

Prior authorization required for specialty pharmacy drugs

Effective for dates of service on and after April 1, 2022, 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>	HCPCS 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 Experience representative or call Provider Services at **855-661-2028**.



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To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (<https://bit.ly/3lZ9oEj>).



<https://providers.anthem.com/ky>

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