

## New specialty pharmacy medical step therapy requirements

Effective for dates of service on and after July 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.

*Clinical Criteria* CC-0041 will be adding step therapy preferring Enspryng and Uplizna for the indication of neuromyelitis optica spectrum disorder.

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="#">CC-0041</a>	Non-preferred	Soliris (eculizumab)	J1300
<a href="#">CC-0041</a>	Preferred	Enspryng (satralizumab-mwge)	C9399, J3590, J3490
<a href="#">CC-0041</a>	Preferred	Uplizna (inebilizumab-cdon)	J1823