

Provider Bulletin

March 2023

New specialty pharmacy medical step therapy requirements

Effective for dates of service on and after July 1, 2023, the following specialty pharmacy codes from current or new Clinical Criteria documents will be included in our existing specialty pharmacy medical step therapy review process. Step therapy review will apply upon prior authorization initiation or renewal in addition to the current medical necessity review of all drugs noted below.

The list of *Clinical Criteria* is publicly available on our provider website. Visit the *Clinical Criteria* website to search for specific Clinical Criteria.

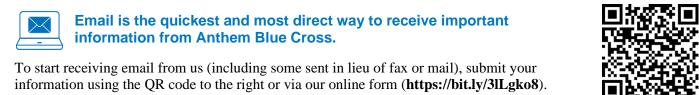
Clinical Criteria	Status	Drug	HCPCS or CPT [®] code(s)
<i>CC-0182</i>	Non-preferred	Infed (iron dextran)	J1750
<i>CC-0182</i>	Non-preferred	Injectafer (ferric carboxymaltose)	J1439
<i>CC-0182</i>	Non-preferred	Monoferric (ferric derisomaltose)	J1437
<i>CC-0182</i>	Preferred	* Feraheme (ferumoxytol)	Q0138
CC-0182	Preferred	Ferrlecit (sodium ferric gluconate/sucrose complex)	J2916
<i>CC-0182</i>	Preferred	Venofer (iron sucrose)	J1756

* Feraheme (ferumoxytol) will change to preferred for both brand and generic.

Contact us

Availity** Chat with Payer is available during normal business hours. Get answers to your questions about eligibility, benefits, authorizations, claims status, and more. To access Availity Essentials, go to availity.com and select the appropriate payer space tile from the drop-down. Then, select **Chat with Payer** and complete the pre-chat form to start your chat.

For additional support, visit the Contact Us section at the bottom of our provider website for the appropriate contact.



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