

## 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 November 20, 2020 Clinical Criteria meeting. To access the clinical criteria information please click [here](#).

### **Revised Clinical Criteria effective December 3, 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 December 9, 2020**

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

- ING-CC-0011 - Ocrevus (ocrelizumab)
- ING-CC-0174 - Kesimpta (ofatumumab)

### **Revised Clinical Criteria effective December 21, 2020**

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

- ING-CC-0003 – Immunoglobulins
- ING-CC-0034 - Hereditary Angioedema Agents

- ING-CC-0042 - Monoclonal Antibodies to Interleukin-17
- ING-CC-0062 - Tumor Necrosis Factor Antagonists
- ING-CC-0063 - Stelara (ustekinumab)
- ING-CC-0065 - Agents for Hemophilia A and von Willebrand Disease
- ING-CC-0072 - Selective Vascular Endothelial Growth Factor (VEGF) Antagonists
- ING-CC-0075 - Rituximab Agents for Non-Oncologic Indications
- ING-CC-0121 - Gazyva (obinutuzumab)
- ING-CC-0148 - Agents for Hemophilia B
- ING-CC-0149 - Select Clotting Agents for Bleeding Disorders

### **Revised Clinical Criteria effective December 21, 2020**

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

- ING-CC-0006 - Hyaluronan Injections
- ING-CC-0040 - Prialt (ziconotide)
- ING-CC-0047 - Trogarzo (ibalizumab-uiyk)
- ING-CC-0049 - Radicava (edaravone)
- ING-CC-0074 - Akynzeo (fosnetupitant and palonosetron) for injection
- ING-CC-0107 - Bevacizumab for Non-Ophthalmologic Indications
- ING-CC-0133 - Aliqopa (copanlisib)
- ING-CC-0150 - Kymriah (tisagenlecleucel)
- ING-CC-0151 - Yescarta (axicabtagene ciloleucel)
- ING-CC-0155 - Ethyol (amifostine)
- ING-CC-0166 - Trastuzumab Agents Step Therapy
- ING-CC-0167 - Rituximab Agents for Oncologic Indications Step Therapy
- ING-CC-0173 - Enspryng (satralizumab-mwge)

### **Revised Clinical Criteria effective January 1, 2021**

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

- ING-CC-0001 - Erythropoiesis Stimulating Agents

### **Revised Clinical Criteria effective February 1, 2021**

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

- ING-CC-0014 - Beta Interferons and Glatiramer Acetate for Treatment of Multiple Sclerosis

### **New Clinical Criteria effective April 1, 2021**

The following clinical criteria is new.

- ING-CC-0183 Sogroya (somapacitan-beco)

### **Revised Clinical Criteria effective April 1, 2021**

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-0003 – Immunoglobulins
- ING-CC-0011 - Ocrevus (ocrelizumab)
- ING-CC-0027 - Denosumab Agents
- ING-CC-0034 - Hereditary Angioedema Agents
- ING-CC-0039 - GamaSTAN [immune globulin (human)]
- ING-CC-0041 - Complement Inhibitors
- ING-CC-0042 - Monoclonal Antibodies to Interleukin-17
- ING-CC-0048 - Spinraza (nusinersen)
- ING-CC-0050 - Monoclonal Antibodies to Interleukin-23
- ING-CC-0062 - Tumor Necrosis Factor Antagonists
- ING-CC-0063 - Stelara (ustekinumab)
- ING-CC-0064 - Interleukin-1 Inhibitors
- ING-CC-0066 - Monoclonal Antibodies to Interleukin-6
- ING-CC-0071 - Entyvio (vedolizumab)
- ING-CC-0073 - Alpha-1 Proteinase Inhibitor Therapy
- ING-CC-0078 - Orencia (abatacept)
- ING-CC-0121 - Gazyva (obinutuzumab)
- ING-CC-0148 - Agents for Hemophilia B
- ING-CC-0149 - Select Clotting Agents for Bleeding Disorders
- ING-CC-0174 - Kesimpta (ofatumumab)

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