



An Anthem Company

## NEW YORK Provider Communications

### Clinical Criteria updates for specialty pharmacy are available

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Empire BlueCross BlueShield's ("Empire") pre-service clinical review of non-oncology specialty pharmacy drugs will be managed by Empire's medical specialty drug review team. Oncology drugs will be managed by AIM Specialty Health (AIM), a separate company.

The following Clinical Criteria documents were endorsed at the March 26, 2020 Clinical Criteria meeting. To access the clinical criteria information please click [here](#).

#### **Revised Clinical Criteria effective April 1, 2020**

The following clinical criteria were updated with CPT/HCPCS procedure code updates.

ING-CC-0153 Adakveo (crizanzumab)

ING-CC-0154 Givlaari (givosiran)

#### **Revised Clinical Criteria effective April 27, 2020**

The following current clinical criteria were revised to expand medical necessity indications or criteria.

- ING-CC-0119 Yervoy (ipilimumab)
- ING-CC-0125 Opdivo (nivolumab)

#### **Revised Clinical Criteria effective April 27, 2020**

The following clinical criteria were reviewed with no significant change to the medical necessity indications or criteria.

- ING-CC-0037 Kanuma (sebelipase alfa)
- ING-CC-0070 Jetrea (ocriplasmin)
- ING-CC-0087 Gamifant

## **Revised Clinical Criteria effective September 1, 2020**

The following current clinical criteria were revised and might result in services that were previously covered but may now be found to be not medically necessary.

- ING-CC-0002 Colony Stimulating Factor Agents
- ING-CC-0058 Octreotide Agents

## **New Clinical Criteria effective September 1, 2020**

The following clinical criteria are new.

- ING-CC-0161 Sarclisa (isatuximab-irfc)

461-0620-PN-NY

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