



## Prior authorization required for specialty pharmacy drugs

Effective for dates of service on and after September 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>.

<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	Monoferric

If you have questions about this communication or need further assistance, contact your local Provider Relations representative or call Provider Services at **1-844-396-2330**.

<https://mediproviders.anthem.com/nv>