



Medicaid Managed Care

## Provider Bulletin

[Date]

### Prior authorization required for specialty pharmacy drugs

Effective for dates of service on and after [DATE], 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:

[\[https://www.anthem.com/ms/pharmacyinformation/Agents-for-Iron-Deficiency-Anemia.pdf\]](https://www.anthem.com/ms/pharmacyinformation/Agents-for-Iron-Deficiency-Anemia.pdf).

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

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **[1-844-521-6942]**.

<https://providers.healthybluela.com>

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