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NEW YORK Provider Communications

Prior authorization updates for specialty pharmacy are available

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Prior authorization updates

Effective for dates of service on and after January 1, 2021, 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](#).

Empire BlueCross BlueShield's ("Empire") prior authorization clinical review of non-oncology specialty pharmacy drugs will be managed by Empire's medical specialty drug review team. *Review of specialty pharmacy drugs for oncology indications will be managed by AIM Specialty Health® (AIM), a separate company and are shown in italics in the table below.*

| Clinical Criteria | HCPCS or CPT Code(s) | Drug |
|---------------------|-----------------------------------|-------------------------|
| ING-CC-0170 | J3590, C9399 | Uplizna |
| ING-CC-0172 | J3490, J3590, C9399 | Viltepso |
| ING-CC-0173 | J3490, J3590 | Enspryng |
| ING-CC-0174 | J3490, J3590, C9399 | Kesimpta |
| ING-CC-0168 | J3590, J9999, J3490 | Tecartus |
| <i>*ING-CC-0171</i> | <i>J3490, J3590, J9999</i> | <i>Zepzelca</i> |
| <i>*ING-CC-0169</i> | <i>J3490, J3590, J9999, C9399</i> | <i>Phesgo</i> |
| <i>*ING-CC-0175</i> | <i>J9015</i> | <i>Proleukin</i> |
| <i>*ING-CC-0176</i> | <i>J9032</i> | <i>Beleodaq</i> |
| <i>*ING-CC-0178</i> | <i>J9262</i> | <i>Synribo</i> |
| <i>*ING-CC-0177</i> | <i>J3304</i> | <i>Zilretta</i> |
| ING-CC-0015 | J3490 | Milprosa Vaginal System |
| <i>*ING-CC-0100</i> | <i>C9065</i> | <i>Istodax</i> |
| ING-CC-0038 | J3110 | Forteo |
| <i>*ING-CC-0002</i> | <i>J3590</i> | <i>Nyvepria</i> |

* Non-oncology use is managed by Empire's medical specialty drug review team. *Oncology use is managed by AIM.*

Step therapy updates

Effective for dates of service on and after January 1, 2021, 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 related to Step Therapy, please click [here](#).

Empire's prior authorization clinical review of non-oncology specialty pharmacy drugs will be managed by Empire's medical specialty drug review team. *Review of specialty pharmacy drugs for oncology indications will be managed by AIM Specialty Health® (AIM), a separate company and are shown in italics in the table below.*

| Clinical Criteria | Status | Drug(s) | HCPCS Code(s) |
|-------------------|---------------|-----------|---------------|
| *ING-CC-0002 | Preferred | Neulasta | J2505 |
| *ING-CC-0002 | Preferred | Udenyca | Q5111 |
| *ING-CC-0002 | Non-preferred | Fulphila | Q5108 |
| *ING-CC-0002 | Non-preferred | Ziextenzo | Q5120 |
| *ING-CC-0002 | Non-preferred | Nyvepria | J3590 |

* Non-oncology use is managed by Empire's medical specialty drug review team. *Oncology use is managed by AIM.*

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