

## Prior authorization updates for medications billed under the medical benefit

Effective for dates of service on and after April 1, 2023, the following medication codes billed on medical claims from current or new *Clinical Criteria* documents will require prior authorization.

Please note, inclusion of a national drug code on your medical claim is necessary for claims processing.

Visit the [Clinical Criteria](#) website to search for the specific *Clinical Criteria* listed below.

<i>Clinical Criteria</i>	HCPCS or CPT® code(s)	Drug name
<b>ING-CC-0062</b>	J3590	Yusimry (adalimumab-aqvh)

### What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Experience representative or call the correlating Provider Services number below:

- Hoosier Healthwise: **866-408-6132**
- Healthy Indiana Plan: **844-533-1995**
- Hoosier Care Connect: **844-284-1798**

**Note:** Prior authorization requests for certain medications may require additional documentation to determine medical necessity.



**Email is the quickest and most direct way to receive important information from Anthem Blue Cross and Blue Shield.**



To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (<https://bit.ly/2XN9y9o>).

### <https://providers.anthem.com/in>

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Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

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