

## Clinical criteria updates for specialty pharmacy

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The following clinical criteria documents were endorsed at the June 24, 2021 Clinical Criteria meeting. Visit our [website](#) to access the clinical criteria information.

### Revised clinical criteria effective June 30, 2021

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

- ING-CC-0124: Keytruda (pembrolizumab)
- ING-CC-0125: Opdivo (nivolumab)

### New clinical criteria effective June 30, 2021

The criteria below is new and may result in services previously covered now being considered not medically necessary.

- ING-CC-0201: Rybrevant (amivantamab-ymjw)

### Revised clinical criteria effective July 26, 2021

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

- ING-CC-0042: Monoclonal Antibodies to Interleukin-17
- ING-CC-0067: Prostacyclin Infusion and Inhalation Therapy
- ING-CC-0077: Palyngziq (pegvaliase-pqpz)

### Revised clinical criteria effective July 26, 2021

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-0031: Intravitreal Corticosteroid Implants
- ING-CC-0050: Monoclonal Antibodies to Interleukin-23
- ING-CC-0051: Enzyme Replacement Therapy for Gaucher Disease

- 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
- ING-CC-0174: Kesimpta (ofatumumab)
- ING-CC-0182: Agents for Iron Deficiency Anemia

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

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-0043: Monoclonal Antibodies to Interleukin-5
- ING-CC-0057: Krystexxa (pegloticase)
- ING-CC-0066: Monoclonal Antibodies to Interleukin-6
- ING-CC-0068: Growth Hormone
- ING-CC-0069: Egrifta (tesamorelin)
- ING-CC-0111: Nplate (romiplostim)
- ING-CC-0137: Cablivi (caplacizumab-yhdp)
- ING-CC-0153: Adakveo (crizanlizumab)
- ING-CC-0162: Tepezza (teprotumumab-trbw)
- ING-CC-0194: Cabenuva (cabotegravir extended-release; rilpivirine extended-release) Injection

### **Revised clinical criteria effective August 23, 2021**

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-0182: Agents for Iron Deficiency Anemia

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

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-0077: Palynziq (pegvaliase-pqpz)

**URL:** <https://providernews.anthem.com/maine/article/clinical-criteria-updates-for-specialty-pharmacy-62>

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