

February 2019

Clinical Criteria updates

On August 17, 2018, October 9, 2018, and November 16, 2018, the pharmacy and therapeutic (P&T) committee approved the following *Clinical Criteria* applicable to the medical drug benefit for Anthem Blue Cross and Blue Shield Healthcare Solutions. These policies were developed, revised or reviewed to support clinical coding edits.

To search for specific policies, visit the [Clinical Criteria](#) page. [Email](#) for questions or additional information.

Explanation/definition for each category of *Clinical Criteria* below:

- **New:** newly published criteria
- **Revised:** addition or removal of medical necessity requirements and/or new document number
- **Annual review:** minor wording and formatting updates and/or new document number

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

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
4/6/2019	ING-CC-0002*	Colony Stimulating Factor Agents	Revised
4/6/2019	ING-CC-0004*	H.P. Acthar Gel (repository corticotropin injection)	Revised
4/6/2019	ING-CC-0019*	Zoledronic Acid Agents	Revised
4/6/2019	ING-CC-0025*	Aldurazyme (laronidase)	Revised
4/6/2019	ING-CC-0031*	Intravitreal Corticosteroid Implants	Revised
4/6/2019	ING-CC-0038*	Human Parathyroid Hormone Agents	Revised
4/6/2019	ING-CC-0040*	Prialt (ziconotide)	Revised
4/6/2019	ING-CC-0042*	Monoclonal Antibodies to Interleukin-17	Revised
4/6/2019	ING-CC-0052*	Dihydroergotamine (DHE) Injection	Revised
4/6/2019	ING-CC-0056*	Selected Injectable 5HT3 Antiemetic Agents	Revised
4/6/2019	ING-CC-0059*	Selected Injectable NK-1 Antiemetic Agents	Revised
4/6/2019	ING-CC-0067*	Prostacyclin Infusion and Inhalation Therapy	Revised
4/6/2019	ING-CC-0072*	Selective Vascular Endothelial Growth Factor (VEGF) Antagonists	Revised
4/6/2019	ING-CC-0074	Akynzeo (fosnetupitant and palonosetron) for Injection	New
4/6/2019	ING-CC-0076*	Nulojix (belatacept)	Revised

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Effective date	Document number	<i>Clinical Criteria</i> title	New, revised, annual review
4/6/2019	ING-CC-0077	Palynziq (pegvaliase-pgpz)	New
4/6/2019	ING-CC-0081	Crysvita (burosumab-twza)	New
4/6/2019	ING-CC-0082	Onpattro (patisiran)	New
4/6/2019	ING-CC-0083	Aristada Initio (aripiprazole lauroxil)	New
4/6/2019	ING-CC-0084	Tegsedi (inotersen)	New

* Criteria marked may be perceived as more restrictive.