

## ***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 HealthKeepers Plus members. 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.

| <b>Effective date</b> | <b>Document number</b> | <b><i>Clinical Criteria</i> title</b>                                       | <b>New, revised, annual review</b> |
|-----------------------|------------------------|---|------------------------------------|
| 3/18/2019             | ING-CC-0010            | Proprotein Convertase Subtilisin Kexin 9 (PCSK9) Inhibitors                 | Revised                            |
| 3/18/2019             | ING-CC-0013            | Mepsevii (vestronidase alfa)  | Revised                            |
| 3/18/2019             | ING-CC-0026            | Testosterone, Injectable  | Revised                            |
| 3/18/2019             | ING-CC-0027            | Denosumab agents  | Revised                            |
| 3/18/2019             | ING-CC-0001            | Erythropoiesis Stimulating Agents   | Revised                            |
| 3/18/2019             | ING-CC-0022            | Vimizim (elosulfase alfa)   | Revised                            |
| 3/18/2019             | ING-CC-0023            | Naglazyme (galsulfase)  | Revised                            |
| 3/18/2019             | ING-CC-0054            | Selected Progestins   | Revised                            |
| 3/18/2019             | ING-CC-0062            | Tumor Necrosis Factor Antagonists   | Revised                            |
| 3/18/2019             | ING-CC-0009            | Lemtrada (alemtuzumab)  | Revised                            |
| 3/18/2019             | ING-CC-0014            | Beta Interferons and Glatiramer Acetate for Treatment of Multiple Sclerosis | Revised                            |
| 3/18/2019             | ING-CC-0015            | Infertility Agents  | Revised                            |
| 3/18/2019             | ING-CC-0016            | Vivitrol (extended-release, injectable naltrexone) Injection                | Revised                            |
| 3/18/2019             | ING-CC-0030            | Implantable and ER Buprenorphine Containing Agents                          | Revised                            |
| 3/18/2019             | ING-CC-0033            | Xolair (omalizumab)   | Revised                            |
| 3/18/2019             | ING-CC-0047            | Trogarzo (ibalizumab-uiyk)  | Revised                            |
| 3/18/2019             | ING-CC-0050            | Monoclonal Antibodies to Interleukin-23                                     | Revised                            |
| 3/18/2019             | ING-CC-0057            | Krystexxa (pegloticase)   | Revised                            |

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|-----------------------|------------------------|--|------------------------------------|
| 3/18/2019             | ING-CC-0063            | Stelara (ustekinumab)  | Revised                            |
| 3/18/2019             | ING-CC-0064            | Interleukin-1 Inhibitors                                       | Revised, annual review             |
| 3/18/2019             | ING-CC-0066            | Monoclonal Antibodies to Interleukin-6                         | Revised                            |
| 3/18/2019             | ING-CC-0068            | Growth hormone   | Revised                            |
| 3/18/2019             | ING-CC-0071            | Entyvio (vedolizumab)  | Revised                            |
| 3/18/2019             | ING-CC-0073            | Alpha-1 Proteinase Inhibitor Therapy                           | Revised                            |
| 3/18/2019             | ING-CC-0075            | Rituxan (rituximab) for Non-Oncologic Indications              | Revised                            |
| 3/18/2019             | ING-CC-0003            | Immunoglobulins  | Revised                            |
| 3/18/2019             | ING-CC-0011            | Ocrevus (ocrelizumab)  | Revised                            |
| 3/18/2019             | ING-CC-0020            | Tysabri (natalizumab)  | Revised                            |
| 3/18/2019             | ING-CC-0032            | Botulinum Toxin  | Revised                            |
| 3/18/2019             | ING-CC-0041            | Soliris (eculizumab)   | Revised                            |
| 3/18/2019             | ING-CC-0043            | Monoclonal Antibodies to Interleukin-5                         | Revised                            |
| 3/18/2019             | ING-CC-0046            | Zinplava (bezlotoxumab)  | Revised                            |
| 3/18/2019             | ING-CC-0051            | Enzyme Replacement Therapy for Gaucher Disease                 | Revised                            |
| 3/18/2019             | ING-CC-0053            | Injectable Hydroxyprogesterone for prevention of preterm birth | Revised                            |
| 3/18/2019             | ING-CC-0055            | Fuzeon (enfuvirtide)   | Revised                            |
| 3/18/2019             | ING-CC-0058            | Octreotide Agents  | Revised                            |
| 3/18/2019             | ING-CC-0069            | Egrifta (tesamorelin)  | Revised                            |
| 3/18/2019             | ING-CC-0078            | Orencia (abatacept)  | Revised                            |
| 3/18/2019             | ING-CC-0061            | GnRH Analogs for the treatment of non-oncologic indications    | Annual review                      |
| 3/18/2019             | ING-CC-0008            | Testopel (testosterone subcutaneous implant)                   | Annual review                      |
| 3/18/2019             | ING-CC-0065            | Antihemophilic Factors and Clotting Factors                    | Annual review                      |
| 3/18/2019             | ING-CC-0006            | Hyaluronan Injections  | Annual review                      |
| 3/18/2019             | ING-CC-0007            | Synagis (palivizumab)  | Annual review                      |
| 3/18/2019             | ING-CC-0012            | Brineura (cerliponase alfa)                                    | Annual review                      |
| 3/18/2019             | ING-CC-0017            | Xiaflex (clostridial collagenase histolyticum) injection       | Annual review                      |
| 3/18/2019             | ING-CC-0018            | Lumizyme (alglucosidase alfa)                                  | Annual review                      |
| 3/18/2019             | ING-CC-0021            | Fabrazyme (agalsidase beta)                                    | Annual review                      |
| 3/18/2019             | ING-CC-0024            | Elaprase (idursufase)  | Annual review                      |
| 3/18/2019             | ING-CC-0028            | Benlysta (belimumab)   | Annual review                      |
| 3/18/2019             | ING-CC-0029            | Dupixent (dupilumab)   | Annual review                      |
| 3/18/2019             | ING-CC-0034            | Agents for Hereditary Angioedema                               | Annual review                      |
| 3/18/2019             | ING-CC-0035            | Duopa (carbidopa and levodopa enteral suspension)              | Annual review                      |
| 3/18/2019             | ING-CC-0036            | Naltrexone Implantable Pellets                                 | Annual review                      |
| 3/18/2019             | ING-CC-0037            | Kanuma (sebelipase alfa)                                       | Annual review                      |
| 3/18/2019             | ING-CC-0039            | GamaSTAN [(immune globulin (human))]                           | Annual review                      |
| 3/18/2019             | ING-CC-0044            | Exondys 51 (eteplirsen)  | Annual review                      |
| 3/18/2019             | ING-CC-0045            | Increlex (mecasermin)  | Annual review                      |
| 3/18/2019             | ING-CC-0048            | Spinraza (nusinersen)  | Annual review                      |

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| 3/18/2019             | ING-CC-0049            | Radicava (edaravone)                  | Annual review                      |
| 3/18/2019             | ING-CC-0070            | Jetrea (ocriplasmin)                  | Annual review                      |
| 3/18/2019             | ING-CC-0079            | Strensiq (asfotase alfa)              | Annual review                      |