Anthem Blue Cross and Blue Shield

Prior authorization requirements for Part B drugs: Retacrit (epoetin alfa-epbx), Damoctocog and Illumya (tildrakizumab)

On November 1, 2018 Anthem Blue Cross and Blue Shield prior authorization (PA) requirements will change for Part B Injectable/Infusible drugs covered by Anthem. The drugs are Retacrit (epoetin alfa-epbx), Damoctocog and Illumya (tildrakizumab). 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:

- Retacrit (epoetin alfa-epbx): for the treatment of anemia due to chronic kidney disease (CKD) in patients on dialysis and not on dialysis, the effects of concomitant myelosuppressive chemotherapy or use of zidovudine in patients with HIV infection. Also approved for the reduction of allogenic red blood cell transfusions in patients for undergoing elective, noncardiac, nonvascular surgery. [J3490, J3590]
- Damoctocog alpha pegol: for treatment of Hemophilia A. [J3490, J3590]
- Illumya (tildrakizumab-asmn): for the treatment of adults with moderate to severe plaque psoriasis who are candidates for systemic therapy or phototherapy. [J3490, J3590]

Please note, the above drugs are currently billed under the Not Otherwise Classified (NOC) HCPCS code [J3490, J3590]; it is unlisted, because no J code has been established at this time. Since these codes include all 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 code.

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 phone number on the back of the member’s ID card for prior authorization requirements.

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