

Additional HCPCS medication codes requiring prior authorization

As you are aware Keystone First and Keystone First Community HealthChoices (CHC) 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.keystonefirstpa.com→Pharmacy→Pharmacy Prior Authorization→HCPCS medication codes requiring prior authorization and www.keystonefirstchc.com→Providers→Pharmacy→View list of HCPCS codes that require authorization.

Should you have any questions about this communication, please call the Pharmacy Services department: **Keystone First: 1-800-588-6767** and **Keystone First Community HealthChoices: 1-866-907-7088** or **Provider Services** at 1-800-521-6007.

Fraud, Waste, and Abuse Tip Hotline: 1-866-833-9718, 24 hours a day, seven days a week. Secure and confidential. You may remain anonymous.

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