



An Anthem Company

## Provider Bulletin

February 2021

### New specialty pharmacy medical step therapy requirements

Effective for dates of service on and after May 1, 2021, Empire BlueCross BlueShield HealthPlus will include the specialty pharmacy drugs and corresponding codes from current *Clinical Criteria* noted below in our medical step therapy precertification review process. Step therapy review applies upon precertification initiation or renewal, in addition to the current medical necessity review.

<b>Clinical Criteria</b>	<b>Status</b>	<b>Drug(s)</b>	<b>HPCS codes</b>
ING-CC-0182	Preferred	Infed	J1750
ING-CC-0182	Preferred	Venofer	J1756
ING-CC-0182	Preferred	Ferrlecit	J2916
ING-CC-0182	Nonpreferred	Injectafer	J1439
ING-CC-0182	Nonpreferred	Feraheme	Q0138 (non-ESRD use)
ING-CC-0182	Nonpreferred	Monoferic	J1437

The *Clinical Criteria* is publicly available on our provider website. Visit <https://www.anthem.com/ms/pharmacyinformation/Agents-for-Iron-Deficiency-Anemia.pdf> for the specific *Clinical Criteria*.

#### What if I need assistance?

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 **1-800-450-8753**.

[www.empireblue.com/nymedicaiddoc](http://www.empireblue.com/nymedicaiddoc)

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