

## New specialty pharmacy medical step therapy requirements

**Summary of change:** Effective January 1, 2021, the following Part B medications from the current *Clinical Utilization Management (UM) Guidelines* will be included in our medical step therapy precertification review process. Step therapy review will apply upon precertification initiation, in addition to the current medical necessity review (as is current procedure). Step therapy will not apply for members who are actively receiving medications listed below.

*Clinical UM Guidelines* are publicly available on the provider website. Visit the [Clinical Criteria page](#) to search for specific criteria.

| <b>Clinical UM Guidelines</b> | <b>Preferred drug(s)</b>            | <b>Non-preferred drug(s)</b>   |
|-------------------------------|-------------------------------------|--|
| <b>ING-CC-0002</b>            | Neulasta (J2505)<br>Udenyca (Q5111) | Including but not limited to:<br>Fulphila (Q5108)<br>Ziextenzo (Q5120)<br>Nyvepria (J3590) |