

# Virginia Provider Communications

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## Anthem expands specialty pharmacy prior authorization list

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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 prior authorization review process.

Please note, inclusion of NDC code 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 and 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.

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<br>J9999       | 42367-0520-25                                   | Belrapzo™  |
| ING-CC-0088                 | C9399<br>J9999       | 72187-0401-01                                   | Elzonris™  |
| ING-CC-0087                 | C9399<br>J3590       | 72171-0501-01<br>72171-0505-01                  | Gamifant®  |
| ING-CC-0041                 | C9399<br>J3590       | 25682-0022-01                                   | Ultomiris™ |
| ING-CC-0086                 | J3490                | 50458-0028-00<br>50458-0028-02<br>50458-0028-03 | Spravato™  |

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<https://providernews.anthem.com/virginia/article/anthem-expands-specialty-pharmacy-prior-authorization-list-13>

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