

Virginia Provider Communications

Anthem specialty pharmacy medical step therapy drug list clarification about non-oncology colony stimulating factor agents

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In the [March 2019 edition of Provider News](#), we shared that the following clinical criteria will be effective **June 1, 2019**. We will begin the medical step therapy review process for non-oncology uses of these drugs at this time. We will notify you when we begin the medical step therapy review process for oncology indications.

Colony stimulating factor agents ING-CC-0002

Effective for dates of service on and after **June 1, 2019**, the following specialty pharmacy codes from new or current criteria will be included in our existing specialty pharmacy medical step therapy review process. Zarxio® will be the preferred short-acting colony stimulating factor (CSF) agent over Neupogen®, Granix®, and Nivestym™®.

For Anthem Blue Cross and Blue Shield and our affiliate HealthKeepers, Inc., pre-service clinical review of these specialty pharmacy drugs will be managed by Anthem. Drugs used for the treatment of Oncology will still require pre-service clinical review by AIM Specialty Health® (AIM), a separate company.

This applies to members with Preferred Provider Organization (PPO) plans, Anthem HealthKeepers (HMO) plans, POS AdvantageOne plans, and Act Wise (CDH) plans.

Additional information regarding biosimilar drugs can be found online by viewing the reference document called: [“Biosimilar Drugs - What are they?”](#)

Access the [clinical criteria information](#) online.

Clinical Criteria	Status	Drug	HCPCS or CPT Code	NDC Code
ING-CC-0002	Preferred Agent	Zarxio®	Q5101	61314-0304-01 61314-0304-10 61314-0312-01 61314-0312-10 61314-0318-01 61314-0318-10 61314-0326-01 61314-0326-10

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ING-CC-0002	Non-Preferred Agent	Neupogen®	J1442	55513-0530-01 55513-0530-10 55513-0546-01 55513-0546-10 55513-0924-01 55513-0924-10 55513-0924-91 55513-0209-01 55513-0209-10 55513-0209-91
ING-CC-0002	Non-Preferred Agent	Granix®	J1447	63459-0910-11 63459-0910-12 63459-0910-15 63459-0910-17 63459-0910-36 63459-0912-11 63459-0912-12 63459-0912-15 63459-0912-17 63459-0912-36
ING-CC-0002	Non-Preferred Agent	Nivestym™	Q5110	00069-0291-10 00069-0291-01 00069-0292-01 00069-0292-10

<https://providernews.anthem.com/virginia/article/anthem-specialty-pharmacy-medical-step-therapy-drug-list-clarification-about-n-on-oncology-colony-stimulating-factor-agents-3>

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