

Network eUPDATE



September 1, 2017 IN, KY, MO, OH, WI

Important Updates from Anthem

Hyaluronan injections in the knee (CG-DRUG-29)*

Coverage guideline CG-DRUG-29 addresses the use of intra-articular injections of hyaluronan. Effective for dates of service on and after December 1, 2017, intra-articular injections of hyaluronan are considered not medically necessary for the treatment of pain due to osteoarthritis of the knee and all other knee conditions.

The following codes will be subject to review under this coverage guideline:

Hyaluronic Acid Euflexxa (J7323)
Hyaluronic Acid Gel-One (J7326)
Hyaluronic Acid Gel-Syn (J7328)
Hyaluronic Acid Hyalgan (J7321)
Hyaluronic Acid Hymovis (J7322)
Hyaluronic Acid Monovisc (J7327)
Hyaluronic Acid Supartz (J7321)
Hyaluronic Acid Supartz (J7321)
Hyaluronic Acid Synvisc (J7325)
Hyaluronic Acid Synvisc-One (J7325)

Remicade ® agent is preferred product

In the February 2017 edition of the Network Update, we announced Anthem Blue Cross and Blue Shield (Anthem) selected Remicade (infliximab) to be the infliximab of choice over $Inflectra_{\Re}$ (infliximab-dyyb).

Effective for dates of service on or after December 1, 2017, Remicade will also be the infliximab of choice over Renflexis $_{\circledR}$ (infliximab-abda), another infliximab biosimilar agent.

Some benefit plans require the use of clinically equivalent agents; therefore, when prescribing a product in these categories, please consider using these agents.

The following clinical guideline has been updated to include the requirement of a clinically equivalent treatment effective December 1, 2017.

Clinical Guideline: CG-DRUG-64 (FDA-Approved Biosimilar Products)

Impacted Agents: Renflexis, Inflectra
Clinically Equivalent Agent: Remicade

* Notice of Material Changes to Contract may apply for new or updated reimbursement policies, medical policies, or precertification requirements depending on utilization and applicability to Providers.

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