

Prior authorization updates for medications billed under the medical benefit

Effective for dates of service on and after July 1, 2022, 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 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>	HCPCS or CPT® code(s)	Drug name
ING-CC-0201	J9061	Rybrevant (amivantamab-vmjm)

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**.

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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