Anthem Blue Cross

Prior Authorization Requirements for New Injectable/Infusible Drugs: Inflectra (infliximab-dyyb) and Cinqair (reslizumab)

On January 1, 2017, Anthem Blue Cross prior authorization (PA) requirements will change for [two (2)] new Part B Injectable/Infusible drugs: Inflectra (infliximab-dyyb) and Cinqair (reslizumab). Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions, take precedence over these prior authorization rules and must be considered first when determining coverage.

Noncompliance with new requirements may result in denied claims.

PA requirements will be added to the following codes:

- Inflectra (infliximab-dyyb): for treatment of moderate to severely active Crohn’s disease, Ulcerative colitis, Rheumatoid arthritis, Ankylosing spondylitis and Psoriatic arthritis. (Q5102)

Drugs billed with NOC HCPCS J code (J3490/J3590)

- Cinqair (reslizumab): for add-on maintenance treatment of patients with severe asthma with an eosinophilic phenotype (unlisted, no J code established at this time).

Please note two of these drugs are currently billed under the Not Otherwise Classified (NOC) J code (J3490/J3590). Since this code includes all drugs NOC, if the authorization is denied for medical necessity, the plan’s denial will be for the drug and not the HCPCS.

Not all prior authorization requirements are listed here. Detailed prior authorization requirements are available to contracted providers by accessing the “Provider Self-Service Tool” within Availity. Non-contracted providers should contact the Health Plan.

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