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# Prior authorization updates for specialty pharmacy effective May 1, 2021

Published: Feb 1, 2021 - **Products & Programs** / Pharmacy

## Prior authorization updates

Effective for dates of service on and after May 1, 2021, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our prior authorization review process.

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

Visit our website to access the [clinical criteria information](#).

Prior authorization 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

Clinical Criteria	HCPCS Code	Drug
*ING-CC-0183	J3590	Sogroya
*ING-CC-0001	J0886	Injection, epoetin alfa (Procrit/Epogen)
*ING-CC-0019	J3489	Reclast, Zometa

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

## Quantity limit updates

Effective for dates of service on and after May 1, 2021, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our quantity limit review process.

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

Visit our website to access the [clinical criteria information](#).

Prior authorization 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.

Clinical Criteria	HCPCS Code	Drug
*ING-CC-0019	J3489	Reclast, Zometa

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

979-0221-PN-NE

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## Clinical criteria updates for specialty pharmacy

Published: Feb 1, 2021 - **Products & Programs** / Pharmacy

The following clinical criteria documents were endorsed at the November 20, 2020, Clinical Criteria meeting. Visit our [website](#) to access the clinical criteria information.

### Revised clinical criteria effective December 3, 2020

The following clinical criteria were revised to expand medical necessity indications or criteria.

- ING-CC-0119: Yervoy (ipilimumab)
- ING-CC-0125: Opdivo (nivolumab)

### Revised clinical criteria effective December 9, 2020

The following clinical criteria were revised to expand medical necessity indications or criteria.

- ING-CC-0011: Ocrevus (ocrelizumab)

- ING-CC-0174: Kesimpta (ofatumumab)

### **Revised clinical criteria effective December 21, 2020**

The following clinical criteria were revised to expand medical necessity indications or criteria.

- ING-CC-0003: Immunoglobulins
- ING-CC-0034: Hereditary Angioedema Agents
- ING-CC-0042: Monoclonal Antibodies to Interleukin-17
- ING-CC-0062: Tumor Necrosis Factor Antagonists
- ING-CC-0063: Stelara (ustekinumab)
- ING-CC-0065: Agents for Hemophilia A and von Willebrand Disease
- ING-CC-0072: Selective Vascular Endothelial Growth Factor (VEGF) Antagonists
- ING-CC-0075: Rituximab Agents for Non-Oncologic Indications
- ING-CC-0121: Gazyva (obinutuzumab)
- ING-CC-0148: Agents for Hemophilia B
- ING-CC-0149: Select Clotting Agents for Bleeding Disorders

### **Reviewed clinical criteria effective December 21, 2020**

The following clinical criteria were reviewed with no significant change to the medical necessity indications or criteria.

- ING-CC-0001: Erythropoiesis Stimulating Agents
- ING-CC-0006: Hyaluronan Injections
- ING-CC-0014: Beta Interferons and Glatiramer Acetate for Treatment of Multiple Sclerosis
- ING-CC-0040: Prialt (ziconotide)
- ING-CC-0047: Trogarzo (ibalizumab-uiyk)
- ING-CC-0049: Radicava (edaravone)
- ING-CC-0074: Akynzeo (fosnetupitant and palonosetron) for injection
- ING-CC-0107: Bevacizumab for Non-Ophthalmologic Indications
- ING-CC-0133: Aliqopa (copanlisib)
- ING-CC-0150: Kymriah (tisagenlecleucel)
- ING-CC-0151: Yescarta (axicabtagene ciloleucel)
- ING-CC-0155: Ethyol (amifostine)

- ING-CC-0166: Trastuzumab Agents Step Therapy
- ING-CC-0167: Rituximab Agents for Oncologic Indications Step Therapy
- ING-CC-0173: Enspryng (satralizumab-mwge)

### **New clinical criteria effective May 1, 2021**

The following clinical criteria is new.

- ING-CC-0183: Sogroya (somapacitan-beco)

### **Revised clinical criteria effective May 1, 2021**

The following 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-0002: Colony Stimulating Factor Agents
- ING-CC-0003: Immunoglobulins
- ING-CC-0011: Ocrevus (ocrelizumab)
- ING-CC-0027: Denosumab Agents
- ING-CC-0034: Hereditary Angioedema Agents
- ING-CC-0039: GamaSTAN [immune globulin (human)]
- ING-CC-0041: Complement Inhibitors
- ING-CC-0042: Monoclonal Antibodies to Interleukin-17
- ING-CC-0048: Spinraza (nusinersen)
- ING-CC-0050: Monoclonal Antibodies to Interleukin-23
- ING-CC-0062: Tumor Necrosis Factor Antagonists
- ING-CC-0063: Stelara (ustekinumab)
- ING-CC-0064: Interleukin-1 Inhibitors
- ING-CC-0066: Monoclonal Antibodies to Interleukin-6
- ING-CC-0071: Entyvio (vedolizumab)
- ING-CC-0073: Alpha-1 Proteinase Inhibitor Therapy
- ING-CC-0078: Orencia (abatacept)
- ING-CC-0121: Gazyva (obinutuzumab)
- ING-CC-0148: Agents for Hemophilia B
- ING-CC-0174: Kesimpta (ofatumumab)

The following clinical criteria documents were endorsed at the December 18, 2020, Clinical Criteria meeting. Visit our [website](#) to access the clinical criteria information.

### **Revised clinical criteria effective December 22, 2020**

The following clinical criteria were revised to expand medical necessity indications or criteria.

- ING-CC-0124: Keytruda (pembrolizumab)

### **New clinical criteria effective December 22, 2020**

The following clinical criteria is new.

- ING-CC-0184: Danyelza (naxitamab-gqqk)

### **Revised clinical criteria effective January 25, 2021**

The following clinical criteria were revised to expand medical necessity indications or criteria.

- ING-CC-0002: Colony Stimulating Factor Agents
- ING-CC-0015: Infertility and HCG Agents
- ING-CC-0032: Botulinum Toxin
- ING-CC-0154: Givlaari (givosiran)

### **Reviewed clinical criteria effective January 25, 2021**

The following clinical criteria were reviewed with no significant change to the medical necessity indications or criteria.

- ING-CC-0079: Strensiq (Asfotase Alfa)
- ING-CC-0177: Zilretta (triamcinolone acetonide extended-release)

### **New clinical criteria effective May 1, 2021**

The following clinical criteria is new.

- ING-CC-0185: Oxlumo (lumasiran)

### **Revised clinical criteria effective May 1, 2021**

The following 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-0032: Botulinum Toxin
- ING-CC-0154: Givlaari (givosiran)

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**URL:** <https://providernews.anthem.com/new-hampshire/article/clinical-criteria-updates-for-specialty-pharmacy-49>

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## Formulary lists updated for commercial health plan pharmacy benefit

Published: Feb 1, 2021 - **Products & Programs** / Pharmacy

Effective with dates of service on and after April 1, 2021, and in accordance with the IngenioRx Pharmacy and Therapeutics (P&T) process, we will update the drug lists that support our commercial health plans. Updates include changes to drug tiers and the removal of medications from the formulary.

### Article Attachments

[Summary\\_of\\_Formulary\\_Changes\\_A  
2-2021.pdf](#)  
application/pdf - 370.96  
KB

Please note, this update does not apply to the Select Drug List and does not impact Medicaid and Medicare plans.

To help ensure a smooth member transition and minimize costs, providers should review these changes and consider prescribing a drug on formulary or on a lower tier, if appropriate.

View a summary of changes in the attached PDF.

IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Anthem.

981-0221-PN-NE

**URL:** <https://providernews.anthem.com/new-hampshire/article/formulary-lists-updated-for-commercial-health-plan-pharmacy-benefit-2>

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## Pharmacy information available on anthem.com

Published: Feb 1, 2021 - **Products & Programs** / Pharmacy

For more information on copayment/coinsurance requirements and their applicable drug classes, drug lists and changes, prior authorization criteria, procedures for generic substitution, therapeutic interchange, step therapy or other management methods subject to prescribing decisions, and any other requirements, restrictions, or limitations that apply to using certain drugs, visit [anthem.com/pharmacyinformation](https://www.anthem.com/pharmacyinformation). The commercial and marketplace drug lists are posted to the web site quarterly (the first of the month for January, April, July and October).

To locate “Marketplace Select Formulary” and pharmacy information, scroll down to “Select Drug Lists.” This drug list is also reviewed and updated regularly as needed.

FEP Pharmacy updates and other pharmacy related information may be accessed at [www.fepblue.org](https://www.fepblue.org) > Pharmacy Benefits.

977-0221-PN-NE

**URL:** <https://providernews.anthem.com/new-hampshire/article/pharmacy-information-available-on-anthemcom-86>

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## New provider directory indicator for telehealth services

Published: Feb 1, 2021 - **Administrative**

We will begin publishing a new indicator in our online provider directories to help members easily identify professional providers who offer telehealth services.

We encourage providers who offer telehealth services to utilize the online Provider Maintenance Form to notify us and we will add a telehealth indicator to your online provider directory profile. Visit [anthem.com](https://www.anthem.com) to locate the [Provider Maintenance Form](#). Please contact Provider Services if you have any questions.

965-0221-PN-NH

**URL:** <https://providernews.anthem.com/new-hampshire/article/new-provider-directory-indicator-for-telehealth-services-9>

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## Childhood Early Intervention Services

Published: Feb 1, 2021 - **Administrative**

This communication is to clarify the placement of modifier TL (early intervention/individualized family service plan) on claims for Early Intervention Services. If multiple modifiers apply to an Early Intervention Service, the TL modifier must be billed as the primary modifier (modifier #1) in order to ensure that the appropriate member cost shares will be applied to the service.

948-0221-PN-NH

**URL:** <https://providernews.anthem.com/new-hampshire/article/childhood-early-intervention-services>

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## Reimbursement policy update: Treatment Rooms with Office Evaluation and Management Services - Facility

Published: Feb 1, 2021 - **Policy Updates** / Reimbursement Policies

A new facility reimbursement policy titled Treatment Rooms with Office Evaluation and Management Services will be implemented beginning with dates of service on or after May 1, 2021. We do not allow reimbursement for office evaluation and management services when reported on a CMS 1450 (UB-04) with revenue code 761 (treatment rooms). Modifiers will not override the edit.

For more information about this policy, visit the [Reimbursement Policies](#) page at [anthem.com](https://www.anthem.com).

975-0221-PN-NE

**URL:** <https://providernews.anthem.com/new-hampshire/article/reimbursement-policy-update-treatment-rooms-with-office-evaluation-and-management-services-facility-3>

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## Medical drug benefit clinical criteria updates

Published: Feb 1, 2021 - **State & Federal** / Medicare

On November 15, 2019, February 21, 2020, May 15, 2020, August 21, 2020, August 28, 2020, and September 24, 2020, the Pharmacy and Therapeutics (P&T) Committee approved clinical criteria applicable to the medical drug benefit for Anthem. These policies were developed, revised or reviewed to support clinical coding edits.

The clinical criteria is publicly available on the provider website, and the effective dates will be reflected in the [Clinical Criteria Web Posting September and October 2020](#). Visit [clinical criteria](#) to search for specific policies.

If you have questions or would like additional information, use this [email](#).

ABSCRNU-0202-20

URL: <https://providernews.anthem.com/new-hampshire/article/medical-drug-benefit-clinical-criteria-updates-93>

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## Keep up with Medicare news

Published: Feb 1, 2021 - **State & Federal** / Medicare

Please continue to check [Important Medicare Advantage Updates](#) at [anthem.com/medicareprovider](https://www.anthem.com/medicareprovider) for the latest Medicare Advantage information, including:

- [Prior authorization requirement changes effective April 1, 2021](#)

URL: <https://providernews.anthem.com/new-hampshire/article/keep-up-with-medicare-news-186>

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