

Prior authorization updates for specialty pharmacy effective October 1, 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](#).

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

| Clinical Criteria | HCPCS or CPT Code(s) | Drug |
|-------------------|----------------------|---------|
| 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](#).

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 | HCPCS Code(s) |
|-------------------|---------------|----------|---------------|
| 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

In the June 2020 edition of *Provider News*, we published incorrect information regarding Panzyga to be effective September 1, 2020. *This was published in error.* Panzyga has been non-preferred for ING-CC-0003 since 2018.

540-0720-PN-NE

URL: <https://providernews.anthem.com/connecticut/article/prior-authorization-updates-for-specialty-pharmacy-effective-october-1-2020>

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