

MEDICAID PROVIDER BULLETIN
July 2019

Clinical Criteria web posting Q2 2019

On March 29, 2019, April 12, 2019, and May 1, 2019, the Pharmacy and Therapeutics (P&T) Committee approved the following *Clinical Criteria* applicable to the medical drug benefit for Anthem Blue Cross and Blue Shield Medicaid. 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 (*): notates that the 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	Clinical Criteria title	New, revised, annual review
9/2/2019	ING-CC-0089	<i>Mozobil (plerixafor)</i>	New
9/2/2019	ING-CC-0139*	<i>Evenity (romosozumab-aqqg)</i>	New
9/2/2019	ING-CC-0138*	<i>Asparlas (calaspargase pegol-mknl)</i>	New
9/2/2019	ING-CC-0140*	<i>Zulresso (brexanolone)</i>	New
9/2/2019	ING-CC-0137*	<i>Cablivi (caplacizumab-yhdp)</i>	New
9/2/2019	ING-CC-0096*	<i>Asparagine Specific Enzymes</i>	Revised
9/2/2019	ING-CC-0113*	<i>Sylvant (siltuximab)</i>	Revised
9/2/2019	ING-CC-0050*	<i>Monoclonal Antibodies to Interleukin-23</i>	Revised
9/2/2019	ING-CC-0048*	<i>Spinraza (nusinersen)</i>	Revised
9/2/2019	ING-CC-0002*	<i>Colony Stimulating Factor Agents</i>	Revised
9/2/2019	INC-CC-0026*	<i>Testosterone Injectable</i>	Revised
9/2/2019	ING-CC-0115	<i>Kadcyla (ado-trastuzumab)</i>	Revised
9/2/2019	ING-CC-0128	<i>Tecentriq (atezolizumab)</i>	Revised



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9/2/2019	ING-CC-0129	<i>Bavencio (avelumab)</i>	Revised
9/2/2019	ING-CC-0097	<i>Vidaza (Azacitidine)</i>	Revised
9/2/2019	ING-CC-0116	<i>Bendamustine agents</i>	Revised
9/2/2019	ING-CC-0107	<i>Bevacizumab agents (Avastin, Mvasi)</i>	Revised
9/2/2019	ING-CC-0126	<i>Blinicyto (blinatumomab)</i>	Revised
9/2/2019	ING-CC-0095	<i>Velcade (bortezomib)</i>	Revised
9/2/2019	ING-CC-0092	<i>Adcetris (brentuximab)</i>	Revised
9/2/2019	ING-CC-0114	<i>Jevtana (cabazitaxel)</i>	Revised
9/2/2019	ING-CC-0120	<i>Kyprolis (carfilzomib)</i>	Revised
9/2/2019	ING-CC-0106	<i>Erbitux (cetuximab)</i>	Revised
9/2/2019	ING-CC-0133	<i>Aliqopa (copanlisib)</i>	Revised
9/2/2019	ING-CC-0127	<i>Darzalex (daratumumab)</i>	Revised
9/2/2019	ING-CC-0093	<i>Docetaxel (Docefrez, Taxotere)</i>	Revised
9/2/2019	ING-CC-0098	<i>Doxorubicin Hydrochloride Liposome</i>	Revised
9/2/2019	ING-CC-0130	<i>Imfinzi (durvalumab)</i>	Revised
9/2/2019	ING-CC-0117	<i>Empliciti (elotuzumab)</i>	Revised
9/2/2019	ING-CC-0108	<i>Halaven (eribulin)</i>	Revised
9/2/2019	ING-CC-0103	<i>Faslodex (fulvestrant)</i>	Revised
9/2/2019	ING-CC-0132	<i>Mylotarg (gemtuzumab ozogamicin)</i>	Revised
9/2/2019	ING-CC-0102	<i>Gonadotropin Releasing Hormone Analogs for the Treatment of Oncologic Indications</i>	Revised
9/2/2019	ING-CC-0131	<i>Besponsa (inotuzumab ozogamicin)</i>	Revised
9/2/2019	ING-CC-0085	<i>Actimmune (interferon gamma-1B)</i>	Revised
9/2/2019	ING-CC-0119	<i>Yervoy (ipilimumab)</i>	Revised
9/2/2019	ING-CC-0090	<i>Ixempra (ixabepilone)</i>	Revised
9/2/2019	ING-CC-0104	<i>Leucovorin and Levoleucovorin agents</i>	Revised
9/2/2019	ING-CC-0135	<i>Melanoma Vaccines</i>	Revised
9/2/2019	ING-CC-0125	<i>Opdivo (nivolumab)</i>	Revised
9/2/2019	ING-CC-0121	<i>Gazyva (obinutuzumab)</i>	Revised
9/2/2019	ING-CC-0122	<i>Arzerra (ofatumumab)</i>	Revised
9/2/2019	ING-CC-0091	<i>Lartruvo (olaratumab)</i>	Revised
9/2/2019	ING-CC-0099	<i>Abraxane (paclitaxel protein-bound)</i>	Revised
9/2/2019	ING-CC-0105	<i>Vectibix (panitumumab)</i>	Revised
9/2/2019	ING-CC-0124	<i>Keytruda (pembrolizumab)</i>	Revised
9/2/2019	ING-CC-0094	<i>Alimta (pemetrexed)</i>	Revised
9/2/2019	ING-CC-0110	<i>Perjeta (pertuzumab)</i>	Revised

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9/2/2019	ING-CC-0118	<i>Radioimmunotherapy: Zevalin; azedra; Lutathera</i>	Revised
9/2/2019	ING-CC-0112	<i>Xofigo (Radium Ra 223 Dichloride)</i>	Revised
9/2/2019	ING-CC-0123	<i>Cyamza (ramucirumab)</i>	Revised
9/2/2019	ING-CC-0100	<i>Istodax (romidepsin)</i>	Revised
9/2/2019	ING-CC-0111	<i>Nplate (romiplostim)</i>	Revised
9/2/2019	ING-CC-0134	<i>Provenge (Sipuleucel-T)</i>	Revised
9/2/2019	ING-CC-0101	<i>Torisel (temsirolimus)</i>	Revised
9/2/2019	ING-CC-0109	<i>Zaltrap (ziv-aflibercept)</i>	Revised
9/2/2019	ING-CC-0136	<i>Dose, frequency, and route of administration</i>	Revised
9/2/2019	ING-CC-0062	<i>Tumor Necrosis Factor Antagonists</i>	Revised
9/2/2019	ING-CC-0032	<i>Botulinum Toxin</i>	Annual review
9/2/2019	ING-CC-0052	<i>Dihydroergotamine (DHE) injection</i>	Revised
9/2/2019	ING-CC-0029	<i>Dupixent</i>	Revised
9/2/2019	ING-CC-0057	<i>Krystexxa (pegloticase)</i>	Revised
9/2/2019	ING-CC-0068	<i>Growth Hormone</i>	Annual review
9/2/2019	ING-CC-0069	<i>Egrifta (tesamorelin)</i>	Annual review
9/2/2019	ING-CC-0045	<i>Increlex (mecasermin)</i>	Annual review
9/2/2019	ING-CC-0070	<i>Jetrea (Ocriplasmin)</i>	Annual review
9/2/2019	ING-CC-0037	<i>Kanuma (sebelipase alfa)</i>	Annual review
9/2/2019	INC-CC-0011	<i>Ocrevus (ocrelizumab)</i>	Revised
9/2/2019	ING-CC-0058	<i>Octreotide Agents (Sandostatin and Sandostatin LAR)</i>	Reviewed
9/2/2019	ING-CC-0141	<i>Off-Label Drug and Approved Orphan Drug Use</i>	Annual review