



New specialty pharmacy medical step therapy requirements

Effective for dates of service on and after August 1, 2021, Anthem Blue Cross and Blue Shield Healthcare Solutions will include the specialty pharmacy drugs and corresponding codes from current *Clinical Criteria* noted below in our medical step therapy precertification review process. Step therapy review applies upon prior authorization initiation or renewal, in addition to the current medical necessity review.

| <i>Clinical Criteria</i> | Status | Drug(s) | HCPCS codes |
|---------------------------------|---------------|--|--------------------|
| <i>ING-CC-0174</i> | Preferred | Fumaric acid derivative: generic dimethyl fumarate | J8499 |
| <i>ING-CC-0174</i> | Nonpreferred | Kesimpta | J3590, C9399 |

The *Clinical Criteria* is publicly available on our provider website at <https://providers.anthem.com/nv>. Visit the *Clinical Criteria* website to search for specific clinical criteria.

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **844-396-2330**.

<https://providers.anthem.com/nv>