



March 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.

**Prior authorization updates**

**Effective for dates of service on and after June 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 please click [here](https://www.anthem.com/ms/pharmacyinformation/clinicalcriteria.html). (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).

Clinical Criteria	HCPCS or CPT Code(s)	Drug
*ING-CC-0185	J3490 C9399	Oxlumo
**ING-CC-0184	J3490 J3590 J9999	Danyelza

\* Non-oncology use is managed by the medical specialty drug review team.

\*\* Oncology use is managed by AIM.

**Prior authorization update – change in effective date**

**Please note the change in effective date of prior authorization for injectable iron deficiency anemia products listed below.**

**The effective date has been changed to dates of service on and after May 1, 2021** for the following specialty pharmacy codes from current or new clinical criteria documents that will be included in our prior authorization review process. The previous effective date was March 1, 2021.

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 please click [here](https://www.anthem.com/ms/pharmacyinformation/clinicalcriteria.html). (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).

Clinical Criteria	HCPCS or CPT Code(s)	Drug
*ING-CC-0182	J1756	Venofer
*ING-CC-0182	J2916	Ferrlecit
*ING-CC-0182	J1750	Infed
*ING-CC-0182	J1439	Injectafer
*ING-CC-0182	Q0138	Feraheme
*ING-CC-0182	J1437	Monoferric

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

\*\*Oncology use is managed by AIM.

### **Step therapy update – change in effective date**

**Please note the change in the effective date of step therapy for injectable iron deficiency anemia products.**

**The effective date has been changed to dates of service on and after May 1, 2021** for the following specialty pharmacy codes from current or new clinical criteria documents that will be included in our existing specialty pharmacy medical step therapy review process. The previous effective date was March 1, 2021.

To access the Clinical Criteria information with step therapy drug lists, click [here](https://www.anthem.com/ms/pharmacyinformation/clinicalcriteria.html). (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).

Clinical Criteria	Status	Drug(s)	HCPCS Codes
*ING-CC-0182	Preferred	Venofer	J1756
*ING-CC-0182	Preferred	Ferrlecit	J2916
*ING-CC-0182	Preferred	Infed	J1750
*ING-CC-0182	Non-preferred	Injectafer	J1439
*ING-CC-0182	Non-preferred	Feraheme	Q0138
*ING-CC-0182	Non-preferred	Monoferric	J1437

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

**Prior authorization update – medical specialty pharmacy update**

In an effort to simplify care and support our providers, we have **removed the prior authorization requirement** for the use of the drugs listed below used to treat ocular conditions, **effective May 1, 2021**.

<b>Drug</b>	<b>Code</b>	<b>Code description</b>
*Avastin	C9257 J9035	intravitreal bevacizumab
*Mvasi	Q5107	bevacizumab-awwb
*Zirabev	Q5118	bevacizumab-bvzr

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

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

Sincerely,



Jo Ann Nishimoto, MD  
Medical Director  
Anthem Blue Cross and Blue Shield