

Changes to Cancer Care Quality Program effective May 17, 2021

Effective May 17, 2021, Amerigroup Washington, Inc. will no longer participate in the Cancer Care Quality Program administered by AIM Specialty Health®* (AIM). No other AIM program adjustments will be made at this time.

What do I need to do for my patients already receiving medical oncology treatment?

No action is required on your part for Amerigroup members already receiving medical oncology drugs. All medical oncology authorizations issued before May 17, 2021, will be honored through their stated expiration date. However, treatment extensions, regimen changes and new regimens beginning on or after May 17, 2021, require prior authorization (PA) to be submitted to Amerigroup. Providers will **not** lose their access to the AIM **ProviderPortals_{SM}** to view their current medical oncology authorizations.

How will new medical oncology PA requests be processed?

Effective May 17, 2021, all review requests for medical oncology drugs, including the codes listed below, will need to be submitted to Amerigroup. Providers will no longer go through the AIM **ProviderPortal** to submit medical oncology PA requests. For any new medical oncology drugs that become available between now and May 17, 2021, and require PA, please submit these to Amerigroup.

Medical Policies and *Clinical Utilization Management Guidelines* are located on our [provider website](#) under *Resources*. The policies and clinical utilization management guidelines remain the same. The Prior Authorization Lookup Tool is also available on our provider website under *Resources > Prior Authorization Lookup Tool*.

Prior Authorization requests for medical oncology drugs should be submitted online to Amerigroup. To submit electronic prior authorization (ePA) requests, use CoverMyMeds.* Creating an account is free. While ePA helps streamline the PA process, you may initiate a new PA request by fax or phone. The PA fax number is **1-844-493-9209** and the form is located on our website under *Resources > Forms > Prior Authorizations > Medical Injectables Prior Authorization*. The PA phone number is **1-800-454-3730**.

Medical oncology codes for drug therapy¹

Please submit all review requests for medical oncology, including the codes and drugs listed in the table below, to Amerigroup effective May 17, 2021.

* AIM Specialty Health is an independent company providing some utilization review services on behalf of Amerigroup Washington, Inc. CoverMyMeds is an independent company providing prior authorization services on behalf of Amerigroup Washington, Inc.

HCPCS code	Generic drug name (clinical)	Brand name (clinical)
J9354	Ado-trastuzumab emtansine	Kadcyla
J0207	Amifostine	Ethyol
J0185	Aprepitant, IV	Cinvanti
J9019	Asparaginase erwinia chrysanthemi	Erwinaze
J9022	Atezolizumab	Tecentriq
J9023	Avelumab	Bavencio
J9025	Azacitidine	Vidaza
J9033	Bendamustine HCl	Treanda
J9034	Bendamustine HCl	Bendeka
J9036	Bendamustine HCl	Belrapzo
J9035	Bevacizumab	Avastin
Q5107	bevacizumab-awwb	Mvasi
Q5118	Bevacizumab-bvzr	Zirabev
J9039	Blinatumomab	Blinicyto
J9041	Bortezomib	Velcade
J9044	Bortezomib	Velcade
J9042	Brentuximab vedotin	Adcetris
J9043	Cabazitaxel	Jevtana
J9118	Calaspargase pegol-mknl	Asparlas
J9047	Carfilzomib	Kyprolis
J9119	Cemiplimab-rwlc	Libtayo
J9055	Cetuximab	Erbix
J9057	Copanlisib HCl	Aliqopa
J9145	Daratumumab	Darzalex
J0881, J0882	Darbepoetin alfa	Aranesp Albumin Free
J9155	Degarelix acetate	Firmagon
J0897	Denosumab	Prolia/Xgeva
Q2049, Q2050	Doxorubicin HCl liposomal	Doxil, Lipodox
J9173	Durvalumab	Imfinzi
J9176	Elotuzumab	Empliciti
J9177	Enfortumab vedotin-ejfv	Padcev
Q4081, J0885	Epoetin Alfa	Epogen
Q4081, J0885	Epoetin Alfa	Procrit
Q5105, Q5106	Epoetin Alfa-EPBX	Retacrit
J9179	Eribulin mesylate	Halaven

HCPCS code	Generic drug name (clinical)	Brand name (clinical)
J9358	Fam-trastuzumab deruxtecan-nxki	Enhertu
J1442	Filgrastim	Neupogen
Q5110	Filgrastim-aafi	Nivestym
Q5101	Filgrastim-sndz	Zarxio
J1453	Fosaprepitant dimeglumine	Emend
J1454	Fosnetupitant choride-palonosetron Hcl — (IV only)	Akynzeo, IV
J9395	Fulvestrant	Faslodex
J9203	Gemtuzumab ozogamicin	Mylotarg
J9202	Goserelin acetate	Zoladex
J1460, J1560	Immune globulin (human) IM	Gamastan S/D
J1459, J1556, J1557, J1560, J1566, J1568, J1572, J1599	Immune globulin (human) IV	Bivigam
J1459, J1556, J1557, J1566, J1568, J1572, J1599	Immune globulin (human) IV	Carimune
J1459, J1556, J1557, J1566, J1568, J1572, J1599	Immune globulin (human) IV	Carimune Nanofiltered
J1459, J1556, J1557, J1566, J1568, J1572, J1599	Immune globulin (human) IV	Flebogamma
J1459, J1556, J1557, J1566, J1568, J1572, J1599	Immune globulin (human) IV	Flebogamma Dif
J1459, J1556, J1557, J1566, J1568, J1572, J1599	Immune globulin (human) IV	Gammagard S/d
J1459, J1556, J1557, J1566, J1568, J1572, J1599	Immune globulin (human) IV	Gammagard S/D IGA less than 1 mcg/ml
J1459, J1556, J1557, J1566, J1568, J1572, J1599	Immune globulin (human) IV	Gammaplex
J1459, J1556, J1557, J1566, J1568, J1572, J1599	Immune globulin (human) IV	Gamunex
J1459, J1469, J1556, J1557, J1566, J1568, J1572, J1599	Immune globulin (human) IV	Octagam
J1459, J1556, J1557, J1566, J1568, J1572, J1599	Immune globulin (human) IV	Privigen

HCPSC code	Generic drug name (clinical)	Brand name (clinical)
J1561, J1569	Immune globulin (human) IV or subcutaneous	Gammaked
J1561, J1569	Immune globulin (human) IV or subcutaneous	Gammagard Liquid
J1561, J1569	Immune globulin (human) IV or subcutaneous	Gamunex-C
J1559, J1555	Immune globulin (human) subcutaneous	Cuvitru
J1559, J1555	Immune globulin (human) subcutaneous	Hizentra
J1575	Immune Globulin (human) — hyaluronidase (human recombinant)	HyQvia
J1459, J1556, J1557, J1566, J1568, J1572, J1599, J3490	Immune globulin (human)-ifas	Panzyga
J1558	Immune globulin (human)-klhw	Xembify
J9229	Inotuzumab ozogamicin	Besponsa
J9216	Interferon gamma-1b	Actimmune
J9228	Ipilimumab	Yervoy
J9227	Isatuximab-irfc	Sarclisa
J9207	Ixabepilone	Ixempra Kit
J1930	Lanreotide	Somatuline Depot
J1950, J9217, J9218	Leuprolide acetate	ELIGARD/Lupron/Lupron Depot
J0642	Levoleucovorin	Khapzory
J0641	Levoleucovorin calcium	Fusilev
C9064, C9399, J3490, J3590, J9999	Mitomycin	Jelmyto
J9313	Moxetumomab-tdfk	Lumoxiti
J9299	Nivolumab	Opdivo
J9301	Obinutuzumab	Gazyva
J2353	Octreotide acetate	Sandostatin LAR Depot
J2354	Octreotide acetate	Sandostatin
J2354	Octreotide acetate	Bynfezia Pen
J9302	Ofatumumab	Arzerra
J9285	Olaratumab	Lartruvo
J9264	Paclitaxel protein-bound particles	Abraxane
J2469	Palonosetron HCl	ALOXI
J9303	Panitumumab	Vectibix
J9266	Pegaspargase	Oncaspar
J2505	Pegfilgrastim	Neulasta
Q5120	Pegfilgrastim-bmez	Ziextenzo
Q5111	Pegfilgrastim-cbqv	Udenyca
Q5108	Pegfilgrastim-jmdb	Fulphila

HCPCS code	Generic drug name (clinical)	Brand name (clinical)
J9271	Pembrolizumab	Keytruda
J9305	Pemetrexed disodium	Alimta
J9306	Pertuzumab	Perjeta
J2562	Plerixafor	Mozobil
J9309	Polatuzumab vedotin-piiq	Polivy
J9308	Ramucirumab	Cyramza
C9065, C9399, J3490, J3590, J9999	Romidepsin	Istodax
J2796	Romiplostim	Nplate
C9066, C9399, J3490, J3590, J9999	Sacituzumab govitecan-hziy	Trodelvy
J2820	Sargramostim	Leukine
J2820	Sargramostim	Prokine
J2860	Siltuximab	Sylvant
Q2043	Sipuleucel-T	Provenge
J9269	Tagraxofusp-erzs	Elzonris
J9325	Talimogene laherparepvec	Imlygic
J1447	Tbo-filgrastim	Granix
J3262	Tocilizumab	Actemra
J3315	Triptorelin pamoate	Trelstar
J3316	Triptorelin pamoate, extended-release	Triptodur
J9400	Ziv-aflibercept	Zaltrap

1 Please consult the Prior Authorization Lookup Tool on our [provider website](#) under Resources > Prior Authorization Requirements to confirm PA is required.

What if I need assistance?

If you have questions about this communication, contact your local Provider Experience consultant or call Provider Services at **1-800-454-3730**.