### Medical/Specialty Pharmacy (Rx) Drugs Requiring Prior Auth

**January 2020**

Florida Blue requires prior authorization for a wide range of drug services when being processed through the Medical benefit through various Utilization Management (UM) Programs and/or when prior auth required for the Member's product.

For the products and UM Programs that require prior authorization for the listed drugs, a separate review is NOT required for the administration/supportive services unless separately identified.

*Example 1:* Oncology drug, Yervoy (J9228) requires prior auth listed below which the corresponding administration CPT code, 96413, would be identified as

*Example 2:* Eye injection, Lucentis (J2778) requires prior auth listed below which the corresponding administration CPT code, 67028, would be identified as

#### Requesting Prior Authorization for Medical/Specialty Pharmacy (Rx) Drugs

Medical/Specialty Pharmacy (Rx) drug prior authorization requests are handled through different Florida Blue/Vendor entities based upon various circumstances. This section will provide guidance with identifying where the drug review must be submitted when processed through the member's Medical benefit.

The following information will need to be determined in order to identify the Florida Blue/Vendor Entity that will perform the review (Prior Authorization/VPSS) for the Medical/Specialty Pharmacy (Rx) Drugs:

- Specific Drug
- Member Product Type (Listed below)
- Place of Service
- Rendering Entity Participation Status
- Rendering Entity (Entity Billing Drug)

<table>
<thead>
<tr>
<th>Member Product Type</th>
<th>Entity Billing Drug</th>
<th>Where to Submit Medical/Specialty Rx Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEP</td>
<td>FL Physician and FL Outpatient Facilties</td>
<td>Advanced Benefit Determination is available for select services; see our Voluntary Predetermination for Select Services in the Utilization Management section.</td>
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<tr>
<td>FEP/SAO</td>
<td>Drugs ordered through Pharmacy Provider (just in time/'drug replacement')</td>
<td>Prior approval required for certain medications. Refer to Caremark (Pharmacy Benefit Manager for FEP &amp; SAO) for a current Rx drug prior approval list.</td>
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<tr>
<td>All**</td>
<td>Drugs included in PADP Drug list (identified 'x' within PADP column) <strong>not</strong> ordered through Caremark, Prime Specialty Pharmacy, or CareCentrix</td>
<td>Magellan Rx Management's provider self-service at <a href="http://ih.magellanrx.com">http://ih.magellanrx.com</a> and click on the physician tab. and click on the physician tab. Phone# (800) 424-4947.</td>
</tr>
<tr>
<td>All</td>
<td>Drugs <strong>not</strong> included PADP Drug list and <strong>not</strong> ordered through Caremark, Prime Specialty Pharmacy, or CareCentrix</td>
<td>Submit authorization requests electronically through Availity or contact Florida Blue using Blue Express, our automated phone system.</td>
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<tr>
<td>All</td>
<td>Home Health, Home Infusion*, or Ambulatory Infusion Suite (AIS) participating within CareCentrix (CCX) Network</td>
<td>Review coordinated with CareCentrix (CCX) Phone# (877)561-9910 Fax#(877)627-6688</td>
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<td>All</td>
<td>Caremark Specialty Pharmacy*</td>
<td>Caremark Specialty Pharmacy Services</td>
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<td></td>
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<td>All Products</td>
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<tr>
<td></td>
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<td>Phone: (866) 278-5108</td>
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<td>Fax: (800) 323-2445</td>
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<td>FB Comm U65</td>
<td>Prime Specialty Pharmacy*</td>
<td>Prime Therapeutics Specialty Pharmacy (Prime Specialty Pharmacy)</td>
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<tr>
<td></td>
<td></td>
<td>Phone: (877) 627-MEDS (6337)</td>
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<td></td>
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<td>Fax: (877) 828-3939</td>
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<tr>
<td>Part D (Med Adv)</td>
<td>Retail Pharmacy/ Infusion Pharmacy (Home Setting)</td>
<td>Prime Therapeutics LLC</td>
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<td>Phone: (800) 926-6565</td>
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<td>Fax: (800) 693-6703</td>
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<td>***FB PBM (U65 plans)</td>
<td>Drugs identified as 'Self-Administered' that are not ordered through Caremark or Prime Specialty Pharmacy</td>
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<td>Phone: (877) 627-6337</td>
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<td>Fax (877) 828-3939</td>
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* Refer to the Remote Provider section of the Provider Manual for drug supplier billing guidelines to determine if “Local Plan” would be identified as Florida Blue

**Includes: BlueOptions, BlueChoice, BlueSelect, BlueCare, My Blue, State Account Employees, Medicare Advantage PPO & HMO, Traditional, Miami-Dade Blue,

***FB PBM - excludes State Account Employees, FEP (Federal Employee Program), and all non-standard plans with pharmacy benefit carved out.

### Identifying Product/ Plans that Require Prior Authorization

Member's products and coverage vary based upon the policy type and benefits. All services must meet the definition of medical necessity as outlined in the Member's benefit contract. Select benefit types enforce prior authorization to ensure the services align with the medical necessity criteria before the services are rendered, while other benefits verify the medical necessity criteria through post-service or concurrent review.

For products that require a prior authorization, failure to obtain an authorization prior to the service being rendered may result in the services (and supportive services) being denied which will apply the financial liability to the member/ provider depending upon the contract arrangements.

**Below are the standard product types that require a prior authorization for the Medical/Specialty Pharmacy (Rx) Drugs:**

- BlueCare HMO
- My Blue*
- Medicare Advantage HMO*
- BlueSelect (Group & Individual plans)
- BlueOptions ACA Plans (Group & Individual plans)
- Medicare Advantage PPO
- BlueChoice Group ACA Plans *(effective 4/1/2016)*
- SimplyBlue Group

* Prior Authorization required in addition to referral when applicable
NOTE: Products that do not require prior authorization for the listed drugs are eligible for a Voluntary Predetermination of Select Services.

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<th>HCPCS/CPT</th>
<th>DRUG NAME</th>
<th>GENERIC/ALTERNATE DRUG NAME</th>
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<td>PEGYLATED INTERFERON ALFA-2A</td>
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<td>SAD**</td>
<td>01/01/2016</td>
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<td>TESTOPEL</td>
<td>TESTOSTERONE PELLETS</td>
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<td>MIFEPRISTONE</td>
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<td>S5000*</td>
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</tbody>
</table>

* new drugs approved by FDA may **not** be listed but could be subject to prior authorization
** self-administered drug coverage has limited benefits through the medical benefit
*** Covered as Self-Administered or Provider-Administered Specialty drugs

NOTES:
1. Drugs listed may not be covered by the member's benefits. Benefits vary by plan, so benefits need to be verified prior to providing services.
2. Based on new codes being assigned to drug(s), search by HCPCS or CPT code and/or Drug Brand Name