

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).

<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 assistance with any other item, contact your local Provider Relations representative or call Provider Services at **[1-844-521-6942]**.