

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

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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 72171-0505-01	Gamifant®
ING-CC-0041	C9399, J3590	25682-0022-01	Ultomiris™
ING-CC-0086	J3490	50458-0028-00 50458-0028-02 50458-0028-03	Spravato™

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