

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
3/22/2019	ING-CC-0010	Proprotein Convertase Subtilisin Kexin 9 (PCSK9) Inhibitors	Revised
3/22/2019	ING-CC-0013	Mepsevii (vestronidase alfa)	Revised
3/22/2019	ING-CC-0026	Testosterone, Injectable	Revised
3/22/2019	ING-CC-0027	Denosumab agents	Revised
3/22/2019	ING-CC-0001	Erythropoiesis Stimulating Agents	Revised
3/22/2019	ING-CC-0022	Vimizim (elosulfase alfa)	Revised
3/22/2019	ING-CC-0023	Naglazyme (galsulfase)	Revised
3/22/2019	ING-CC-0054	Selected Progestins	Revised
3/22/2019	ING-CC-0062	Tumor Necrosis Factor Antagonists	Revised
3/22/2019	ING-CC-0009	Lemtrada (alemtuzumab)	Revised
3/22/2019	ING-CC-0014	Beta Interferons and Glatiramer Acetate for Treatment of Multiple Sclerosis	Revised
3/22/2019	ING-CC-0015	Infertility Agents	Revised
3/22/2019	ING-CC-0016	Vivitrol (extended-release, injectable naltrexone) Injection	Revised
3/22/2019	ING-CC-0030	Implantable and ER Buprenorphine Containing Agents	Revised
3/22/2019	ING-CC-0033	Xolair (omalizumab)	Revised
3/22/2019	ING-CC-0047	Trogarzo (ibalizumab-uiyk)	Revised
3/22/2019	ING-CC-0050	Monoclonal Antibodies to Interleukin-23	Revised

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

<b>Effective date</b>	<b>Document number</b>	<b><i>Clinical Criteria</i> title</b>	<b>New, revised, annual review</b>
3/22/2019	ING-CC-0057	Krystexxa (pegloticase)	Revised
3/22/2019	ING-CC-0063	Stelara (ustekinumab)	Revised
3/22/2019	ING-CC-0064	Interleukin-1 Inhibitors	Revised, annual review
3/22/2019	ING-CC-0066	Monoclonal Antibodies to Interleukin-6	Revised
3/22/2019	ING-CC-0068	Growth hormone	Revised
3/22/2019	ING-CC-0071	Entyvio (vedolizumab)	Revised
3/22/2019	ING-CC-0073	Alpha-1 Proteinase Inhibitor Therapy	Revised
3/22/2019	ING-CC-0075	Rituxan (rituximab) for Non-Oncologic Indications	Revised
3/22/2019	ING-CC-0003	Immunoglobulins	Revised
3/22/2019	ING-CC-0011	Ocrevus (ocrelizumab)	Revised
3/22/2019	ING-CC-0020	Tysabri (natalizumab)	Revised
3/22/2019	ING-CC-0032	Botulinum Toxin	Revised
3/22/2019	ING-CC-0041	Soliris (eculizumab)	Revised
3/22/2019	ING-CC-0043	Monoclonal Antibodies to Interleukin-5	Revised
3/22/2019	ING-CC-0046	Zinplava (bezlotoxumab)	Revised
3/22/2019	ING-CC-0051	Enzyme Replacement Therapy for Gaucher Disease	Revised
3/22/2019	ING-CC-0053	Injectable Hydroxyprogesterone for prevention of preterm birth	Revised
3/22/2019	ING-CC-0055	Fuzeon (enfuvirtide)	Revised
3/22/2019	ING-CC-0058	Octreotide Agents	Revised
3/22/2019	ING-CC-0069	Egrifta (tesamorelin)	Revised
3/22/2019	ING-CC-0078	Orencia (abatacept)	Revised
3/22/2019	ING-CC-0061	GnRH Analogs for the treatment of non-oncologic indications	Annual review
3/22/2019	ING-CC-0008	Testopel (testosterone subcutaneous implant)	Annual review
3/22/2019	ING-CC-0065	Antihemophilic Factors and Clotting Factors	Annual review
3/22/2019	ING-CC-0006	Hyaluronan Injections	Annual review
3/22/2019	ING-CC-0007	Synagis (palivizumab)	Annual review
3/22/2019	ING-CC-0012	Brineura (cerliponase alfa)	Annual review
3/22/2019	ING-CC-0017	Xiaflex (clostridial collagenase histolyticum) injection	Annual review
3/22/2019	ING-CC-0018	Lumizyme (alglucosidase alfa)	Annual review
3/22/2019	ING-CC-0021	Fabrazyme (agalsidase beta)	Annual review
3/22/2019	ING-CC-0024	Elaprase (idursufase)	Annual review
3/22/2019	ING-CC-0028	Benlysta (belimumab)	Annual review
3/22/2019	ING-CC-0029	Dupixent (dupilumab)	Annual review
3/22/2019	ING-CC-0034	Agents for Hereditary Angioedema	Annual review
3/22/2019	ING-CC-0035	Duopa (carbidopa and levodopa enteral suspension)	Annual review
3/22/2019	ING-CC-0036	Naltrexone Implantable Pellets	Annual review
3/22/2019	ING-CC-0037	Kanuma (sebelipase alfa)	Annual review
3/22/2019	ING-CC-0039	GamaSTAN [(immune globulin (human))]	Annual review
3/22/2019	ING-CC-0044	Exondys 51 (eteplirsen)	Annual review
3/22/2019	ING-CC-0045	Increlex (mecasermin)	Annual review

<b>Effective date</b>	<b>Document number</b>	<b><i>Clinical Criteria</i> title</b>	<b>New, revised, annual review</b>
3/22/2019	ING-CC-0048	Spinraza (nusinersen)	Annual review
3/22/2019	ING-CC-0049	Radicava (edaravone)	Annual review
3/22/2019	ING-CC-0070	Jetrea (ocriplasmin)	Annual review
3/22/2019	ING-CC-0079	Strensiq (asfotase alfa)	Annual review