## **Provider Bulletin**

December 2022

## 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 required for claims processing.

Visit the *Clinical Criteria* website to search for the specific *Clinical Criteria* listed below.

| Clinical Criteria          | HCPCS or CPT® code(s)         | Drug name  |
|----------------------------|-------------------------------|--|
| ING-CC-0118                | A9699                         | Pluvicto (lutetium Lu 177 vipivotide tetraxetan) |
| ING-CC-0216                | J9999, J3490,<br>J3590, C9399 | Opdualag (nivolumab and relatlimab-rmbw)         |
| ING-CC-0107<br>ING-CC-0072 | J9999, J3490,<br>J3590, C9399 | Alymsys (bevacizumab-<br>maly)                   |
| ING-CC-0062                | J3590                         | Yusimry (adalimumab-<br>aqvh)                    |

## 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 **800-450-8753**.

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



Email is the quickest and most direct way to receive important information from Empire BlueCross BlueShield HealthPlus.



