

NOTICE OF MATERIAL CHANGE TO CONTRACT



May 1, 2021

Re: Anthem prior authorization updates for specialty pharmacy are available

Dear Provider:

Anthem Blue Cross and Blue Shield and our subsidiary company, HMO Colorado (Anthem), is writing to inform you of the following authorization updates for specialty pharmacy. Please note that we have a correction to a statement made in our March 2021 provider letter.

Prior authorization updates

Revision to March 2021 letter:

The March 2021 provider letter advised we would no longer require prior authorization for the following drugs used to treat ocular conditions effective May 1, 2021. This decision has been revised. Please be advised that prior authorization will continue to be required for these drugs. We apologize for any inconvenience.

Table with 3 columns: Clinical Criteria, HCPCS Code, Drug. Rows include Avastin, Mvasi, and Zirabev.

Non-oncology use is managed by Anthem’s medical specialty drug review team.

Effective for dates of service on and after August 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.

To access the Clinical Criteria information, click here. (Or go directly to URL:) https://www.anthem.com/ms/pharmacyinformation/clinicalcriteria.html

Prior authorization clinical review of non-oncology use of specialty pharmacy drugs is managed by the medical specialty drug review team. Review of specialty pharmacy drugs for oncology use is managed by AIM Specialty Health® (AIM).

Table with 3 columns: Clinical Criteria, HCPCS or CPT Code(s), Drug. Rows include Margenza, Breyanzi, Imcivree, Amondys 45, and Nulibry.

*ING-CC-0094	J9304	Pemfexy
ING-CC-0075	J3590, J9999, C9399	Riabni
*ING-CC-0167	J3590, J9999, C9399	Riabni

\* Oncology use is managed by AIM.

**Prior authorization update – change in clinical criteria**

**Coding Update:** Effective August 18, 2020, these unclassified codes, J3490 and J3590, were removed from clinical criteria ING-CC-0072.

**Quantity limit updates**

Effective for dates of service on and after August 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.

To access the Clinical Criteria information, click [here](#). (Or go directly to URL:)

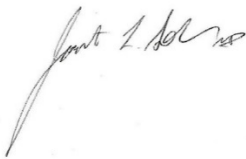
<https://www.anthem.com/ms/pharmacyinformation/clinicalcriteria.html>

Prior authorization clinical review of non-oncology use of specialty pharmacy drugs is managed by the medical specialty drug review team.

Clinical Criteria	HCPCS or CPT Code(s)	Drug
ING-CC-0189	J3490, J3590, C9399	Amondys 45
ING-CC-0190	J3490, J3590, C9399	Nulibry

We value and appreciate you as our partner in providing quality care and appreciate your continued participation in our network.

Sincerely,



Jonathan Sollender, MD, MBA, FACS  
 Regional Vice President and Senior Clinical Officer  
 Commercial & Specialty Business Division