

Medical drug benefit *Clinical Criteria* updates

On November 15, 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 Healthcare Solutions. 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 plan. This does not apply to pharmacy services.

| Effective date | Document number | <i>Clinical Criteria</i> title | New, revised, annual review |
|----------------|-----------------|---|-----------------------------|
| March 13, 2020 | ING-CC-0148 | <i>Agents for Hemophilia B</i> | New |
| March 13, 2020 | ING-CC-0149* | <i>Select Clotting Agents for Bleeding Disorders</i> | New |
| March 13, 2020 | ING-CC-0150* | <i>Kymriah (tisagenlecleucel)</i> | Revised |
| March 13, 2020 | ING-CC-0151 | <i>Yescarta (axicabtagene ciloleucel)</i> | Revised |
| March 13, 2020 | ING-CC-0059 | <i>Selected Injectable NK-1 Antiemetic Agents</i> | Revised |
| March 13, 2020 | ING-CC-0056 | <i>Selected Injectable 5HT3 Antiemetic Agents</i> | Revised |
| March 13, 2020 | ING-CC-0074 | <i>Akynzeo (fosnetupitant and palonosetron) for injection</i> | Revised |
| March 13, 2020 | ING-CC-0065* | <i>Agents for Hemophilia A and von Willebrand Disease</i> | Revised |
| March 13, 2020 | ING-CC-0124 | <i>Keytruda (pembrolizumab)</i> | Revised |
| March 13, 2020 | ING-CC-0127 | <i>Darzalex (daratumumab)</i> | Revised |
| March 13, 2020 | ING-CC-0133 | <i>Aliqopa (copanlisib)</i> | Revised |
| March 13, 2020 | ING-CC-0128 | <i>Tecentriq (atezolizumab)</i> | Revised |
| March 13, 2020 | ING-CC-0048* | <i>Spinraza (nusinersen)</i> | Revised |
| March 13, 2020 | ING-CC-0002* | <i>Colony Stimulating Factor Agents</i> | Revised |
| March 13, 2020 | ING-CC-0034* | <i>Hereditary Angioedema Agents</i> | Revised |
| March 13, 2020 | ING-CC-0041* | <i>Complement Inhibitors</i> | Revised |
| March 13, 2020 | ING-CC-0071* | <i>Entyvio (vedolizumab)</i> | Revised |
| March 13, 2020 | ING-CC-0064* | <i>Interleukin-1 Inhibitors</i> | Revised |

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

<https://medproviders.anthem.com/nv>

Anthem Blue Cross and Blue Shield Healthcare Solutions is the trade name of Community Care Health Plan of Nevada, Inc., an independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.
ANVPEC-1098-20 February 2020

| Effective date | Document number | <i>Clinical Criteria</i> title | New, revised, annual review |
|-----------------------|------------------------|--|------------------------------------|
| March 13, 2020 | ING-CC-0042* | <i>Monoclonal Antibodies to Interleukin-17</i> | Revised |
| March 13, 2020 | ING-CC-0066* | <i>Monoclonal Antibodies to Interleukin-6</i> | Revised |
| March 13, 2020 | ING-CC-0050* | <i>Monoclonal Antibodies to Interleukin-23</i> | Revised |
| March 13, 2020 | ING-CC-0078* | <i>Orencia (abatacept)</i> | Revised |
| March 13, 2020 | ING-CC-0063* | <i>Stelara (ustekinumab)</i> | Revised |
| March 13, 2020 | ING-CC-0062* | <i>Tumor Necrosis Factor Antagonists</i> | Revised |
| March 13, 2020 | ING-CC-0003* | <i>Immunoglobulins</i> | Revised |
| March 13, 2020 | ING-CC-0039 | <i>GamaSTAN immune globulin (human)</i> | Revised |
| March 13, 2020 | ING-CC-0043* | <i>Monoclonal Antibodies to Interleukin-5</i> | Revised |
| March 13, 2020 | ING-CC-0055 | <i>Fuzeon (enfuvirtide)</i> | Revised |
| March 13, 2020 | ING-CC-0047 | <i>Trogarzo (ibalizumab-uiyk)</i> | Revised |
| March 13, 2020 | ING-CC-0053 | <i>Injectable Hydroxyprogesterone for Prevention of Preterm Birth</i> | Revised |
| March 13, 2020 | ING-CC-0073 | <i>Alpha-1 Proteinase Inhibitor Therapy</i> | Revised |
| March 13, 2020 | ING-CC-0049 | <i>Radicava (edaravone)</i> | Revised |
| March 13, 2020 | ING-CC-0040 | <i>Prialt (ziconotide)</i> | Revised |
| March 13, 2020 | ING-CC-0079 | <i>Strensiq (asfotase alfa)</i> | Revised |
| March 13, 2020 | ING-CC-0075 | <i>Rituximab Agents for Non-Oncologic Indications</i> | Revised |
| March 13, 2020 | ING-CC-0072* | <i>Selective Vascular Endothelial Growth Factor (VEGF) Antagonists</i> | Revised |
| March 13, 2020 | ING-CC-0035 | <i>Duopa (carbidopa and levodopa enteral suspension)</i> | Revised |