Anthem Blue Cross

**Prior Authorization Requirements for New Injectable/Infusible Drugs: Cuvitru, Ocrevus and Lutathera**

On **March 1, 2017**, Anthem Blue Cross prior authorization (PA) requirements will change for three (3) new Part B Injectable/Infusible drugs. They are **Cuvitru (immune globulin)**, **Ocrevus (ocrelizumab)** and **Lutathera (octreotide Lu-177 DOTA Tyr-3)**. 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.

**Non-compliance with new requirements may result in denied claims.** Prior authorization requirements will be added to the following codes which are drugs billed with not otherwise classified (NOC) HCPCS J codes (J3490, J3590 and J9999):

- **Ocrevus (ocrelizumab)** – For treatment of primary progressive multiple sclerosis and relapsing-remitting multiple sclerosis. (Unlisted, no J code established at this time) (J3490)
- **Cuvitru (immune globulin)** – For treatment of primary immunodeficiency in adults and children aged 2 years and older, primarily administered via pump. (Unlisted, no J code established at this time) (J3590)
- **Lutathera (octreotide Lu-177 DOTA Tyr-3)** – For treatment of neuroendocrine tumors in patients who have progressed on traditional somatostatin analogues. (Unlisted, no J code established at this time) (J9999)

Please note, these drugs are currently billed under the NOC J-codes [J3490, J3590 and J9999]. Since this code includes drugs that are 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.