

Correction to a prior authorization update

In a recent notification, we shared that effective May 1, 2021, the following codes would be included in our prior authorization review process. Please be advised that these codes will not be included in our prior authorization process at this time.

Clinical Criteria	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	Monoferric