

New specialty pharmacy medical step therapy requirements

Highmark Blue Cross Blue Shield of Western New York partners with Amerigroup companies to administer certain services to Medicaid Managed Care (MMC) and Child Health Plus (CHPlus) members. Please note, this information is specific to the MMC and CHPlus programs only.

Effective for dates of service on and after April 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*.

Clinical Criteria	Status	Drug(s)	HCPCS codes
ING-CC-0010	Preferred	Repatha	C9399, J3490, J3590
ING-CC-0209	Non-preferred	Leqvo	J1306
ING-CC-0010	Non-preferred	Praluent	C9399, J3490, J3590



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To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (bit.ly/NYwesternmp).



<https://providerpublic.mybcbswny.com>

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NYWEST-CD-011552-22-CPN10137 February 2023