

Reminder: Site of Care Review for Select Non-Oncology Physician-Administered Drugs Begins November 11, 2019

Effective November 11, 2019, for members whose benefit plan includes comparative effectiveness within the definition of medical necessity, Florida Blue is initiating a site of care review as part of our prior authorization process for select non-oncology medications. If a Florida Blue member does not meet the established criteria for continued administration at an outpatient hospital facility, an alternative site of care will need to be used.

This change is to ensure your Florida Blue patients receive appropriate and safe administration of medications in the most cost-effective location. Florida Blue patients receiving infusions in their home, non-hospital-affiliated ambulatory infusion center or physician's office will **NOT** be affected.

These alternative sites of care are all well-accepted locations for medication-infusion therapy and may offer your patients these benefits:

- Lower out-of-pocket costs
- Shorter driving distance
- More convenience (shorter wait times in infusion suites or privacy of their own homes)
- Ability to have infusions on the weekend or later in the day to help with not missing work or school

What You Need to Know

As a reminder, you will continue submitting preservice authorization requests for medications included in the Site of Care Program as you do today. Your patients can continue to receive treatment at their current outpatient hospital facility until their existing prior authorization expires. If their current site of care is an outpatient hospital facility, additional requirements must be met for the infusion to continue be covered by Florida Blue after the current prior authorization expires.

Magellan Rx Management will continue to perform the prior authorization reviews on behalf of Florida Blue, and will allow a temporary authorization at an outpatient hospital facility to avoid treatment delays. This temporary authorization will facilitate a smooth transition to the appropriate site of care.

After an initial prior authorization review is performed, both you and your patient will be contacted by Magellan Rx Management if the requested site of care is not approved. Magellan Rx Management will share more information and help with the transition to an alternative site of care. We encourage you to make this site of care change before your patient's prior authorization expires.

Attached are answers to frequently asked questions. If you have additional questions, please call Magellan Rx Management at 800-424-1762 or the Florida Blue Provider Contact Center at 800-727-2227.

Questions and Answers

Site of Care Review

For Non-Oncology Physician-Administered Infusions

Background

Beginning November 11, 2019, for members whose benefit plan includes comparative effectiveness within the definition of medical necessity, Florida Blue will initiate a site of care review as part of our prior authorization process for select non-oncology medications. If a Florida Blue member does not meet the established criteria for continued administration at an outpatient hospital facility, an alternative site of care will need to be used.

What is a Site of Care Review?

Magellan Rx Management already manages Florida Blue's physician-administered drug program (PADP) and performs the prior authorization reviews on our behalf. The site of care review is an extension of that program. As part of the prior authorization review process for an included drug, Magellan Rx Management will also incorporate Florida Blue's Site of Care policy as part of the review. In cases where the site of care requested does not meet medical necessity, Magellan Rx Management will work with our members and their physicians to help them select a more cost-effective and clinically appropriate site of care for the administration of their medication.

What Medications are Included?

A list of select non-oncology physician-administered injectable drugs is included in this [Site of Care Policy for Select Specialty Medications](#).

When is this Change Effective?

This change will be effective beginning November 11, 2019 for any new prior authorization requests. Patients with current authorizations in place can continue to receive treatment at a hospital-affiliated outpatient location until their authorizations expire. To make this transition easier, we recommend you and your patient make this change before your patient's prior authorization ends.

Where Can Patients Receive Their Infusions?

There are several alternatives that are well-accepted for medication-infusion therapy. In many cases, patients may be able to receive their infusions in their own homes. Other sites of care include ambulatory infusion centers and the provider's office. These alternative sites of care may offer these benefits:

- Lower out-of-pocket costs
- Shorter driving distance
- More convenience (shorter wait times in infusion suites or privacy of their own homes)
- Ability to have infusions on the weekend or later in the day to help with not missing work or school

When Can a Hospital-Affiliated Outpatient Center Be Used?

Administration of an in-scope medication will not be covered in a hospital-affiliated outpatient setting after the member's current prior authorization expires unless one of the following criteria is met:

1. The patient is under 18 years of age.
2. The patient doesn't have access to the medication from a home infusion agency, professional office setting or other non-hospital-affiliated outpatient facility (e.g., ambulatory infusion suite).
3. The closest available professional office or non-hospital-affiliated outpatient facility is more than 45 miles--or more than 60 minutes average travel time--from the patient's home, **and** the patient is unable to receive the medication by a home infusion agency.
4. The patient has a documented clinical condition that requires enhanced supervision and monitoring that is not available at the alternative sites of care.

What Florida Blue Health Plans and Networks are Included?

The following segments and products are included in the new site of care review. These already require prior authorization for provider-administered medications.

| Segment | Products |
|--|---------------------------------|
| Small Group Accountable Care Act (ACA) | BlueOptions SM (PPO) |
| | BlueCare [®] (HMO) |
| | Blue Select (PPO) |
| | Simply Blue (HMO) |
| Individual Under 65 ACA | BlueOptions (PPO) |
| | BlueCare (HMO) |
| | BlueSelect (PPO) |
| | myBlue (HMO) |
| Large Group Fully Insured Non-Grandfathered | BlueChoice [®] (PPO) |
| | BlueOptions (PPO) |
| | BlueCare (HMO) |

How Will My Patients Know About The Site of Care Change?

Magellan Rx Management will reach out to Florida Blue members and their providers impacted by the site of care change when a prior authorization is requested to ensure a smooth transition to an alternative site if appropriate.

Where Can I Call for More Information?

If you have questions about the site of care program, or if you would like to speak to a registered nurse about transitioning your patient to a new treatment location sooner, please call Magellan Rx Management at 800-424-1762 between 8 a.m. and 6 p.m. Eastern Time, Monday through Friday.