

**MEDICAID PROVIDER BULLETIN**

April 2019

**CLARIFICATION — New specialty pharmacy medical step therapy requirements**

In a recent notification, we shared that the following medical step therapy requirements will be effective May 1, 2019. The implementation date for these requirements has been delayed. We will notify you with a new effective date once determined. The existing process for medical necessity review for clinical appropriateness of the drugs listed below has not changed and will remain in place until further notice.

Clinical criteria	Preferred drug	Nonpreferred drug
ING-CC-0001	Retacrit (Q5106)	Procrit (J0885)
ING-CC-0002	Zarxio (Q5101)	Neupogen (J1442), Granix (J1447) and Nivestym (Q5110)

The clinical criteria is publicly available on our provider website. Visit the [Clinical Criteria](#) website to search for specific clinical criteria.

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 **1-855-661-2028**.



<https://medproviders.anthem.com/ky>