



Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) prior authorization updates for specialty pharmacy

Summary of update: Please note the revised effective date below for the implementation of prior authorization (PA) requirements for injectable iron deficiency anemia products.

Effective for dates of service on or after May 1, 2021, the specialty Medicare Part B drugs listed in the table below will be included in our PA review process.

Federal and state law, state contract language, and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

HCPCS or CPT® code	Medicare Part B drugs
J1756	Venofer®
J2916	Ferrlecit®
J1750	Infed®
J1439	Injectafer®
Q0138	Feraheme®
J1437	Monoferric®

<https://providers.amerigroup.com/TX>

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.