

New specialty pharmacy medical step therapy requirements

This communication applies to the Medicare Advantage and Medicare-Medicaid Plan (MMP) programs for Anthem Blue Cross (Anthem).

Effective December 1, 2022, the following 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 (as is current procedure). Step therapy will not apply for members who are actively receiving medications listed below.

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

<i>Clinical UM Guidelines</i>	Preferred drug(s)	Nonpreferred drug(s)
ING-CC-0107	Avastin Mvasi	Zirabev Alymsys