

New specialty pharmacy medical step therapy requirements

BlueCross BlueShield 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 notice is specific to the MMC and CHPlus programs only.

Effective for dates of service on and after January 1, 2021, 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 effective January 1, 2021.

Clinical criteria	Preferred drug	Nonpreferred drug
ING-CC-0167	Ruxience (Q5119), Truxima (Q5115)	Rituxan (J9312)

The clinical criteria is publicly available on our [provider website](#).

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 **1-866-231-0847**.

<https://providerpublic.mybcbswny.com>

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