

Prior authorization updates for medications billed under the medical benefit

Effective for dates of service on and after December 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 is required and 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-0202	J0491	Saphnelo (anifrolumab-fnia)
ING-CC-0203	C9090, J3490, J3590	Ryplazim (plasminogen, human-tvmh)
ING-CC-0204	J9273	Tivdak (tisotumab vedotin-tftv)

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, visit the *Contact Us* section at the bottom of our provider website (<https://providers.anthem.com/wi>) for up-to-date contact information or call Provider Services at **855-558-1443**.



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 (anthem.ly/WImp).



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