

## Updates for specialty pharmacy are available - September 2021

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### *Material adverse change (MAC) notification*

#### **Prior authorization updates**

**Effective for dates of service on and after December 1, 2021**, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our prior authorization review process.

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

Prior authorization clinical review of non-oncology use of specialty pharmacy drugs is managed by the medical specialty drug review team. Review of specialty pharmacy drugs for oncology use is managed by AIM Specialty Health® (AIM).

Clinical Criteria	HCPCS or CPT Code(s)	Drug
**ING-CC-0201	J9999	Rybrevant

\* Non-oncology use is managed by the medical specialty drug review team.

\*\* Oncology use is managed by AIM.

#### **Quantity limit updates**

**Effective for dates of service on and after December 1, 2021**, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our quantity limit review process.

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

Prior authorization clinical review of non-oncology use of specialty pharmacy drugs is managed by the medical specialty drug review team. Review of specialty pharmacy drugs for oncology use is managed by AIM Specialty Health® (AIM).

Clinical Criteria	HCPCS or CPT Code(s)	Drug
*ING-CC-0050	J3490, J3590	Skyrizi
*ING-CC-0075	Q5123	Riabni

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\*\* Oncology use is managed by AIM.

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