

## New specialty pharmacy medical step therapy requirements

Effective for dates of service on and after May 1, 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*.

<i>Clinical Criteria</i>	Status	Drug(s)	HCPCS codes
<a href="#">ING-CC-0010</a>	Preferred	Repatha	C9399, J3490, J3590
<a href="#">ING-CC-0209</a>	Non-preferred	Leqvio	J1306
<a href="#">ING-CC-0010</a>	Non-preferred	Praluent	C9399, J3490, J3590



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

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