

## **New specialty pharmacy medical step therapy requirements**

Effective for dates of service on and after March 1, 2020, 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.

The *Clinical Criteria* below will be updated to include the requirement of a preferred agent:

<b><i>Clinical Criteria</i></b>	<b>Preferred drug</b>	<b>Nonpreferred drug</b>
ING-CC-0034	Haegarda (J0599)	Cinryze (J0598)
ING-CC-0034	Takhzyro (J3490, J3590, C9399)	Cinryze (J0598)

*Clinical Criteria* is made publicly available on our provider website. Visit [Clinical Criteria website](#) to search for specific *Clinical Criteria*.