

## Specialty pharmacy pre-service clinical review list expanded effective September 1, 2019

Published: Jun 1, 2019 - **Products & Programs** / Pharmacy

Effective for dates of service on and after September 1, 2019, the following specialty pharmacy codes from new or current clinical criteria or guideline will be included in our pre-service clinical review process.

Please note, inclusion of NDC code on your claim will help expedite the claim processing of drugs billed with a not otherwise classified (NOC) code.

The following clinical criteria or guideline will be effective September 1, 2019.

| Clinical Criteria/Guideline | HCPCS or CPT Code(s) | NDC Code(s)                                     | Drug       |
|-----------------------------|----------------------|---|------------|
| CG-DRUG-98                  | C9042, J9999         | 42367-0520-25                                   | Belrapzo™  |
| ING-CC-0088                 | C9399, J9999         | 72187-0401-01                                   | Elzonris™  |
| ING-CC-0087                 | C9399, J3590         | 72171-0501-01<br>72171-0505-01                  | Gamifant®  |
| ING-CC-0041                 | C9399, J3590         | 25682-0022-01                                   | Ultomiris™ |
| ING-CC-0086                 | J3490                | 50458-0028-00<br>50458-0028-02<br>50458-0028-03 | Spravato™  |

**URL:** <https://providernews.anthem.com/connecticut/article/specialty-pharmacy-pre-service-clinical-review-list-expanded-effective-september-1-2019>

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