

Clinical Criteria updates

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

On August 16, 2019, the Pharmacy and Therapeutics (P&T) Committee approved the following *Clinical Criteria* applicable to the **medical drug benefit** for Anthem. These policies were developed, revised or reviewed to support clinical coding edits.

Visit [Clinical Criteria](#) to search for specific policies. For questions or additional information, use this [email](#).

Please see the explanation/definition for each category of *Clinical Criteria* below:

- New: newly published criteria
- Revised: addition or removal of medical necessity requirements, new document number
- Annual review: minor wording and formatting updates, new document number
- Updates marked with an asterisk (*): Criteria may be perceived as more restrictive

Please share this notice with other members of your practice and office staff.

Please note: The *Clinical Criteria* listed below applies only to the medical drug benefits contained within the member’s medical policy. This does not apply to pharmacy services.

Effective date	Document number	<i>Clinical Criteria</i> title	New, revised, annual review
December 13, 2019	ING-CC-0142	<i>Somatuline Depot (lanreotide)*</i>	New
December 13, 2019	ING-CC-0143	<i>Polivy (polatuzumab vedotin-piiq)*</i>	New
December 13, 2019	ING-CC-0144	<i>Lumoxiti (moxetumomab pasudotox-tdfk)*</i>	New
December 13, 2019	ING-CC-0145	<i>Libtayo (cemiplimab-rwlc)*</i>	New
December 13, 2019	ING-CC-0030	<i>Implantable and ER Buprenorphine Containing Agents</i>	Revised
December 13, 2019	ING-CC-0036	<i>Naltrexone Implantable Pellets</i>	Reviewed
December 13, 2019	ING-CC-0002	<i>Colony Stimulating Factor Agents*</i>	Revised
December 13, 2019	ING-CC-0001	<i>Erythropoiesis Stimulating Agents*</i>	Revised
December 13, 2019	ING-CC-0107	<i>Bevacizumab for Non-Ophthalmologic Indications*</i>	Revised
December 13, 2019	ING-CC-0114	<i>Jevtana (cabazitaxel)</i>	Revised
December 13, 2019	ING-CC-0134	<i>Provenge (sipuleucel-T)</i>	Revised
December 13, 2019	ING-CC-0127	<i>Darzalex (daratumumab)</i>	Revised
December 13, 2019	ING-CC-0106	<i>Erbix (cetuximab)*</i>	Revised

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Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Anthem Blue Cross and Blue Shield.

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December 13, 2019	ING-CC-0105	<i>Vectibix (panitumumab)</i>	Revised
December 13, 2019	ING-CC-0124	<i>Keytruda (pembrolizumab)</i>	Revised
December 13, 2019	ING-CC-0128	<i>Tecentriq (atezolizumab)</i>	Revised
December 13, 2019	ING-CC-0104	<i>Levoleucovorin Agents</i>	Reviewed
December 13, 2019	ING-CC-0125	<i>Opdivo (nivolumab)</i>	Revised
December 13, 2019	ING-CC-0129	<i>Bavencio (avelumab)</i>	Revised
December 13, 2019	ING-CC-0130	<i>Imfinzi (durvalumab)</i>	Revised
December 13, 2019	ING-CC-0119	<i>Yervoy (ipilimumab)</i>	Revised
December 13, 2019	ING-CC-0094	<i>Alimta (pemetrexed disodium)</i>	Revised
December 13, 2019	ING-CC-0099	<i>Abraxane (paclitaxel, protein bound)</i>	Revised
December 13, 2019	ING-CC-0010	<i>Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors</i>	Revised
December 13, 2019	ING-CC-0034	<i>Hereditary Angioedema Agents*</i>	Revised
December 13, 2019	ING-CC-0014	<i>Beta Interferons and Glatiramer Acetate for Treatment of Multiple Sclerosis</i>	Revised
December 13, 2019	ING-CC-0020	<i>Tysabri (natalizumab)</i>	Revised
December 13, 2019	ING-CC-0011	<i>Ocrevus (ocrelizumab)</i>	Revised
December 13, 2019	ING-CC-0075	<i>Rituximab Agents for Non-Oncology Indications*</i>	Revised
December 13, 2019	ING-CC-0009	<i>Lemtrada (alemtuzumab)</i>	Revised
December 13, 2019	ING-CC-0004	<i>H.P. Acthar Gel (repository corticotropin injection)</i>	Revised
December 13, 2019	ING-CC-0041	<i>Complement Inhibitors*</i>	Revised
December 13, 2019	ING-CC-0072	<i>Selective Vascular Endothelial Growth Factor (VEGF) Antagonists*</i>	Revised
December 13, 2019	ING-CC-0029	<i>Dupixent (dupilumab)</i>	Revised
December 13, 2019	ING-CC-0026	<i>Testosterone Injectable</i>	Revised
December 13, 2019	ING-CC-0008	<i>Subcutaneous Hormonal Implants</i>	Revised
December 13, 2019	ING-CC-0028	<i>Benlysta (belimumab)</i>	Revised
December 13, 2019	ING-CC-0027	<i>Denosumab Agents</i>	Revised
December 13, 2019	ING-CC-0139	<i>Evenity (romosozumab-aqqg)</i>	Revised
December 13, 2019	ING-CC-0038	<i>Human Parathyroid Hormone Agents</i>	Revised
December 13, 2019	ING-CC-0019	<i>Zoledronic Acid Agents</i>	Revised
December 13, 2019	ING-CC-0082	<i>Onpattro (patisiran)*</i>	Revised
December 13, 2019	ING-CC-0031	<i>Intravitreal Corticosteroid Implants*</i>	Revised
December 13, 2019	ING-CC-0084	<i>Tegsedi (inotersen)*</i>	Revised
December 13, 2019	ING-CC-0025	<i>Aldurazyme (laronidase)*</i>	Revised
December 13, 2019	ING-CC-0073	<i>Alpha-1 Proteinase Inhibitor Therapy*</i>	Revised
December 13, 2019	ING-CC-0032	<i>Botulinum Toxin*</i>	Revised
December 13, 2019	ING-CC-0024	<i>Elaprase (idursulfase)*</i>	Revised
December 13, 2019	ING-CC-0071	<i>Entyvio (vedolizumab)*</i>	Revised
December 13, 2019	ING-CC-0051	<i>Enzyme Replacement Therapy for Gaucher Disease*</i>	Revised
December 13, 2019	ING-CC-0021	<i>Fabrazyme (agalsidase beta)*</i>	Revised

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December 13, 2019	ING-CC-0061	<i>GnRH Analogs for the treatment of Non-Oncologic indications*</i>	Revised
December 13, 2019	ING-CC-0003	<i>Immunoglobulins*</i>	Revised
December 13, 2019	ING-CC-0018	<i>Lumizyme (alglucosidase alfa)*</i>	Revised
December 13, 2019	ING-CC-0013	<i>Mepsevii (vestronidase alfa)*</i>	Revised
December 13, 2019	ING-CC-0050	<i>Monoclonal Antibodies to Interleukin-23*</i>	Revised
December 13, 2019	ING-CC-0043	<i>Monoclonal Antibodies to Interleukin-5*</i>	Revised
December 13, 2019	ING-CC-0066	<i>Monoclonal Antibodies to Interleukin-6*</i>	Revised
December 13, 2019	ING-CC-0023	<i>Naglazyme (galsulfase)*</i>	Revised
December 13, 2019	ING-CC-0058	<i>Octreotide Agents*</i>	Revised
December 13, 2019	ING-CC-0063	<i>Stelara (ustekinumab)*</i>	Revised
December 13, 2019	ING-CC-0007	<i>Synagis (palivizumab)*</i>	Revised
December 13, 2019	ING-CC-0062	<i>Tumor Necrosis Factor Antagonists*</i>	Revised
December 13, 2019	ING-CC-0022	<i>Vimizim (elosulfase alfa)*</i>	Reviewed
December 13, 2019	ING-CC-0033	<i>Xolair (omalizumab)*</i>	Reviewed