

Prior authorization updates for specialty pharmacy are available

Effective for dates of service on and after February 1, 2021, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our precertification review process.

Please note: Inclusion of National Drug Code (NDC) on your claim will help expedite claim processing of drugs billed with a Not Otherwise Classified (NOC) code.

To access the clinical criteria document information please select [here](#).

Clinical criteria	HCPDS or CPT code(s)	Drug
<i>ING-CC-0072</i>	J0179	Beovu
<i>ING-CC-0082</i>	J0222	Onpattro
<i>ING-CC-0034</i>	J0593	Takhzyro
<i>ING-CC-0041</i>	J1303	Ultomiris
<i>ING-CC-0003; ING-CC-0039</i>	J1460	Gamma globulin, intramuscular, 1cc
<i>ING-CC-0003; ING-CC-0039</i>	J1560	Gamma globulin, intramuscular, over 10cc
<i>ING-CC-0058</i>	J2353	Sandostatin LAR Depot
<i>ING-CC-0072</i>	J2778	Lucentis
<i>ING-CC-0139</i>	J3111	Evenity
<i>ING-CC-0031</i>	J7314	Yutiq
<i>ING-CC-0061</i>	J9225	Vantas
<i>ING-CC-0061</i>	J9226	Supprelin LA
<i>ING-CC-0014</i>	Q3027	Avonex
<i>ING-CC-0002</i>	Q5111	Udenyca
<i>ING-CC-0075</i>	Q5115	Truxima
<i>ING-CC-0072</i>	Q5118	Zirabev