



UniCare State Indemnity Plan Expands Specialty Pharmacy Prior Authorization List

Effective May 1, 2019

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

The following clinical criteria will be effective May 1, 2019:

Clinical Criteria/Guideline	HCPCS or CPT Code	NDC Code	Drug
ING-CC-0074	J8655	69639-0102-01	Akynzeo®
ING-CC-0077	C9399 J3590	68135-0058-90 68135-0673-40 68135-0673-45 68135-0756-20	Palynziq™
ING-CC-0081	J0584	69794-0102-01 69794-0203-01 69794-0304-01	Crysvita®
ING-CC-0082	C9399 J3490	71336-1000-01	Onpattro™