

## New specialty pharmacy medical step therapy requirements

Effective for dates of service on and after January 17, 2020, the following Medicare 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 of all drugs noted below (as is current procedure). Step therapy will not apply for members who are actively receiving medications listed below.

Additional information regarding biosimilar drugs can be found by viewing the reference document, [Biosimilar Drugs — What are they?](#)

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

<b>Clinical UM Guidelines</b>	<b>Preferred drug</b>	<b>Nonpreferred drug</b>
<b>ING-CC-0002</b>	Zarxio	Including but not limited to: Neupogen Granix Nivestym
<b>ING-CC-0003</b>	Gamunex-C Octagam	Including but not limited to: Asceniv Bivigam Carimune NF Cutaquig Cuvitru Flebogamma/Fleobogamma DIF Gammagard Gammagard S/D Gammaked Gammaplex Hizentra Hyqvia Panzyga Privigen