

Prior authorization required for specialty pharmacy drugs

Effective for dates of service on and after May 1, 2021, the following specialty pharmacy codes from current or new *Clinical Criteria* documents will require prior authorization.

Visit the *Clinical Criteria* website to search for specific clinical criteria. Please note, these codes are specific to Agents for Iron Deficiency Anemia. The *Clinical Criteria* indicated below can be found at: <https://www.anthem.com/ms/pharmacyinformation/Agents-for-Iron-Deficiency-Anemia.pdf>.

| <i>Clinical Criteria</i> | HCPSC or CPT® code(s) | Drug |
|--------------------------|-----------------------|------------|
| ING-CC-0182 | J1756 | Venofer |
| ING-CC-0182 | J2916 | Ferrlecit |
| ING-CC-0182 | J1750 | Infed |
| ING-CC-0182 | J1439 | Injectafer |
| ING-CC-0182 | Q0138 | Feraheme |
| ING-CC-0182 | J1437 | Monoferic |

If you have questions about this communication or need further assistance, contact your local Provider Relations representative or call Provider Services at **1-800-454-3730**.