

Anthem Blue Cross and Blue Shield expands specialty pharmacy prior authorization list

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Effective for dates of service on and after **July 1, 2019**, the following specialty pharmacy codes from the current clinical guideline will be included in our prior authorization review process.

Please note, inclusion of the National Drug Code (NDC) on your claim will shorten the claim processing time of drugs billed with a Not Otherwise Classified (NOC) code.

For Anthem Blue Cross and Blue Shield along with our affiliate HealthKeepers, Inc., pre-service clinical review of these specialty pharmacy drugs will be managed by Anthem. Drugs used for the treatment of Oncology will still require pre-service clinical review by AIM Specialty Health® (AIM), a separate company.

This would apply to members with Preferred Provider Organization (PPO), Anthem HealthKeepers (HMO), POS AdvantageOne, and Act Wise (CDH plans).

The following clinical guideline will be effective **July 1, 2019**.

Clinical Guideline	HCPCS or CPT Code(s)	NDC Code(s)	Drug
CG-THER-RAD-03	A9699, C9408	71258-0015-02 71258-0015-22	Azedra®

URL: <https://providernews.anthem.com/virginia/article/anthem-blue-cross-and-blue-shield-expands-specialty-pharmacy-prior-authorization-list>

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