

## Clinical criteria updates for specialty pharmacy

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The following clinical criteria documents were endorsed at the June 18, 2020 Clinical Criteria meeting. To access the clinical criteria information please click [here](#).

### **New clinical criteria effective June 26, 2020**

The following clinical criteria is new.

- ING-CC-0165 - Trodelvy (sacituzumab govitecan)

### **Revised clinical criteria effective July 20, 2020**

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

- ING-CC-0029 - Dupixent (dupilumab)
- ING-CC-0042 - Monoclonal Antibodies to Interleukin-17
- ING-CC-0061 - GnRH Analogs for the Treatment of Non-Oncologic Indications
- ING-CC-0107 - Bevacizumab for Non-Ophthalmologic Indications
- ING-CC-0119 - Yervoy (ipilimumab)
- ING-CC-0125 - Opdivo (nivolumab)
- ING-CC-0128 - Tecentriq (atezolizumab)

### **Revised clinical criteria effective July 20, 2020**

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

- ING-CC-0076 - Nulojix (belatacept)
- ING-CC-0136 - Drug Dosage, Frequency, and Route of Administration
- ING-CC-0141 - Off-Label Drug and Approved Orphan Drug Use

### **Revised clinical criteria effective August 1, 2020**

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

- ING-CC-0043 - Monoclonal Antibodies to Interleukin-5

### **Revised clinical criteria effective October 1, 2020**

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

- ING-CC-0072 - Selective Vascular Endothelial Growth Factor (VEGF) Antagonists

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

The following clinical criteria is new.

- ING-CC-0164 - Jelmyto (mitomycin gel)

### **Revised clinical criteria effective November 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-0011 - Ocrevus (ocrelizumab)
- ING-CC-0051 - Enzyme Replacement Therapy for Gaucher Disease
- ING-CC-0061 - GnRH Analogs for the Treatment of Non-Oncologic Indications
- ING-CC-0127 - Darzalex (daratumumab) and Darzalex Faspro (daratumumab and hyaluronidase-fihj)

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**URL:** <https://providernews.anthem.com/connecticut/article/clinical-criteria-updates-for-specialty-pharmacy-45>

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