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To: AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas Northeast Providers
Date: February 3, 2020
Subject: Additional HCPCS medication codes requiring prior authorization

As you are aware AmeriHealth Caritas Pennsylvania (PA) and AmeriHealth Caritas Northeast are using the same prior authorization guidelines as required by Pennsylvania Department of Human Services (DHS) for drugs included in the statewide preferred drug list (PDL). This change was implemented on January 1, 2020. We would like to bring to your attention that with this implementation the HCPCS medication codes listed below will require prior authorization:

Procedure Code	HCPCS description
J1439	Ferric carboxymaltose [Injectafer]
Q0138	Ferumoxytol non-esrd use [Feraheme]

The complete and detailed list of HCPCS medication codes requiring prior authorization is available on www.amerhealthcaritaspa.com → Pharmacy → Pharmacy Prior Authorization → HCPCS codes requiring prior authorization and www.amerhealthcaritasnortheast.com → Pharmacy → Prior Authorization → HCPCS codes that require authorization.

If you have any questions about this communication, please call the Pharmacy Services department: AmeriHealth Caritas PA at 1-866-610-2774 or AmeriHealth Caritas Northeast at 1-888-208-1020.