

## **Anthem’s prior authorization updates for specialty pharmacy are available - July 2020**

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### **Prior authorization updates**

Effective for dates of service on and after October 1, 2020, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our prior authorization review process.

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

To access the Clinical Criteria information please click [here](#).

Anthem’s prior authorization clinical review of non-oncology specialty pharmacy drugs will be managed by Anthem’s medical specialty drug review team.

<b>Clinical Criteria</b>	<b>HCPCS or CPT Code(s)</b>	<b>Drug</b>
ING-CC-0038	J3110	Bonsity
ING-CC-0162	J3490 J3590	Tepezza
ING-CC-0163	J3490 C9399	Durysta

### **Step therapy updates**

Effective for dates of service on and after October 1, 2020, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our existing specialty pharmacy medical step therapy review process.

To access the Clinical Criteria information with step therapy(ies), please click [here](#).

Anthem's prior authorization clinical review of non-oncology specialty pharmacy drugs will be managed by Anthem's medical specialty drug review team.

Clinical Criteria	Status	Drug(s)	HCPCS Codes
ING-CC-0072	Preferred	Avastin	J9035, C9257
ING-CC-0072	Preferred	Mvasi	Q5107
ING-CC-0072	Preferred	Zirabev	Q5118
ING-CC-0072	Preferred	Eylea	J0178
ING-CC-0072	Non-preferred	Lucentis	J2778
ING-CC-0072	Non-preferred	Macugen	J2503
ING-CC-0072	Non-preferred	Beovu	J0179

**CORRECTION: June 2020 step therapy update on clinical criteria ING-CC-0003:** Panzyga has been non-preferred for ING-CC 0003 since 2018.

In the [June 2020 Provider News](#) edition, we published information regarding Panzyga to be effective 9/1/2020. This was published in error.

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