

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 May 8, 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)	HCPSC codes
ING-CC-0002	Preferred	Zarxio	Q5101
ING-CC-0002	Non-Preferred	Granix	J1447
ING-CC-0002	Non-Preferred	Neupogen	J1442
ING-CC-0002	Non-Preferred	Nivestym	Q5110
ING-CC-0002	Non-Preferred	Releuko*	Q5125

* Releuko is being added to the existing Step Therapy for Short Acting Colony Stimulating Factor Agents; all other drug statuses remain the same.



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<https://providerpublic.mybcbswny.com>

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