

Prior authorization updates for specialty pharmacy are available - October 2020*

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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.](#)

Anthem Blue Cross and Blue Shield (Anthem)'s prior authorization clinical review of non-oncology specialty pharmacy drugs will be managed by Anthem'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 Anthem'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.](#)

Anthem Blue Cross and Blue Shield (Anthem)'s prior authorization clinical review of non-oncology specialty pharmacy drugs will be managed by Anthem'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

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URL: <https://providernews.anthem.com/wisconsin/article/prior-authorization-updates-for-specialty-pharmacy-are-available-october-2020>

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