

## Pre-service clinical review and quantity limit updates for specialty pharmacy effective February 1, 2020

Published: Nov 1, 2019 - **Products & Programs** / Pharmacy

### Pre-service clinical review updates

Effective for dates of service on and after February 1, 2020, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our pre-service review process.

Please note, inclusion of the NDC code on your claim will help expedite claim processing of drugs billed with a not otherwise classified (NOC) code.

To access the clinical criteria document information please click [here](#).

Pre-service clinical review of non-oncology specialty pharmacy drugs will be managed by Anthem's medical specialty drug review team. *Review of specialty pharmacy drugs for oncology indications will be managed by AIM Specialty Health® (AIM), a separate company, and are in italics.*

| Clinical Criteria   | HCPCS or CPT Code(s) | Drug                    |
|---------------------|----------------------|-------------------------|
| ING-CC-0072         | Q5118                | Zirabev                 |
| ING-CC-0075         | Q5115                | Truxima                 |
| ING-CC-0075         | J3490                | Ruxience                |
| <i>ING-CC-0107</i>  | <i>Q5118</i>         | <i>Zirabev</i>          |
| <i>*ING-CC-0142</i> | <i>J1930</i>         | <i>Somatuline Depot</i> |
| <i>ING-CC-0143</i>  | <i>C9399, J9999</i>  | <i>Polivy</i>           |
| <i>ING-CC-0144</i>  | <i>J9313</i>         | <i>Lumoxiti</i>         |
| <i>ING-CC-0145</i>  | <i>J9119</i>         | <i>Libtayo</i>          |

\* Non-oncology use is managed by Anthem's medical specialty drug review team; *oncology use is managed by AIM.*

## Quantity limit updates

Effective January 31, 2020, clinical criteria document ING-CC-0136 drug dosage, frequency, and route of administration will be archived.

Effective for dates of service on and after February 1, 2020, pre-service clinical review of drug dosage, frequency and route of administration for the following specialty pharmacy codes from new or current clinical criteria will be based on the quantity limits established in the applicable clinical criteria document. The table below will assist you in identifying the applicable clinical criteria documents and corresponding HCPCS codes.

To access the clinical criteria document information please click [here](#).

Pre-service clinical review of these specialty pharmacy drugs will be managed by Anthem's medical specialty drug review team.

| Clinical Criteria Number | Clinical Criteria Name            | Drug(s)   | HCPCS Code(s)   |
|--------------------------|-----------------------------------|---|---|
| ING-CC-0001              | Erythropoiesis Stimulating Agents | Aranesp, Epogen, Mircera, Procrit, Retacrit   | J0881, J0882, J0885, J0887, J0888, Q4081, Q5105, Q5106        |
| ING-CC-0003              | Immunoglobulins                   | Asceniv, Bivigam, Carimune NF, Flebogamma DIF, Gammagard, Gammagard S/D, Gammaked, Gammaplex, Gamunex-C, Octagam, Panzyga, Privigen | J1459, J1556, J1557, J1561, J1566, J1568, J1569, J1572, J1599 |
| ING-CC-0007              | Synagis (palivizumab)             | Synagis   | 90378   |
| ING-CC-0013              | Mepsevii (vestronidase alfa)      | Mepsevii  | J3397   |
| ING-CC-0018              | Lumizyme (alglucosidase           | Lumizyme  | J0221   |

|             |   |  |   |
|-------------|---|--|---|
|             | alfa)                                   |  |   |
| ING-CC-0021 | Fabrazyme (agalsidase beta)             | Fabrazyme  | J0180   |
| ING-CC-0022 | Vimizim (elosulfase alfa)               | Vimizim  | J1322   |
| ING-CC-0023 | Naglazyme (galsulfase)                  | Naglazyme  | J1458   |
| ING-CC-0024 | Elaprase (idursufase)                   | Elaprase   | J1743   |
| ING-CC-0025 | Aldurazyme (laronidase)                 | Aldurazyme   | J1931   |
| ING-CC-0028 | Benlysta (belimumab)                    | Benlysta   | J0490   |
| ING-CC-0031 | Intravitreal Corticosteroid Implants    | Illuvien, Retisert, Ozurdex, Yutiq   | J7311, J7312, J7313, J7314                      |
| ING-CC-0032 | Botulinum Toxin                         | Botox, Xeomin, Dysport, Myobloc  | J0585, J0586, J0587, J0588                      |
| ING-CC-0033 | Xolair (omalizumab)                     | Xolair   | J2357   |
| ING-CC-0034 | Agents for Hereditary Angioedema        | Cinryze, Haegarda, Berinert, Berinert, Firazyr, Ruconest, Kalbitor, Takhzyro | J0596, J0597, J0598, J1290, J1744, J0599, J0593 |
| ING-CC-0041 | Complement Inhibitors                   | Soliris, Ultomiris   | J1300, J1303                                    |
| ING-CC-0043 | Monoclonal Antibodies to Interleukin-5  | Cinqair, Fasenra, Nucala   | J0517, J2182, J2786                             |
| ING-CC-0050 | Monoclonal Antibodies to Interleukin-23 | Tremfya, Ilumya  | J1628, J3245                                    |
| ING-CC-0051 | Enzyme Replacement Therapy for          | Cerezyme, Elelyso, Vpriv   | J1786, J3060, J3385                             |

|             |   |   |  |
|-------------|---|---|--|
|             | Gaucher Disease   |   |  |
| ING-CC-0058 | Octreotide Agents   | Sandostatin, Sandostatin LAR Depot  | J2353, J2354   |
| ING-CC-0061 | GnRH Analogs for the treatment of non-oncologic indications     | Lupron Depot/Depot-Ped  | J1950, J9217   |
| ING-CC-0062 | Tumor Necrosis Factor Antagonists                               | Simponi Aria, Remicade, Inflectra, Renflexis, Ixifi, Humira, Enbrel, Cimzia | J1602, J1745, Q5103, Q5104, Q5109, J0135, J1438, J0717 |
| ING-CC-0063 | Stelara (ustekinumab)   | Stelara   | J3357, J3358   |
| ING-CC-0066 | Monoclonal Antibodies to Interleukin-6                          | Actemra   | J3262  |
| ING-CC-0071 | Entyvio (vedolizumab)   | Entyvio   | J3380  |
| ING-CC-0072 | Selective Vascular Endothelial Growth Factor (VEGF) Antagonists | Avastin, Lucentis, Eylea, Macugen, Zirabev, Mvasi                           | J2503, C9257, J9035, J2778, J0178, Q5118, Q5017        |
| ING-CC-0073 | Alpha-1 Proteinase Inhibitor Therapy                            | Aralast, Glassia, Prolastin-C, Zemaira                                      | J0256, J0257   |
| ING-CC-0075 | Rituxan (rituximab) for Non-Oncologic Indications               | Rituxan, Truxima  | J9312, Q5115   |

URL: <https://providernews.anthem.com/connecticut/article/pre-service-clinical-review-and-quantity-limit-updates-for-specialty-pharmacy-effective-february-1-2020>

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