

Provider Bulletin
March 2023

New specialty pharmacy medical step therapy requirements

Effective for dates of service on and after May 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)
CC-0182	Non-preferred	Infed (iron dextran)	J1750
CC-0182	Non-preferred	Injectafer (ferric carboxymaltose)	J1439
CC-0182	Non-preferred	Monoferric (ferric derisomaltose)	J1437
CC-0182	Preferred	* Feraheme (ferumoxytol)	Q0138
CC-0182	Preferred	Ferrlecit (sodium ferric	J2916
		gluconate/sucrose complex)	
CC-0182	Preferred	Venofer (iron sucrose)	J1756

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

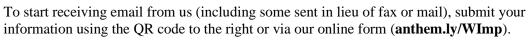
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For additional support, visit the *Contact Us* section at the bottom of our provider website for the appropriate contact.



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^{**} Availity, LLC is an independent company providing administrative support services on behalf of the health plan.