

November 2019

Medical drug benefit *Clinical Criteria* updates

On September 19, 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
December 30, 2019	ING-CC-0081	<i>Crysvita (burosumab-twza)</i>	Revised
December 30, 2019	ING-CC-0018	<i>Lumizyme (alglucosidase alfa)</i>	Reviewed
December 30, 2019	ING-CC-0021	<i>Fabrazyme (agalsidase beta)</i>	Revised
December 30, 2019	ING-CC-0002	<i>Zinplava (bezlotoxumab)</i>	Revised
December 30, 2019	ING-CC-0017	<i>Xiaflex (collagenase clostridium histolyticum)</i>	Revised
December 30, 2019	ING-CC-0013	<i>Mepsevii (vestronidase alfa)</i>	Revised
December 30, 2019	ING-CC-0022	<i>Vimizim (elosulfase alfa)</i>	Revised
December 30, 2019	ING-CC-0023	<i>Naglazyme (galsulfase)</i>	Revised
December 30, 2019	ING-CC-0024	<i>Elaprase (idursulfase)</i>	Revised
December 30, 2019	ING-CC-0025	<i>Aldurazyme (laronidase)</i>	Revised
December 30, 2019	ING-CC-0007	<i>Synagis (palivizumab)*</i>	Revised
December 30, 2019	ING-CC-0012	<i>Brineura (cerliponase alfa)*</i>	Revised
December 30, 2019	ING-CC-0058	<i>Octreotide Agents (Sandostatin and Sandostatin LAR)</i>	Reviewed
December 30, 2019	ING-CC-0072	<i>Selective Vascular Endothelial Growth Factor (VEGF) Antagonists*</i>	Revised

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