



November 2021

Medical Step Therapy Updates

Please note, this communication applies to Healthy Blue + MedicareSM (HMO D-SNP) offered by Blue Cross and Blue Shield of North Carolina.

Effective February 1st, 2022, the following medications will be included in the Part B medical step therapy precertification review. 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 nonpreferred medications listed below.

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

Clinical Criteria	Preferred drug(s)	Nonpreferred drug(s)
ING-CC-0075	Rituxan Riabni	Ruxience Truxima
ING-CC-0167	Rituxan Riabni	Ruxience Truxima

<https://www.bluecrossnc.com/providers/blue-medicare-providers/healthy-blue-medicare>

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