

Clinical criteria updates for specialty pharmacy

Published: May 1, 2020 - Products & Programs / Pharmacy

The following clinical criteria documents were endorsed at the February 21, 2020 clinical criteria meeting. To access the clinical criteria information please click [here](#).

Revised clinical criteria effective March 3, 2020

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

- ING-CC-0140: Zulresso (brexanolone)

Revised clinical criteria effective March 23, 2020

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

- ING-CC-0002: Colony Stimulating Factor Agents
- ING-CC-0090: Ixempra (ixabepilone)
- ING-CC-0091: Lartruvo (olaratumab)
- ING-CC-0094: Alimta (pemetrexed disodium)
- ING-CC-0119: Yervoy (ipilimumab)
- ING-CC-0121 Gazyva (obinutuzumab)
- ING-CC-0123: Cyramza (ramucirumab)
- ING-CC-0124: Keytruda (pembrolizumab)
- ING-CC-0125: Opdivo (nivolumab)
- ING-CC-0130: Imfinzi (durvalumab)
- ING-CC-0131: Besponsa (inotuzumab ozogamicin)

Revised clinical criteria effective March 23, 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-0044: Eteplirsen (Exondys 51®)

- ING-CC-0067: Prostacyclin Infusion and Inhalation Therapy
- ING-CC-0072: Selective Vascular Endothelial Growth Factor (VEGF) Antagonists
- ING-CC-0075: Rituximab Agents for Non-Oncology Indications
- ING-CC-0085: Actimmune (interferon gamma-1B)
- ING-CC-0086: Spravato (esketamine) Nasal Spray
- ING-CC-0088: Elzonris (tagraxofusp-erzs)
- ING-CC-0089: Mozobil
- ING-CC-0096: Asparagine Specific Enzymes: Oncaspar (pegaspargase), Erwinaze (asparaginase [erwinia chrysanthemi])
- ING-CC-0103: Faslodex (fulvestrant)
- ING-CC-0108: Halaven (eribulin)
- ING-CC-0110: Perjeta (pertuzumab)
- ING-CC-0113: Sylvant (siltuximab)
- ING-CC-0115: Kadcyla (ado-trastuzumab)
- ING-CC-0117: Empliciti (elotuzumab)
- ING-CC-0120: Kyprolis (carfilzomib)
- ING-CC-0122: Arzerra (ofatumumab)
- ING-CC-0126: Blincyto (blinatumomab)
- ING-CC-0129: Bavencio (avelumab)
- ING-CC-0132: Mylotarg (gemtuzumab ozogamicin)
- ING-CC-0152: Vyondys 53 (golodirsen)

Archived clinical criteria effective March 23, 2020

- ING-CC-0138: Asparlas (calaspargase pegol-mknl)

Revised clinical criteria effective July 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-0078: Orencia (abatacept)

New clinical criteria effective August 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-0155: Etyol (amifostine)
- ING-CC-0156: Reblozyl (luspatercept)
- ING-CC-0157: Padcev (enfortumab vedotin)
- ING-CC-0158: Enhertu (fam-trastuzumab deruxtecan-nxki)
- ING-CC-0159: Scenesse (afamelanotide)
- ING-CC-0160: Vyepi (eptinezumab-jjmr)

Revised clinical criteria effective August 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-0015: Infertility and HCG Agents
- ING-CC-0033: Xolair (omalizumab)
- ING-CC-0038: Human Parathyroid Hormone Agents
- ING-CC-0043: Monoclonal Antibodies to Interleukin-5
- ING-CC-0049: Radicava (edaravone)
- ING-CC-0062: Tumor Necrosis Factor Antagonists
- ING-CC-0088: Elzonris (tagraxofusp-erzs)
- ING-CC-0094: Alimta (pemetrexed disodium)
- ING-CC-0099: Abraxane (paclitaxel, protein bound)
- ING-CC-0109: Zaltrap (ziv-aflibercept)
- ING-CC-0112: Xofigo (Radium Ra 223 Dichloride)
- ING-CC-0118: Radioimmunotherapy: Zevalin; azedra; Lutathera
- ING-CC-0119: Yervoy (ipilimumab)
- ING-CC-0123: Cyramza (ramucirumab)
- ING-CC-0125: Opdivo (nivolumab)
- ING-CC-0135: Melanoma Vaccines

419-0520-PN-NE

URL: <https://providernews.anthem.com/maine/article/clinical-criteria-updates-for-specialty-pharmacy-42>

Featured In:

May 2020 Anthem Connecticut Provider News, May 2020 Anthem Maine Provider News, May 2020 Anthem New Hampshire 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.
