Anthem expands specialty pharmacy medical step therapy drug list for agents for hereditary angioedema*

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The following clinical criteria will be effective August 1, 2019.

Agents for Hereditary Angioedema ING-CC-0034

Effective for dates of service on and after August 1, 2019, the following specialty pharmacy codes from new or current clinical criteria will be included in our existing specialty pharmacy medical step therapy review process. Haegarda[®] and Takhzyro[™] will be the preferred prophylactic agents over Cinryze[®].

Please note, inclusion of NDC code on your claim will shorten the claim processing time of drugs billed with a Not Otherwise Classified (NOC) code.

You can go online to access the Clinical Criteria information.

| Clinical Criteria | Status | Drug | HCPCS or CPT Code | NDC Code |
|----------------------|------------------------|-----------------------|------------------------|--------------------------------|
| ING-CC-0034 | Preferred Agent | Haegarda [®] | J0599 | 63833-0828-02 63833-0829-02 |
| ING-CC-0034 | Preferred Agent | Takhzyro™ | J3490, J3590, C9399 | 47783-0644-01 |
| ING-CC-0034 | Non-Preferred Agent | Cinryze [®] | J0598 | 42227-0081-05 |

^{*} Notice of Prior Authorization or Material Adverse Change

https://providernews.anthem.com/wisconsin/article/anthem-expands-specialty-pharmacy-medical-step-therapy-drug-list-for-agents-for-hereditary-angioedema

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