

Prior authorization updates for specialty pharmacy

Effective for dates of service on and after January 1, 2022 the following specialty pharmacy codes from current or new *Clinical Criteria* documents will require prior authorization.

Please note, inclusion of a national drug code on your 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	Generic name	Drug class
ING-CC-0179	J9037	Blenrep	Belantamab	Oncology
ING-CC-0180	J9349	Monjuvi	Tafasitamab-cxix	Oncology
ING-CC-0181	J3490	Veklury	Remdesivir	COVID-19

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **1-855-661-2028**.



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