

## Clinical criteria updates for specialty pharmacy

Published: Jun 1, 2020 - **Products & Programs** / Pharmacy

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 criteria were updated with new procedure and/or diagnosis codes.)

- ING-CC-0153 Adakveo (crizanlizumab)
- ING-CC-0154 Givlaari (givosiran)

### Revised clinical criteria effective April 27, 2020

(The following criteria were reviewed and may have word changes or clarifications, but had no significant changes to the policy position or criteria.)

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

### Revised clinical criteria effective April 27, 2020

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

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

### New clinical criteria effective September 1, 2020

(The criteria below is new and may result in services previously covered now being considered either not medically necessary and/or investigational.)

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

## Revised clinical criteria effective September 1, 2020

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

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

449-0620-PN-NE

**URL:** <https://providernews.anthem.com/connecticut/article/clinical-criteria-updates-for-specialty-pharmacy-43>

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