

MEDICAID PROVIDER BULLETIN

August 3, 2015

Prior authorization required for drugs Entyvio and Cyramza

Anthem Blue Cross and Blue Shield Medicaid (Anthem) is adding the following new drugs to the 2015 Medicaid list of injectable or infusible drugs requiring prior authorization. As of **October 1, 2015**, providers must call for prior authorization of these drugs:

1. Entyvio (vedolizumab): a monoclonal antibody that is a specific integrin receptor antagonist used for the treatment of moderately to severely active Crohn's disease and ulcerative colitis in adult patients.

Anthem medical policy: DRUG.00068 (C9026=Injection, vedolizumab, 1 mg)

2. Cyramza (ramucirumab): a monoclonal antibody and human vascular endothelial growth factor receptor 2 antagonist used for treatment of the following:
 - Metastatic gastric or gastroesophageal junction adenocarcinoma with disease progression during or after treatment with fluoropyrimidine- or platinum-containing chemotherapy, as monotherapy or in combination with paclitaxel
 - Metastatic non-small cell lung cancer with disease progression on or after platinum-based chemotherapy, in combination with docetaxel
 - Metastatic colorectal cancer with disease progression on or after therapy with bevacizumab, oxaliplatin and a fluoropyrimidine, in combination with FOLFIRI

Anthem medical policy: DRUG.00067 (C9025=Injection, ramucirumab, 5 mg)

For more information

If you have questions about this communication, please contact your Provider Relations representative or call Provider Services at **1-855-661-2028**.

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