

## Medical drug Clinical Criteria updates

On June 20, 2019, the Pharmacy and Therapeutic (P&T) Committee approved the following *Clinical Criteria* applicable to the HealthKeepers, Inc. **medical drug benefit** for Anthem HealthKeepers Plus members. 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
October 14, 2019	ING-CC-0077	Palynziq (pegvaliase-pqpz)	Revised
October 14, 2019	ING-CC-0051	Enzyme Replacement Therapy for	Reviewed
		Gaucher Disease	
October 14, 2019	ING-CC-0061	GnRH Analogs for the treatment of	Revised
		non-oncologic indications*	
October 14, 2019	ING-CC-0076	Nulojix (belatacept)	Reviewed
October 14, 2019	ING-CC-0121	Gazyva (obinutuzumab)	Revised
October 14, 2019	ING-CC-0124	Keytruda (pembrolizumab)	Revised
October 14, 2019	ING-CC-0103	Faslodex (fulvestrant)	Revised
October 14, 2019	ING-CC-0003	Immunoglobulins*	Revised
October 14, 2019	ING-CC-0048	Spinraza (nusinersen)	Revised
October 14, 2019	ING-CC-0008	Subcutaneous Hormonal Implants	Revised
		(previously Testopel [testosterone	
		implant])	
October 14, 2019	ING-CC-0031	Intravitreal Corticosteroid	Revised
		Implants*	