

Provider Bulletin

December 2022

Prior authorization updates for medications billed under the medical benefit

Effective for dates of service on and after March 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 claim processing.

Visit the *Clinical Criteria* website to search for the specific *Clinical Criteria* listed below.

Clinical Criteria	HCPCS or CPT [®] code(s)	Drug name
ING-CC-0212	J2356	Tezspire (tezepelumab-ekko)

What if I need assistance?

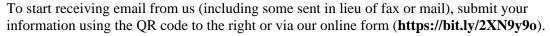
If you have questions about this communication or need assistance with any other item, contact your local Provider Experience consultant or call the correlating Provider Services number below:

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.





https://providers.anthem.com/in

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