

## New specialty pharmacy medical step therapy requirements

Effective for dates of service on and after May 8, 2023, the following specialty pharmacy codes from current or new *Clinical Criteria* documents will be included in our existing specialty pharmacy medical step therapy review process. Step therapy review will apply upon prior authorization initiation or renewal in addition to the current medical necessity review of all drugs noted below.

The list of *Clinical Criteria* is publicly available on our provider website. Visit the [Clinical Criteria](#) website to search for specific *Clinical Criteria*.

<b>Clinical Criteria</b>	<b>Status</b>	<b>Drug(s)</b>	<b>HCPCS codes</b>
<a href="#">ING-CC-0002</a>	Preferred	Zarxio	Q5101
<a href="#">ING-CC-0002</a>	Non-Preferred	Granix	J1447
<a href="#">ING-CC-0002</a>	Non-Preferred	Neupogen	J1442
<a href="#">ING-CC-0002</a>	Non-Preferred	Nivestym	Q5110
<a href="#">ING-CC-0002</a>	Non-Preferred	Releuko*	Q5125

\* Releuko is being added to the existing Step Therapy for Short Acting Colony Stimulating Factor Agents; all other drug statuses remain the same.



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