

August 2019

Clinical Criteria web posting Q1 2019

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).

Summary: On February 22, 2019, and March 14, 2019, the Pharmacy and Therapeutics (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	Clinical Criteria title	New, revised, annual review
9/5/2019	ING-CC-0087*	<i>Gamifant (emapalumab-lzsg)</i>	New
9/5/2019	ING-CC-0088*	<i>Elzonris (tagraxofusp-ezrs)</i>	New
9/5/2019	ING-CC-0086*	<i>Spravato (esketamine) Nasal Spray</i>	New
9/5/2019	ING-CC-0034*	<i>Hereditary Angioedema Agents</i>	Revised
9/5/2019	ING-CC-0083*	<i>Aristada Initio (aripiprazole lauroxil)</i>	Revised
9/5/2019	ING-CC-0041*	<i>Complement Inhibitors</i>	Revised
9/5/2019	ING-CC-0062	<i>Tumor Necrosis Factor Antagonists</i>	Revised
9/5/2019	ING-CC-0033	<i>Xolair (omalizumab)</i>	Revised
9/5/2019	ING-CC-0043	<i>Monoclonal Antibodies to Interleukin-5</i>	Annual review
9/5/2019	ING-CC-0010	<i>Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors</i>	Revised
9/5/2019	ING-CC-0067	<i>Prostacyclin Infusion and Inhalation Therapy</i>	Revised