

Clinical criteria and prior authorization updates for specialty pharmacy are available

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Below are clinical criteria and prior authorization updates were endorsed at the May 17, 2019 Clinical Criteria meeting. Click here to access the [Clinical Criteria](#) page on anthem.com

Anthem Blue Cross and Blue Shield (Anthem)'s prior authorization clinical review of non-oncology specialty pharmacy drugs will be managed by Anthem's medical specialty drug review team. Oncology drugs will be managed by AIM Specialty Health® (AIM), a separate company.

Revised Clinical Criteria effective June 10, 2019

The following new clinical criteria were revised to expand medical necessity indications or criteria. The table below will assist you in identifying the new document number for the clinical criteria that corresponds with the previous Clinical or Coverage Guideline.

| Clinical or Coverage Guideline | Clinical Criteria | Clinical Criteria Name | Drug(s) | HCPCS or CPT Code(s) |
|--------------------------------|-------------------|--------------------------------------|----------------------------------|----------------------|
| CG-DRUG-106 | ING-CC-0092 | Adcetris (brentuximab) | Adcetris | J9042 |
| CG-DRUG-38 | ING-CC-0094 | Alimta (pemetrexed) | Alimta | J9305 |
| CG-DRUG-42 | ING-CC-0096 | Asparagine Specific Enzymes | Erwinaze, Asparaginase, Oncaspar | J9019, J9020, J9266 |
| CG-DRUG-63 | ING-CC-0104 | Leucovorin and Levoleucovorin agents | Fusilev, Khapzory | J0641, C9043, J3490 |
| CG-DRUG-66 | ING-CC-0105 | Vectibix (panitumumab) | Vectibix | J9303 |
| CG-DRUG-72 | ING-CC-0110 | Perjeta (pertuzumab) | Perjeta | J9306 |

| | | | | |
|------------|-------------|---------------------------|----------------------------|----------------------------|
| CG-DRUG-96 | ING-CC-0115 | Kadcyla (ado-trastuzumab) | Kadcyla | J9354 |
| CG-DRUG-98 | ING-CC-0116 | Bendamustine agents | Bendeke, Treanda, Belrapzo | J9034, J9033, C9042, J9999 |
| DRUG.00046 | ING-CC-0119 | Yervoy (ipilimumab) | Yervoy | J9228 |
| DRUG.00053 | ING-CC-0120 | Kyprolis (carfilzomib) | Kyprolis | J9047 |
| DRUG.00063 | ING-CC-0122 | Arzerra (ofatumumab) | Arzerra | J9302 |
| DRUG.00067 | ING-CC-0123 | Cyramza (ramucirumab) | Cyramza | J9308 |
| DRUG.00071 | ING-CC-0124 | Keytruda (pembrolizumab) | Keytruda | J9271 |
| DRUG.00075 | ING-CC-0125 | Opdivo (nivolumab) | Opdivo | J9299 |
| DRUG.00107 | ING-CC-0129 | Bavencio (avelumab) | Bavencio | J9023 |

Revised Clinical Criteria effective September 1, 2019

The following new clinical criteria were reviewed with no significant change to the medical necessity indications or criteria. The table below will assist you in identifying the new document number for the clinical criteria that corresponds with the previous Clinical or Coverage Guideline.

| Clinical or Coverage Guideline | Clinical Criteria | Clinical Criteria Name | Drug(s) | HCPCS or CPT Code(s) |
|--------------------------------|-------------------|------------------------------------|------------------------------------|----------------------|
| CG-DRUG-100 | ING-CC-0085 | Actimmune (interferon gamma-1B) | Actimmune | J9216 |
| CG-DRUG-101 | ING-CC-0090 | Ixempra (ixabepilone) | Ixempra | J9207 |
| CG-DRUG-102 | ING-CC-0091 | Lartruvo (olaratumab) | Lartruvo | J9285 |
| CG-DRUG-49 | ING-CC-0098 | Doxorubicin Hydrochloride Liposome | Lipodox, Doxorubicin hydrochloride | Q2049, Q2050 |

| | | | | |
|----------------|-------------|--|----------------------------|--|
| | | | liposomal, Doxil | |
| CG-DRUG-50 | ING-CC-0099 | Abraxane (paclitaxel protein-bound) | Abraxane | J9264 |
| CG-DRUG-51 | ING-CC-0100 | Istodax (romidepsin) | Istodax | J9315 |
| CG-DRUG-62 | ING-CC-0103 | Faslodex (fulvestrant) | Faslodex | J9395 |
| CG-DRUG-67 | ING-CC-0106 | Erbitux (cetuximab) | Erbitux | J9055 |
| CG-DRUG-68 | ING-CC-0107 | Bevacizumab agents (Avastin, Mvasi) | Avastin, Mvasi | J9035, Q5107 |
| CG-DRUG-70 | ING-CC-0108 | Halaven (eribulin) | Halaven | J9179 |
| CG-DRUG-71 | ING-CC-0109 | Zaltrap (ziv-aflibercept) | Zaltrap | J9400 |
| CG-DRUG-75 | ING-CC-0111 | Nplate (romiplostim) | Nplate | J2796 |
| CG-DRUG-77 | ING-CC-0112 | Xofigo (Radium Ra 223 Dichloride) | Xofigo | A9606, 79101 |
| CG-DRUG-80 | ING-CC-0114 | Jevtana (cabazitaxel) | Jevtana | J9043 |
| CG-DRUG-99 | ING-CC-0117 | Empliciti (elotuzumab) | Empliciti | J9176 |
| CG-THER-RAD-03 | ING-CC-0118 | Radioimmunotherapy: Zevalin; azedra; Lutathera | Zevalin, Azedra, Lutathera | 79403, A9543, 79101, A9699, C9408, A9513 |
| DRUG.00062 | ING-CC-0121 | Gazyva (obinutuzumab) | Gazyva | J9301 |
| DRUG.00076 | ING-CC-0126 | Blinicyto (blinatumomab) | Blinicyto | J9039 |
| DRUG.00082 | ING-CC-0127 | Darzalex (daratumumab) | Darzalex | J9145 |
| DRUG.00088 | ING-CC-0128 | Tecentriq (atezolizumab) | Tecentriq | J9022 |
| DRUG.00109 | ING-CC-0130 | Imfinzi (durvalumab) | Imfinzi | J9173 |
| CG-DRUG-113 | ING-CC-0131 | Besponsa (inotuzumab ozogamicin) | Besponsa | J9229 |
| DRUG.00112 | ING-CC-0132 | Mylotarg (gemtuzumab) | Mylotarg | J9203 |

| | | | | |
|------------|-------------|---|----------|-----------------|
| | | ozogamicin) | | |
| DRUG.00118 | ING-CC-0133 | Aliqopa (copanlisib) | Aliqopa | J9057 |
| MED.00106 | ING-CC-0134 | Provenge (Sipuleucel-T) | Provenge | Q2043 |
| CG-MED-67 | ING-CC-0135 | Melanoma Vaccines | Imlygic | J9325, J3590 |
| CG-DRUG-53 | ING-CC-0136 | Drug dosage, frequency, and route of administration | N/A | N/A |
| CG-DRUG-01 | ING-CC-0141 | Off-Label Drug and Approved Orphan Drug Use | N/A | N/A |

Revised Clinical Criteria effective November 1, 2019

The following current and new clinical criteria were revised and might result in services that were previously covered but may now be found to be not medically necessary.

- ING-CC-0048 Spinraza (nusinersen)
- ING-CC-0002 Colony Stimulating Factor Agents
- ING-CC-0113 Sylvant (siltuximab) [*previously CG-DRUG-79*]

New Clinical Criteria effective November 1, 2019

The following clinical criteria are new.

- ING-CC-0137 Cablivi (caplacizumab-yhdp)
- ING-CC-0138 Asparlas (calaspargase pegol-mknl)
- ING-CC-0139 Evenity (romosozumab-aqqg)
- ING-CC-0140 Zulresso (brexanolone)

Expanded specialty pharmacy prior authorization list

Effective for dates of service on and after November 1, 2019, the following non-oncology specialty pharmacy codes from current clinical criteria will be included in our prior authorization review process.

Please note, inclusion of NDC code on your claim will shorten the claim processing time of drugs billed with a Not Otherwise Classified (NOC) code.

Anthem's prior authorization clinical review of non-oncology specialty pharmacy drugs will be managed by Anthem's medical specialty drug review team. Oncology drugs will be managed

by AIM Specialty Health® (AIM), a separate company.

| Clinical Criteria | HCPCS or CPT Code(s) | NDC Code(s) | Drug |
|-------------------|----------------------|--------------------------------|----------|
| ING-CC-0050 | J3490 J3590 | 00074-2042-01 00074-2042-02 | Skyrizi™ |

URL: <https://providernews.anthem.com/kentucky/article/clinical-criteria-and-prior-authorization-updates-for-specialty-pharmacy-are-available-3>

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