

## 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 required for claims processing.

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

<i>Clinical Criteria</i>	HCPDS or CPT® code(s)	Drug name
<b>ING-CC-0118</b>	A9699	Pluvicto (lutetium Lu 177 vipivotide tetraxetan)
<b>ING-CC-0216</b>	J9999, J3490, J3590, C9399	Opdualag (nivolumab and relatlimab-rmbw)
<b>ING-CC-0107</b> <b>ING-CC-0072</b>	J9999, J3490, J3590, C9399	Alymsys (bevacizumab-maly)
<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 assigned Provider Relationship Management associate or call Provider Services at **855-661-2028**.

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



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<https://providers.anthem.com/ky>

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