

New specialty pharmacy medical step therapy requirements

Effective for dates of service on and after **March 1, 2021**, the following specialty pharmacy drugs and corresponding codes from current *Clinical Criteria* will be included in our medical step therapy precertification review process. Step therapy review will apply upon precertification initiation or renewal, in addition to the current medical necessity review of all drugs noted below.

Below are the *Clinical Criteria* that have been updated to include the requirement of a preferred agent effective **March 1, 2021**.

The *Clinical Criteria* are made publicly available on the Anthem Blue Cross provider website. Visit <http://anthem.ly/39L6fU6> to search for specific *Clinical Criteria*.

<i>Clinical Criteria</i>	Status	Drug name	HCPCS code
ING-CC-0002	Preferred	Neulasta	J2505
ING-CC-0002	Preferred	Udenyca	Q5111
ING-CC-0002	Non-preferred	Fulphila	Q5108
ING-CC-0002	Non-preferred	Ziextenzo	Q5120
ING-CC-0002	Non-preferred	Nyvepria	J3590

<https://providers.anthem.com/ca>