

Clinical criteria updates for specialty pharmacy

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On December 1, 2018, we introduced the new clinical criteria page for injectable, infused or implanted drugs. Effective for dates of service on and after March 1, 2019, the following new clinical criteria will be included in our clinical criteria review process. The drugs that require prior authorization will continue to require prior authorization notification with AIM.

Existing precertification requirements have not changed for the specific clinical criteria below. While there are no material changes, the document number and online location has changed. To access the clinical criteria information please click [here](#). The table below will assist you in identifying the new document number for the clinical criteria that corresponds with the previous Clinical Guideline/Medical Policy.

Pre-service clinical review of these specialty pharmacy drugs will be managed by AIM Specialty Health® (AIM), a separate company.

Clinical Guideline/ Medical Policy	Clinical Criteria Document Number	Clinical Criteria Name	Drug(s)	HCPCS or CPT Code(s)
CG-DRUG-29	ING-CC-0006	Hyaluronan Injections	Durolane, Euflexxa, Gel-One, Gen-Syn, GenVisc, Hyalgan, Hymovis, Monovisc, Orthovisc, Supartz/FX, Synvisc-One, TriVisc, Visco-3	J7318, J7320, J7321, J7322, J7323, J7324, J7325, J7326, J7327, J7328, J7329
DRUG.00015	ING-CC-0007	Synagis (palivizumab)	Synagis	90378
DRUG.00031	ING-CC-0008	Testopel (testosterone)	Testosterone implant	S0189

		subcutaneous implant)		
DRUG.00074	ING-CC-0009	Lemtrada (alemtuzumab)	Lemtrada	J0202
DRUG.00078	ING-CC-0010	Proprotein Convertase Subtilisin Kexin 9 (PCSK9) Inhibitors	Praluent, Repatha	J3490 , J3590
DRUG.00095	ING-CC-0011	Ocrevus (ocrelizumab)	Ocrevus	J2350
DRUG.00099	ING-CC-0012	Brineura (cerliponase alfa)	Brineura	J0567
DRUG.00116	ING-CC-0013	Mepsevii (vestronidase alfa)	Mepsevii	J3490
CG-DRUG-03	ING-CC-0014	Beta Interferons and Glatiramer Acetate for Treatment of Multiple Sclerosis	Avonex, Plegridy, Rebif, Betaseron, Extavia, Copaxone, Glatopa	J1595, J1826, J1830, J3490, Q3027, Q3028
CG-DRUG-27	ING-CC-0017	Xiaflex (clostridial collagenase histolyticum) injection	Xiaflex	J0775
CG-DRUG-28	ING-CC-0018	Lumizyme (alglucosidase alfa)	Lumizyme	J0221
CG-DRUG-43	ING-CC-0020	Tysabri (natalizumab)	Tysabri	J2323
CG-DRUG-54	ING-CC-0021	Fabrazyme (agalsidase beta)	Fabrazyme	J0180
CG-DRUG-55	ING-CC-0022	Vimizim (elosulfase alfa)	Vimizim	J1322

CG-DRUG-56	ING-CC-0023	Naglazyme (galsulfase)	Naglazyme	J1458
CG-DRUG-57	ING-CC-0024	Elaprase (idursufase)	Elaprase	J1743
CG-DRUG-58	ING-CC-0025	Aldurazyme (laronidase)	Aldurazyme	J1931
CG-DRUG-73	ING-CC-0027	Denosumab agents	Prolia, Xgeva	J0897
CG-DRUG-84	ING-CC-0028	Benlysta (belimumab)	Benlysta	J0490
CG-DRUG-88	ING-CC-0029	Dupixent (dupilumab)	Dupixent	J3490, J3590
CG-DRUG-89	ING-CC-0030	Implantable and ER Buprenorphine Containing Agents	Probuphine, Sublocade	J0570, J3490 , Q9991, Q9992
CG-DRUG-103	ING-CC-0032	Botulinum Toxin	Botox, Xeomin, Dysport, Myobloc	J0585, J0586, J0587 , J0588 , J0585, J0586 , J0587 , J0588
CG-DRUG-104	ING-CC-0033	Xolair (omalizumab)	Xolair	J2357
CG-DRUG-108	ING-CC-0035	Duopa (carbidopa and levodopa enteral suspension)	Duopa	J7340
CG-DRUG-111	ING-CC-0037	Kanuma (sebelipase alfa)	Kanuma	J2840
CG-DRUG-112	ING-CC-0038	Human Parathyroid Hormone Agents	Tymlos	J3490
DRUG.00013	ING-CC-0039	GamaSTAN [(immune	GamaSTAN. GamaSTAN S/D	J1460, J1560

		globulin (human)]		
DRUG.00027	ING-CC-0040	Prialt (ziconotide)	Prialt	J2278
DRUG.00050	ING-CC-0041	Soliris (eculizumab)	Soliris	J1300
DRUG.00077	ING-CC-0042	Monoclonal Antibodies to Interleukin-17	Cosentyx (secukinumab), Siliq (brodalumab), Taltz (ixekizumab)	C9399, J3490, J3590
DRUG.00080	ING-CC-0043	Monoclonal Antibodies to Interleukin-5	Cinqair (reslizumba), Fasenra (benralizumab), Nucala (mepolizumab)	J0517, J2182, J2786
DRUG.00081	ING-CC-0044	Exondys 51 (eteplirsen)	Exondys 51	J1428
DRUG.00086	ING-CC-0045	Increlex (mecasermin)	Increlex	J2170
DRUG.00090	ING-CC-0046	Zinplava (bezlotoxumab)	Zinplava	J0565
DRUG.00096	ING-CC-0047	Trogarzo (ibalizumab- uiyk)	Trogarzo	J1746
DRUG.00104	ING-CC-0048	Spinraza (nusinersen)	Spinraza	J2326
DRUG.00108	ING-CC-0049	Radicava (edaravone)	Radicava	J1301
DRUG.00111	ING-CC-0050	Monoclonal Antibodies to Interleukin-23	Ilumya, Tremfya	J1628, J3245
CG-DRUG-08	ING-CC-0051	Enzyme Replacement Therapy for Gaucher Disease	Cerezyme, Elelyso, Vpriv	J1786 , J3060 , J3385
CG-DRUG-44	ING-CC-0057	Krystexxa (pegloticase)	Krystexxa	J2507
CG-DRUG-45	ING-CC-0058	Octreotide	Sandostatin,	J2353 ,

		Agents	Sandostatin LAR Depot	J2354
CG-DRUG-61	ING-CC-0061	GnRH Analogs for the treatment of non-oncologic indications	Zoladex, Supprelin LA, Lupron Depot/Depot-Ped, Lupaneta Pack, Synarel Nasal Spray, Triptodur	C9399, J3490, J1675, J1950, J3315, J3316, J9202, J9217, J9218, J9225, J9226, J3490
CG-DRUG-69	ING-CC-0063	Stelara (ustekinumab)	Stelara	J3357, J3358
CG-DRUG-74	ING-CC-0064	Interleukin-1 Inhibitors	Arcalyst, Ilaris	J2793, J0638
CG-DRUG-93	ING-CC-0066	Monoclonal Antibodies to Interleukin-6	Actemra, Kevzara	J3262, C9399, J3490, J3590
CG-DRUG-82	ING-CC-0067	Prostacyclin Infusion and Inhalation Therapy	FloLAN, Remodulin, Tyvaso, Velettri, Ventavis	J1325, J3285, J7686, K0455, Q4074, S0155, S9347
CG-DRUG-83	ING-CC-0068	Growth hormone	Genotropin, Humatrope, Norditropin, Nutropin AQ, Omnitrope, Saizen, Serostim, Zomacton, Zorbitive	J2940, J2941, Q0515, S9558
CG-DRUG-85	ING-CC-0069	Egrifta (tesamorelin)	Egrifta	J3490
CG-DRUG-86	ING-CC-0070	Jetrea (ocriplasmin)	Jetrea	J7316
CG-DRUG-87	ING-CC-0071	Entyvio (vedolizumab)	Entyvio	J2503, C9257, J9035, Q5107, J2778, J0178

CG-DRUG-92	ING-CC-0073	Alpha-1 Proteinase Inhibitor Therapy	Aralast, Glassia, Prolastin-C, Zemaira	J0256, J0257
CG-DRUG-94	ING-CC-0075	Rituxan (rituximab) for Non-Oncologic Indications	Rituxan	J9311
CG-DRUG-95	ING-CC-0076	Nulojix (belatacept)	Nulojix	J0485
CG-DRUG-105	ING-CC-0078	Orencia (abatacept)	Orencia	J0129
CG-DRUG-109	ING-CC-0079	Strensiq (asfotase alfa)	Strensiq	J3490

URL: <https://providernews.anthem.com/connecticut/article/clinical-criteria-updates-for-specialty-pharmacy-10>

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