

Prior authorization updates for medications billed under the medical benefit

Effective for dates of service on and after February 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.

<i>Clinical Criteria</i>	HCPSC or CPT® code(s)	Drug name
ING-CC-0002	C9096	Releuko (Injection, filgrastim-ayow, biosimilar)
ING-CC-0072	C9097	Vabysmo (faricimab-svoa)

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

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 Provider Services at **855-661-2028**.



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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/3lZ9oEj>).



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

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