



An Anthem Company

## NEW YORK Provider Communications

### Prior authorization updates for specialty pharmacy are available

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

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

Empire BlueCross BlueShield's ("Empire") prior authorization clinical review of non-oncology specialty pharmacy drugs will be managed by Empire's medical specialty drug review team. Review of specialty pharmacy 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-0072	Q5118	00069-0315-01 00069-0342-01	Zirabev
ING-CC-0075	Q5115	63459-0103-10 63459-0104-50	Truxima
ING-CC-0075	J3490	00069-0238-01 00069-0249-01	Ruxience
<i>ING-CC-0107</i>	<i>Q5118</i>	<i>00069-0315-01</i> <i>00069-0342-01</i>	<i>Zirabev</i>
ING-CC-0142	J1930	15054-1060-03 15054-1060-04 15054-1090-03 15054-1090-04	Somatuline Depot

		15054-1120-03 15054-1120-04	
ING-CC-0143	C9399 J9999	50242-0105-01	Polivy
ING-CC-0144	J9313	50242-0105-01	Lumoxiti
ING-CC-0145	J9119	61755-0008-01	Libtayo

\* Non-oncology use is managed by Empire'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, prior authorization 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](#).

Empire's prior authorization clinical review of these specialty pharmacy drugs will be managed by Empire's medical specialty drug review team.

Clinical Criteria Document 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 alfa)	Lumizyme	J0221
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, Firazyf, 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, Fasentra, Nucala	J0517, J2182, J2786
ING-CC-0050	Monoclonal Antibodies to Interleukin-23	Tremfya, Ilumya	J1628, J3245

ING-CC-0051	Enzyme Replacement Therapy for Gaucher Disease	Cerezyme, Elelyso, Vpriv	J1786, J3060, J3385
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.empireblue.com/article/prior-authorization-updates-for-specialty-pharmacy-are-available>

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