Anthem Blue Cross

Prior authorization requirements for part B drugs: Besponsa (inotuzumab ozogamicin) and Vyxeos (daunorubicin and cytarabine)

On April 1, 2018, Anthem Blue Cross prior authorization (PA) requirements will change for Part B Injectable/Infusible drugs covered by Anthem. The drugs are Besponsa (inotuzumab ozogamicin) and Vyxeos (daunorubicin and cytarabine). Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions take precedence over these precertification 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 part B drugs:

- Besponsa (inotuzumab ozogamicin): for treatment of adults with relapsed or refractory B-cell precursor acute lymphocytic leukemia. [J3590, J9999]

- Vyxeos (daunorubicin and cytarabine): for treatment of adults with newly diagnosed therapy-related acute myeloid leukemia (t-AML) or acute myeloid leukemia with myelodysplasia-related changes (AML-MRC). [J9999]

Please note, the above drugs are currently billed under the NOC codes [J3590, J9999]; unlisted, because no J code has been established at this time. Since these codes include 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 at www.Availity.com. Contracted and non-contracted providers who are unable to access Availity may call our Provider Services at the number on the back of the member’s ID card for prior authorization requirements.