

## Clinical criteria updates for specialty pharmacy

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The following clinical criteria documents were endorsed at the November 20, 2020, Clinical Criteria meeting. Visit our [website](#) to access the clinical criteria information.

### Revised clinical criteria effective December 3, 2020

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

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

### Revised clinical criteria effective December 9, 2020

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

- ING-CC-0011: Ocrevus (ocrelizumab)
- ING-CC-0174: Kesimpta (ofatumumab)

### Revised clinical criteria effective December 21, 2020

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

- ING-CC-0003: Immunoglobulins
- ING-CC-0034: Hereditary Angioedema Agents
- ING-CC-0042: Monoclonal Antibodies to Interleukin-17
- ING-CC-0062: Tumor Necrosis Factor Antagonists
- ING-CC-0063: Stelara (ustekinumab)
- ING-CC-0065: Agents for Hemophilia A and von Willebrand Disease
- ING-CC-0072: Selective Vascular Endothelial Growth Factor (VEGF) Antagonists
- ING-CC-0075: Rituximab Agents for Non-Oncologic Indications
- ING-CC-0121: Gazyva (obinutuzumab)
- ING-CC-0148: Agents for Hemophilia B

- ING-CC-0149: Select Clotting Agents for Bleeding Disorders

### **Reviewed clinical criteria effective December 21, 2020**

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

- ING-CC-0001: Erythropoiesis Stimulating Agents
- ING-CC-0006: Hyaluronan Injections
- ING-CC-0014: Beta Interferons and Glatiramer Acetate for Treatment of Multiple Sclerosis
- ING-CC-0040: Prialt (ziconotide)
- ING-CC-0047: Trogarzo (ibalizumab-uiyk)
- ING-CC-0049: Radicava (edaravone)
- ING-CC-0074: Akynzeo (fosnetupitant and palonosetron) for injection
- ING-CC-0107: Bevacizumab for Non-Ophthalmologic Indications
- ING-CC-0133: Aliqopa (copanlisib)
- ING-CC-0150: Kymriah (tisagenlecleucel)
- ING-CC-0151: Yescarta (axicabtagene ciloleucel)
- ING-CC-0155: Ethyol (amifostine)
- ING-CC-0166: Trastuzumab Agents Step Therapy
- ING-CC-0167: Rituximab Agents for Oncologic Indications Step Therapy
- ING-CC-0173: Enspryng (satralizumab-mwge)

### **New clinical criteria effective May 1, 2021**

The following clinical criteria is new.

- ING-CC-0183: Sogroya (somapacitan-beco)

### **Revised clinical criteria effective May 1, 2021**

The following 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-0003: Immunoglobulins
- ING-CC-0011: Ocrevus (ocrelizumab)
- ING-CC-0027: Denosumab Agents

- ING-CC-0034: Hereditary Angioedema Agents
- ING-CC-0039: GamaSTAN [immune globulin (human)]
- ING-CC-0041: Complement Inhibitors
- ING-CC-0042: Monoclonal Antibodies to Interleukin-17
- ING-CC-0048: Spinraza (nusinersen)
- ING-CC-0050: Monoclonal Antibodies to Interleukin-23
- ING-CC-0062: Tumor Necrosis Factor Antagonists
- ING-CC-0063: Stelara (ustekinumab)
- ING-CC-0064: Interleukin-1 Inhibitors
- ING-CC-0066: Monoclonal Antibodies to Interleukin-6
- ING-CC-0071: Entyvio (vedolizumab)
- ING-CC-0073: Alpha-1 Proteinase Inhibitor Therapy
- ING-CC-0078: Orencia (abatacept)
- ING-CC-0121: Gazyva (obinutuzumab)
- ING-CC-0148: Agents for Hemophilia B
- ING-CC-0174: Kesimpta (ofatumumab)

The following clinical criteria documents were endorsed at the December 18, 2020, Clinical Criteria meeting. Visit our [website](#) to access the clinical criteria information.

#### **Revised clinical criteria effective December 22, 2020**

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

- ING-CC-0124: Keytruda (pembrolizumab)

#### **New clinical criteria effective December 22, 2020**

The following clinical criteria is new.

- ING-CC-0184: Danyelza (naxitamab-gqqk)

#### **Revised clinical criteria effective January 25, 2021**

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

- ING-CC-0002: Colony Stimulating Factor Agents
- ING-CC-0015: Infertility and HCG Agents
- ING-CC-0032: Botulinum Toxin

- ING-CC-0154: Givlaari (givosiran)

### **Reviewed clinical criteria effective January 25, 2021**

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

- ING-CC-0079: Strensiq (Asfotase Alfa)
- ING-CC-0177: Zilretta (triamcinolone acetonide extended-release)

### **New clinical criteria effective May 1, 2021**

The following clinical criteria is new.

- ING-CC-0185: Oxlumio (lumasiran)

### **Revised clinical criteria effective May 1, 2021**

The following 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-0032: Botulinum Toxin
- ING-CC-0154: Givlaari (givosiran)

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**URL:** <https://providernews.anthem.com/maine/article/clinical-criteria-updates-for-specialty-pharmacy-49>

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