

## Clinical criteria updates for specialty pharmacy

Published: Nov 1, 2019 - **Products & Programs** / Pharmacy

The following clinical criteria documents were endorsed at the August 16, 2019 clinical criteria meeting. To access the clinical criteria information please click [here](#). If you do not have access to the internet, you may request a hard copy of any updated policy by contacting the [Provider Call Center](#).

### **Revised clinical criteria effective September 23, 2019**

(The following clinical criteria was revised to expand medical necessity indications or criteria.)

- ING-CC-0011 Ocrevus (ocrelizumab)
- ING-CC-0014 Beta Interferons and Glatiramer Acetate for Treatment of Multiple Sclerosis
- ING-CC-0027 Denosumab Agents
- ING-CC-0028 Benlysta (belimumab)
- ING-CC-0029 Dupixent (dupilumab)
- ING-CC-0030 Implantable and ER Buprenorphine Containing Agents
- ING-CC-0038 Human Parathyroid Hormone Agents
- ING-CC-0041 Complement Inhibitors
- ING-CC-0075 Rituximab Agents for Non-Oncology Indications
- ING-CC-0082 Onpattro (patisiran)
- ING-CC-0105 Vectibix (panitumumab)
- ING-CC-0114 Jevtana (cabazitaxel)
- ING-CC-0124 Keytruda (pembrolizumab)
- ING-CC-0127 Darzalex (daratumumab)
- ING-CC-0128 Tecentriq (atezolizumab)
- ING-CC-0134 Provenge (sipuleucel-T)

### **Revised clinical criteria effective September 23, 2019**

(The following clinical criteria were reviewed and may have word changes or clarifications, but had no significant changes to the medical necessity indications or criteria.)

- ING-CC-0004 H.P. Acthar Gel (repository corticotropin injection)
- ING-CC-0008 Subcutaneous Hormonal Implants
- ING-CC-0009 Lemtrada (alemtuzumab)
- ING-CC-0010 Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors

ING-CC-0020 Tysabri (natalizumab)  
ING-CC-0036 Naltrexone Implantable Pellets  
ING-CC-0044 Exondys 51 (eteplirsen)  
ING-CC-0094 Alimta (pemetrexed disodium)  
ING-CC-0099 Abraxane (paclitaxel, protein bound)  
ING-CC-0104 Levoleucovorin Agents  
ING-CC-0119 Yervoy (ipilimumab)  
ING-CC-0125 Opdivo (nivolumab)  
ING-CC-0129 Bavencio (avelumab)  
ING-CC-0130 Imfinzi (durvalumab)

**New clinical criteria effective September 23, 2019**

(The following are new clinical criteria.)

ING-CC-0142 Somatuline Depot (lanreotide)  
ING-CC-0144 Lumoxiti (moxetumomab pasudotox-tdfk)

**Revised clinical criteria effective October 1, 2019**

(The following current clinical criteria were updated with new procedure and/or diagnosis codes.)

ING-CC-0006 Hyaluronan Injections  
ING-CC-0034 Hereditary Angioedema Agents  
ING-CC-0041 Complement Inhibitors  
ING-CC-0082 Onpattro (patisiran)  
ING-CC-0087 Gamifant  
ING-CC-0088 Elzonris (tagraxofusp-erzs)  
ING-CC-0104 Levoleucovorin Agents

**Revised clinical criteria effective December 1, 2019**

(The following current clinical criteria were updated with new procedure and/or diagnosis codes.)

ING-CC-0031 Intravitreal Corticosteroid Implants

**Revised clinical criteria effective February 1, 2020**

(The following clinical criteria listed below might result in services that were previously covered, but now being considered either not medically necessary and/or investigational.)

ING-CC-0001 Erythropoiesis Stimulating Agents  
ING-CC-0002 Colony Stimulating Factor Agents  
ING-CC-0003 Immunoglobulins  
ING-CC-0007 Synagis (palivizumab)  
ING-CC-0013 Mepsevii (vestronidase alfa)  
ING-CC-0018 Lumizyme (alglucosidase alfa)

ING-CC-0021 Fabrazyme (agalsidase beta)  
ING-CC-0022 Vimizim (elosulfase alfa)  
ING-CC-0023 Naglazyme (galsulfase)  
ING-CC-0024 Elaprase (idursufase)  
ING-CC-0025 Aldurazyme (laronidase)  
ING-CC-0028 Benlysta (belimumab)  
ING-CC-0031 Intravitreal Corticosteroid Implants  
ING-CC-0032 Botulinum Toxin  
ING-CC-0033 Xolair (omalizumab)  
ING-CC-0034 Hereditary Angioedema Agents  
ING-CC-0041 Complement Inhibitors  
ING-CC-0043 Monoclonal Antibodies to Interleukin-5  
ING-CC-0048 Spinraza (nusinersen)  
ING-CC-0050 Monoclonal Antibodies to Interleukin-23  
ING-CC-0051 Enzyme Replacement Therapy for Gaucher Disease  
ING-CC-0058 Octreotide Agents  
ING-CC-0061 GnRH Analogs for the treatment of non-oncologic indications  
ING-CC-0062 Tumor Necrosis Factor Antagonists  
ING-CC-0063 Stelara (ustekinumab)  
ING-CC-0066 Monoclonal Antibodies to Interleukin-6  
ING-CC-0071 Entyvio (vedolizumab)  
ING-CC-0072 Selective Vascular Endothelial Growth Factor (VEGF) Antagonists  
ING-CC-0073 Alpha-1 Proteinase Inhibitor Therapy  
ING-CC-0075 Rituximab Agents for Non-Oncology Indications  
ING-CC-0082 Onpattro (patisiran)  
ING-CC-0106 Erbitux (cetuximab)  
ING-CC-0107 Bevacizumab for Non-Ophthalmologic Indications

### **New clinical criteria effective February 1, 2020**

(The following are new clinical criteria.)

ING-CC-0143 Polivy (polatuzumab vedotin-piiq)

ING-CC-0145 Libtayo (cemiplimab-rwlc)

**URL:** <https://providernews.anthem.com/connecticut/article/clinical-criteria-updates-for-specialty-pharmacy-32>

#### **Featured In:**

November 2019 Anthem Connecticut Provider News

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by

HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare or WCIC; CompCare Health Services Insurance Corporation (CompCare) underwrites or administers the HMO policies and Wisconsin Collaborative Insurance Company (WCIC) underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association. Use of the Anthem websites constitutes your agreement with our Terms of Use.

---