

## Medical drug benefit *Clinical Criteria* updates

On August 16, 2019, and September 19, 2019, the Pharmacy and Therapeutics (P&T) Committee approved the following *Clinical Criteria* applicable to the **medical drug benefit** for Healthy Blue. These policies were developed, revised or reviewed to support clinical coding edits.

Visit [Clinical Criteria](#) to search for specific policies. For questions or additional information, use this [email](#).

Please see the explanation/definition for each category of *Clinical Criteria* below:

- New: newly published criteria
- Revised: addition or removal of medical necessity requirements, new document number
- Annual review: minor wording and formatting updates, new document number
- Updates marked with an asterisk (\*): criteria may be perceived as more restrictive

Please share this notice with other members of your practice and office staff.

**Please note: The *Clinical Criteria* listed below applies only to the medical drug benefits contained within the member's medical plan. This does not apply to pharmacy services.**

Effective date	Document Number	<i>Clinical Criteria</i> title	New, revised, annual review
February 19, 2021	ING-CC-0142	Somatuline Depot (lanreotide)*	New
February 19, 2021	ING-CC-0143	Polivy (polatuzumab vedotin-piiq)*	New
February 19, 2021	ING-CC-0144	Lumoxiti (moxetumomab* pasudotox-tdfk)*	New
February 19, 2021	ING-CC-0145	Libtayo (cemiplimab-rwlc)*	New
February 19, 2021	ING-CC-0030	Implantable and ER Buprenorphine Containing Agents	Revised
February 19, 2021	ING-CC-0001	Erythropoiesis Stimulating Agents*	Revised
February 19, 2021	ING-CC-0114	Jevtana (cabazitaxel)	Revised
February 19, 2021	ING-CC-0014	Beta Interferons and Glatiramer Acetate for Treatment of Multiple Sclerosis	Revised
February 19, 2021	ING-CC-0011	Ocrevus (ocrelizumab)	Revised
February 19, 2021	ING-CC-0026	Testosterone Injectable*	Revised
February 19, 2021	ING-CC-0028	Benlysta (belimumab)*	Revised
February 19, 2021	ING-CC-0027	Denosumab Agents	Revised
February 19, 2021	ING-CC-0139	Evenity (romosozumab-aqqg)	Revised
February 19, 2021	ING-CC-0082	Onpattro (patisiran)*	Revised
February 19, 2021	ING-CC-0084	Tegsedi (inotersen)*	Revised
February 19, 2021	ING-CC-0073	Alpha-1 Proteinase Inhibitor	Revised

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		Therapy*	
February 19, 2021	ING-CC-0051	Enzyme Replacement Therapy for Gaucher Disease*	Revised
February 19, 2021	ING-CC-0021	Fabrazyme (agalsidase beta)*	Revised
February 19, 2021	ING-CC-0061	GnRH Analogs for the treatment of Non-Oncologic indications*	Revised
February 19, 2021	ING-CC-0018	Lumizyme (alglucosidase alfa)*	Revised
February 19, 2021	ING-CC-0012	Brineura (cerliponase alfa)*	Revised