

Prior Authorization Updates for Medications Billed Under the Medical Benefit

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

Please note the inclusion of a national drug code on your medical claim will help expedite claim processing of drugs billed with a not otherwise classified (NOC) code.

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

<i>Clinical Criteria</i>	HCPSC or CPT® code(s)	Drug name
ING-CC-0202	J0491	Saphnelo (anifrolumab-fnia)

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Experience associate or call Provider Services at:

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



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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