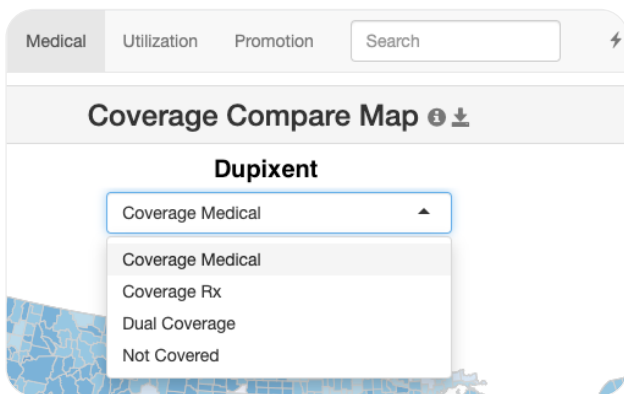


NEW!

Medical Benefit / Policy Analytics



A Comprehensive Medical Benefit Report Suite



Stay ahead of policy changes for Medical vs Dual Benefit drug coverage

Medical Policy and Drug Coverage Summary Analytics

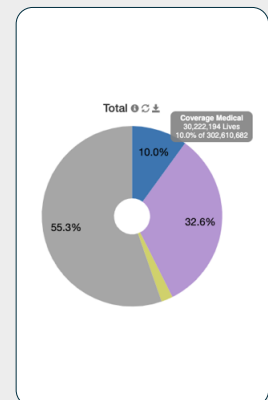
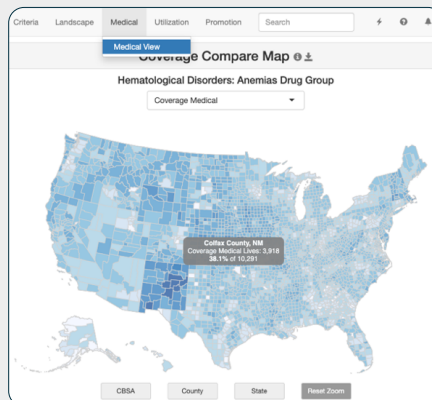
- Policy Restrictions Updated Daily
- Policy Data URLs Updated Weekly
- All Data is Supported with Downloadable Source Files

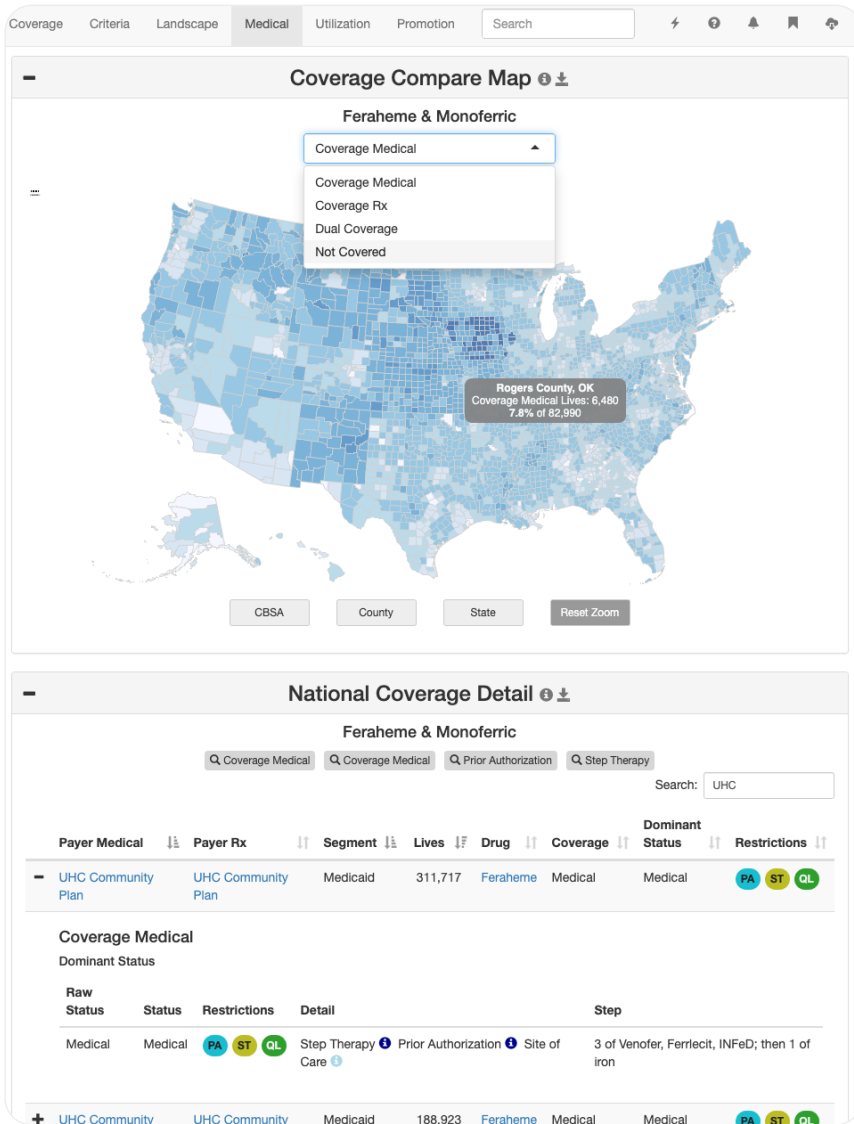
Medical Benefit Restriction Details with Downloadable Policy Source Files & Alerts!

- Daily Alerts Sent Directly to your Inbox
- Every Alert is Supported with Downloadable Source Files
- All Insurance Segments Covered
- All Medical Drugs Included

Current (published 2020-10-21) vs. Previous Status (published 2020-01-01)										
<table border="1"><thead><tr><th>Status</th><th>Raw Restrictions</th></tr></thead><tbody><tr><td>Current: Preferred Specialty</td><td><ul style="list-style-type: none">• Prior Authorization• Quantity Limit• Specialty Pharmacy</td></tr><tr><td>2020-10-21: Step Therapy (P) Prior Authorization (P) Medical Benefit Eligible (P)</td><td></td></tr><tr><td>Previous: Non-Preferred Specialty</td><td><ul style="list-style-type: none">• Prior Authorization• Step Therapy• Quantity Limit</td></tr><tr><td>2020-01-01: Step Therapy (P) Prior Authorization (P) Medical Benefit Eligible (P)</td><td>Step Details: 1 of generic hydroxyprogesterone caproate (P)</td></tr></tbody></table>	Status	Raw Restrictions	Current: Preferred Specialty	<ul style="list-style-type: none">• Prior Authorization• Quantity Limit• Specialty Pharmacy	2020-10-21: Step Therapy (P) Prior Authorization (P) Medical Benefit Eligible (P)		Previous: Non-Preferred Specialty	<ul style="list-style-type: none">• Prior Authorization• Step Therapy• Quantity Limit	2020-01-01: Step Therapy (P) Prior Authorization (P) Medical Benefit Eligible (P)	Step Details: 1 of generic hydroxyprogesterone caproate (P)
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Summary Medical, Rx, and Dual Benefit Analytics by:

- Geography
- Medical Policy / Restriction
- Benefit Structure
- Live Policy URLs (Medical/Rx)
- Parent / Payer Breakout
- Insurance Segment Overview

Research Detail: Prior Authorization

Intravenous Iron Replacement Therapy (Feraheme & Injectafer) (for Louisiana Only) Community Plan Medical Benefit Drug PolicyOpens in a new window

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Title: Intravenous Iron Replacement Therapy (Feraheme & Injectafer) (for Louisiana Only) Community Plan Me...

Prior Authorization: Exists

Feraheme (ferumoxytol) is proven for the following indications:

- **Iron Deficiency Anemia (IDA) WITHOUT Chronic Kidney Disease (CKD)** Feraheme and Injectafer are medically necessary when the following criteria are met:
 - o For initial therapy, all of the following:
 - ? Submission of medical records (e.g., lab values, chart notes, etc.) supporting the diagnosis of IDA; and
 - ? Patient does not have CKD; and
 - ? History of failure, contraindication, or intolerance, to oral iron therapy; and
 - ? One of the following:
 - Both of the following:

Medical Policy Restriction Details:

- Status
- Restriction
- Covered Lives
- Payer and Insurance Segment
- Downloadable Policy URLs