.

- If a prior approval request does not initially have sufficient evidence to be approved, it is pended for Initial Clinical Review by Magellan Rx Clinical Pharmacists

- If the Initial Clinical Reviewer (ICR) finds the request meets clinical criteria, they can approve the prior approval request.

- If the ICR cannot find sufficient evidence to approve the prior approval request, they will schedule a peer-to-peer conversation with an Magellan Rx Peer Clinical Reviewer (PCR), who is a board-certified physician. Magellan Rx’s PCR will render the final determination based on the information received.

Note: Magellan R’s Initial Clinical Reviewers are clinical pharmacists.
How do I contact Magellan Rx to request a prior approval or reapproval?
1. Visit [Magellan Rx secure Web site](#).
2. Call Magellan Rx directly at [1-800-424-4084](tel:1-800-424-4084), Monday through Friday, 8 am to 6 pm (EST). Multiple requests can be handled with one call.

To expedite prior approvals, you should have the following information:
- Requesting provider name, address and office telephone number
- Provider of service name, address and office telephone number (if different from requesting provider)
- Member name and ID number
- Requested medical pharmacy drugs
- Anticipated start date of treatment
- Member height, weight and body surface area
- Dosing information and frequency
- Diagnosis (ICD-9 code)
- Past therapeutic failures

If requested by Magellan Rx, be prepared to fax the following documents to Magellan Rx’s HIPAA-compliant fax at [1-888-656-6671](tel:1-888-656-6671):
- Clinical notes
- Pathology reports
- Relevant lab test results

**Please note:** It is the responsibility of the referring provider to obtain the prior approval before services are provided. If the ordering provider and the service provider are different, the service provider is responsible for ensuring that the appropriate approval is on file by following the steps outlined in the [Quick Reference Guide](#).

**Will I be able to see Magellan Rx’s prior approval determinations on www.emblemhealth.com?**
Magellan Rx’s prior approval determinations do not display on [www.emblemhealth.com](http://www.emblemhealth.com).

**Will I be able to speak directly to the clinician making a determination on a prior approval request?**
Yes. If there is a question regarding a particular patient’s use of a medication, Magellan Rx clinicians are available, as a resource, to consult with you.
- In most cases, approvals can be made based on the initial information you provide by the requestor directly through Magellan Rx.
- If there is a question or concern regarding the information provided, the case will be sent to a pharmacist who will reach out to you or the requesting practitioner.
- If you and clinician cannot agree on the appropriate course of treatment with respect to the requested drug, the case will be escalated to an Magellan Rx physician.
- Magellan Rx’s physician will discuss the case with you and ideally you and the Magellan Rx physician will come to a mutual agreement on an appropriate course of action.
What is the time frame for decisions?
Urgent requests will be completed within 24 hours of receiving the request. Non-urgent requests will be completed within three business days of receiving all necessary information. In most cases, Magellan Rx can review and determine prior approvals during the initial telephone call if all the information needed to process a request is provided. The review and determination process may take longer if member or practitioner eligibility verification is required, or if the request requires additional clinical review.

To what place(s) of service will the prior approval apply?
For services rendered on or after June 1, 2012, Magellan Rx will require prior approval for the drugs identified below when administered in a practitioner’s office (POS 11) in an outpatient hospital clinic (POS 22) or in an ambulatory surgery center setting (POS 24). Prior approval from Magellan Rx is not required for medications administered at home, during emergency room visits, observation unit visits or inpatient stays.

Is a prior approval needed if I want to order any of these medications for a patient to administer at home?
No prior approval is required from Magellan Rx. However, prior approvals for home infusion services may be required through EmblemHealth. Consult the Care Management chapter of the EmblemHealth Provider Manual under the Prior Approval Procedures section.

What is covered by the prior approval for practices with multiple offices?
If you see a member in more than one office, you will not need to call for an additional prior approval. However, if the other office location bills with a different Tax ID number (TIN), contact Magellan Rx to have the prior approval apply to all applicable locations.

Is the prior approval physician-specific for group practices?
Magellan Rx’s approval links practitioners by their TIN.

Application to Network Practitioners:
When the approvals are fed back into EmblemHealth’s claims system, they will be attached to all network practitioners who share that TIN.

Application to Out-of-Network Practitioners:
If an out-of-network practitioner shares the treating physician’s TIN, the claim will be denied unless the practice contacts EmblemHealth or the assigned managing entity to obtain prior approval for the out-of-network practitioner to treat the member. If Magellan Rx has already issued an approval, the prior approval will also be updated to apply to the out-of-network practitioner.

Will Magellan Rx take the prior approval request from the outpatient hospital clinic rather than from a clinician?
Magellan Rx can obtain the prior approval request from the referring specialist or the outpatient clinic. However, the requestor will need to identify the hospital as the provider of service.
If a specialist orders a drug and gets prior approval and then the drug is administered in, and billed for, by the outpatient clinic, will the claim get paid?
The outpatient clinic will only get paid if the specialist selected that clinic as the servicing provider or if the specialist and the clinic share the same TIN in our claims system.

If a specialist orders the drug and gets prior approval when the drug is to be administered in, and billed for, by the outpatient clinic, how should the clinic verify the PA is on file with Magellan Rx?
The outpatient clinic will receive a copy of the approval letter and view the status of the approval via Magellan Rx, or call Magellan Rx at the toll-free number 1-800-424-4084.

**Requesting Prior Approval**

**When the Servicing Provider and Ordering Provider Are Different**
The following section provides information on how to select a provider when services will be performed in an outpatient clinic or ambulatory surgery center.

If you will not directly be providing the injectable and wish to arrange for your patients to receive services from an outpatient setting:
To enter a request for a prior approval, you must be signed into Magellan Rx and select the “Providers and Physicians” icon to initiate the prior approval process.

- Once you have completed entering your patient’s information, at the provider screen, select yourself or your group’s name.
- Answer “Yes” to “Will an alternative servicing provider be utilized for this request?”

When you answer “Yes,” you will be prompted to search for and select a servicing provider. You may search for the provider or outpatient facility by name or ZIP code. The more specific you are, the more quickly and accurately the system will return your search results.

- Select the appropriate provider from the results of your search and continue.

Servicing providers must check the Magellan Rx to ensure that a prior approval has been obtained prior to providing services. The following provides information on how you as a servicing provider can obtain information about the prior approval.

**To validate the prior approval number, perform the following steps:**

- To view a prior approval, you must be signed into Magellan Rx at ih.magellanrx.com and select the “Health Plan Partners” icon to view an existing prior approval.

- Select “View Authorizations” and enter either the patient’s first and last name or their member identification number. You also have the option of viewing all of the prior approvals created and associated with your TIN.

- Check the prior approval for the following:
  - The member name and ID number
  - That you are listed as the servicing provider and that the correct facility location is on the prior approval
What is the validity period for prior approvals? Many regimens are for six months or more, can the approval be granted for the entire regimen?
The approval duration or validity period depends on the medication. For chemotherapy medications, the approval duration will be six months. Because existing conditions, such as lab values and chemotherapy regimens, can change more frequently, the validity period for supportive medications will be less, depending on the class of drugs.

If I have an outstanding valid referral at www.emblemhealth.com, can I use up the visits requested for that member’s course of treatment after June 1, or do I need to request prior approval for those injections too?
If the member is in the middle of a course of treatment on the start date of the program, e.g., a valid referral has already been obtained or claims for drugs already submitted and paid, then Magellan Rx will not conduct a full medical necessity review. However, to ensure that claims for dates of service that occur on or after June 1, 2012, are paid, you or the servicing provider must contact Magellan Rx to obtain a prior approval number.

If the member has already received prior approval, is there any mechanism in place for obtaining an extension or new approval for continued treatment?
For most drugs, you can call for renewal or an extension of an approval up to thirty (30) days before the expiration of the approval. Since the approval duration is only sixty (60) days in the case of Procrit® and Aranesp®, requests are accepted fifteen (15) days before the expiration date.

Once prior approval is given, can a request be made to change the dose or frequency before the approval duration has expired?
After an approval is generated, a change in dose and/or frequency can be submitted. The clinical staff will review the request and render a decision.

Can the length of the prior approval be negotiated or is it pre-planned?
The approval duration or validity period of a prior approval is dependent on the medication and is not negotiable.

Can one prior approval include multiple drugs? Or will I have to obtain a prior approval for each drug?
There is one prior approval number per drug, but Magellan Rx can process multiple requests during the same Web session or telephone call.
Specialty Injectable Drugs Requiring Prior Approval

What medications need prior approval/reapproval?
The codes shown on the table below require prior approval by Magellan Rx as part of EmblemHealth’s Injectable Drug Utilization Management Program. This list is subject to change as new treatment information becomes available. Other drugs may require prior approval from EmblemHealth. Please consult the Care Management chapter of the EmblemHealth Provider Manual for a listing of medications requiring prior approval through Express Scripts. The “Pharmacy Benefit Design,” “Nonpreferred Drugs” or “Medicaid and Family Health Plus” sections of the Pharmacy Services chapter provides guidance on prior approvals for medications from EmblemHealth.

Can I assume that if the drug isn’t specifically listed, I may follow standard protocols?
Yes.

### Specialty Injectable Drugs Requiring Prior Approval

**List is current as of June 1, 2012**

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<thead>
<tr>
<th>J-Code</th>
<th>IVIG Drugs</th>
<th>J-Code</th>
<th>Brand Name</th>
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<td>J1566</td>
<td>Carimune® NF and Gammagard S/D</td>
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<td>Zometa®</td>
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<th>J-Code</th>
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<td>Remicade®</td>
</tr>
<tr>
<td>J3488</td>
<td>Reclast®</td>
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EmblemHealth Specialty Pharmacy Program
If you currently obtain replacement drugs from Magellan Rx under the EmblemHealth Specialty Pharmacy Program, you must use the Injectable Order or Chemo Order fax forms to obtain prior approval and drug replacement of the program-related medications in one transaction. You will continue to obtain replacement drugs not part of the UM program by following the same procedures for the Specialty Pharmacy Program as they now do.

Some of these drugs are on your Specialty Pharmacy Program list. Which protocol should I follow?
If the drug is on the Specialty Injectable Drug Prior Approval List for the utilization program managed by Magellan Rx, prior approval will be required from Magellan Rx. If you are looking to use the Specialty Pharmacy Program to obtain replacement medications from Magellan Rx, special fax forms are available to enable you to submit a request for prior approval and drug replacement in one transaction. If the provider intends to obtain the drug from another contracted vendor, e.g., BioScrip/Curascript, you should use Magellan Rx or call Magellan Rx to request a prior approval. Once a prior approval has been issued, an order for the drugs may be placed with the Specialty Pharmacy Program.

Role of the Primary Care Physician
Until now, PCPs have been required to make a referral for chemotherapy, which included the drug. Is the PCP still responsible for making a referral for chemotherapy?
PCPs will still be required to make the referral to the specialist or outpatient hospital clinic. However, the automatic approval for injectable drugs will no longer be included with that referral. A separate prior approval request must be obtained from Magellan Rx by the specialist, outpatient hospital clinic or ambulatory surgery center before administering one of the drugs on the Specialty Injectable Drug Prior Approval List.

Will the PCP be responsible for making the prior approval request?
PCPs are not required to make the prior approval request. The specialist, outpatient hospital clinic or ambulatory surgery center is responsible for obtaining a prior approval before administering the drug. Status of a prior approval request must be obtained directly from Magellan Rx. This information will not be posted on www.emblemhealth.com.

If a PCP’s office does call to make the prior approval request, will Magellan Rx process the request or will the request be denied because the PCP is not the treating practitioner?
We encourage our PCPs to coordinate their assigned members’ care. However, the prior approval must be obtained by the specialist, outpatient clinic or ambulatory surgery center.

Who is considered the “provider” for outpatient clinics?
Approvals will be issued to the hospital if the hospital is selected as the alternate servicing provider. This approval will cover both the technical, as well as the professional, claims associated with the service. See the Quick Start Guide on how to set up services to an alternate servicing provider.
Will EmblemHealth’s formularies show Magellan Rx prior approval requirements?
According to the Pharmacy department, formularies will not show Magellan Rx prior approval requirements.

Claims

How will this new program affect claims?
Magellan Rx has only been engaged to oversee utilization management. Claims should be submitted to the same addresses or, if submitting electronically, using the same Payor ID you use now. Instructions for submitting claims are available in the EmblemHealth Provider Manual.

Claims submitted without obtaining a required prior approval will be denied.

Will Magellan Rx’s prior approval be fed into the claims system or do I need to include a prior approval number on my claims?
Magellan Rx’s prior approval determinations will be loaded into our claims system on a daily basis and will be recognized and processed by the claims system regardless of whether the provider includes the approval number on the claim.

If I receive a prior approval, treat the member and submit the claim electronically on the same day, is there a chance the claim could be denied for having no prior approval because of the time it takes for Magellan Rx to upload the determination to the claims system?
Prior approval determinations will be loaded into EmblemHealth’s claims system on a daily basis. Please wait 48 hours before submitting your claims.

Who will be responsible for payment if the ordering provider fails to obtain the appropriate prior approval?
The claim for the servicing provider will deny and the member should be held harmless. Servicing providers need to make sure a PA is on file with Magellan Rx before administering the drugs to members.

How do I bill for drug waste?
For certain drugs, Magellan Rx’s automated prior approval system calculates dosages based on the member’s actual weight or body surface area without regard to vial size. There will be cases where not all of the drug in a vial will be used for the same member. Follow these guidelines when billing for drug waste:

- If the remainder of a single-use vial or other single-use package must be discarded after administering a dose/quantity of the drug to a member, the claim should be submitted with two lines.
- The portion of the drug that was administered should be submitted on one line and the JW modifier must be submitted on a separate claim line with the discarded amount.
- The JW modifier should be used only on the claim line with the discarded amount.

Can Magellan Rx accept an electronic medical record (EMR)? EMR functionality does not exist at this time.
Can Magellan Rx accept a 278 HIPAA transaction to request a prior approval? This functionality does not exist at this time.

Appeals

What do I do if Magellan Rx denies a request and I decide to dispute the decision? Before a final decision is made, you will have an opportunity to speak with a pharmacist and with a physician, as well as submit relevant medical records. If you still disagree, you may exercise your rights as outlined in the EmblemHealth Provider Manual. Commercial, Medicaid and Medicare members have different appeal rights, which are outlined in separate dispute resolution chapters.

You or the member may file a clinical appeal with EmblemHealth according to the instructions that accompany the denial.

If Magellan Rx denies my request, but I and my patient still want to use the drug anyway, what are our options?

1. You or the member may file a clinical appeal with EmblemHealth according to the instructions that accompany the denial.
2. Before the drug is administered, you and the member may enter into a written agreement that the member will pay for the cost of the drug and its administration. If this option is chosen, you and the member must sign an agreement that explains clearly what service is being provided and what the associated costs will be.

Who can I contact for more information? You may go to www.emblemhealth.com/MagellanRx for full program information and to ask additional questions, see the EmblemHealth Provider Manual, or you may sign in to use the EmblemHealth Message Center.

Clinical Criteria

Are the medical policies Magellan Rx follows available online? If not, can I request a copy? Magellan Rx follows EmblemHealth’s medical policies, which are included in EmblemHealth’s medical policies or can be found in Clinical Corner.

Are pathology reports required for Herceptin®, Vectibix® or Erbitux®? No, a copy of the patient’s pathology report is not required. A verbal indication is acceptable at this time.

What are the approved chemotherapy regimens for Aloxi®? Highly emetogenic drugs approved for Aloxi are: cisplatin, mechloretamine, streptozocin, cyclophosphamide, carmustine, dacarbazine, dactinomycin, doxorubicin, epirubicin and ifosfamide.
What is the hemoglobin level requirement for an erythropoietin drug to be approved for chemotherapy-induced anemia?

- For cancer and anemia associated with chronic renal failure (non-dialysis), the hematocrit level must be < 30% or hemoglobin < 10g/dl.
- For myelodysplastic syndrome, anemia associated with chronic renal failure in dialysis patients, multiple myeloma, anemia associated with hepatitis C and anemia associated with rheumatoid arthritis, the hematocrit level must be < 33% or hemoglobin < 11g/dl.
- For anemia with HIV, the hematocrit must be < 36% or hemoglobin < 12g/dl.
- For reduction of allogeneic blood transfusion in surgery patients, the hematocrit must be > 30% but <= 39 or the hemoglobin > 10g/dl or <= 13g/dl.