

Medical drug *Clinical Criteria* updates

This communication applies to Medicaid under Anthem Blue Cross and Blue Shield Healthcare Solutions and Medicare Advantage under Anthem Blue Cross and Blue Shield (Anthem).

On June 20, 2019, the Pharmacy and Therapeutic (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 (*) notate 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	<i>Clinical Criteria</i> title	New, revised, annual review
October 21, 2019	ING-CC-0077	<i>Palynziq (pegvaliase-pqpz)</i>	Revised
October 21, 2019	ING-CC-0051	<i>Enzyme Replacement Therapy for Gaucher Disease</i>	Reviewed
October 21, 2019	ING-CC-0061	<i>GnRH Analogs for the treatment of non-oncologic indications*</i>	Revised
October 21, 2019	ING-CC-0076	<i>Nulojix (belatacept)</i>	Reviewed
October 21, 2019	ING-CC-0121	<i>Gazyva (obinutuzumab)</i>	Revised
October 21, 2019	ING-CC-0124	<i>Keytruda (pembrolizumab)</i>	Revised
October 21, 2019	ING-CC-0103	<i>Faslodex (fulvestrant)</i>	Revised
October 21, 2019	ING-CC-0003	<i>Immunoglobulins*</i>	Revised
October 21, 2019	ING-CC-0048	<i>Spinraza (nusinersen)</i>	Revised
October 21, 2019	ING-CC-0008	<i>Subcutaneous Hormonal Implants (previously Testopel [testosterone implant])</i>	Revised
October 21, 2019	ING-CC-0031	<i>Intravitreal Corticosteroid Implants*</i>	Revised