

Provider Bulletin

February 2020

Medical drug benefit Clinical Criteria updates

On November 15, 2019, the Pharmacy and Therapeutics (P&T) Committee approved the following *Clinical Criteria* applicable to the Healthy Blue Dual Advantage (HMO D-SNP) **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	Clinical Criteria title	New, revised, annual review
March 17, 2020	ING-CC-0148	Agents for Hemophilia B	New
March 17, 2020	ING-CC-0149*	Select Clotting Agents for Bleeding Disorders	New
March 17, 2020	ING-CC-0150*	Kymriah (tisagenlecleucel)	Revised
March 17, 2020	ING-CC-0151	Yescarta (axicabtagene ciloleucel)	Revised
March 17, 2020	ING-CC-0059	Selected Injectable NK-1 Antiemetic Agents	Revised
March 17, 2020	ING-CC-0056	Selected Injectable 5HT3 Antiemetic Agents	Revised
March 17, 2020	ING-CC-0074	Akynzeo (fosnetupitant and palonosetron) for injection	Revised
March 17, 2020	ING-CC-0065*	Agents for Hemophilia A and von Willebrand Disease	Revised
March 17, 2020	ING-CC-0124	Keytruda (pembrolizumab)	Revised
March 17, 2020	ING-CC-0127	Darzalex (daratumumab)	Revised
March 17, 2020	ING-CC-0133	Aliqopa (copanlisib)	Revised
March 17, 2020	ING-CC-0128	Tecentriq (atezolizumab)	Revised
March 17, 2020	ING-CC-0048*	Spinraza (nusinersen)	Revised
March 17, 2020	ING-CC-0002*	Colony Stimulating Factor Agents	Revised

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Effective date	Document	Clinical Criteria title	New, revised,
	number		annual review
March 17, 2020	ING-CC-0034*	Hereditary Angioedema Agents	Revised
March 17, 2020	ING-CC-0041*	Complement Inhibitors	Revised
March 17, 2020	ING-CC-0071*	Entyvio (vedolizumab)	Revised
March 17, 2020	ING-CC-0064*	Interleukin-1 Inhibitors	Revised
March 17, 2020	ING-CC-0042*	Monoclonal Antibodies to Interleukin-17	Revised
March 17, 2020	ING-CC-0066*	Monoclonal Antibodies to Interleukin-6	Revised
March 17, 2020	ING-CC-0050*	Monoclonal Antibodies to Interleukin-23	Revised
March 17, 2020	ING-CC-0078*	Orencia (abatacept)	Revised
March 17, 2020	ING-CC-0063*	Stelara (ustekinumab)	Revised
March 17, 2020	ING-CC-0062*	Tumor Necrosis Factor Antagonists	Revised
March 17, 2020	ING-CC-0003*	Immunoglobulins	Revised
March 17, 2020	ING-CC-0039	GamaSTAN immune globulin (human)	Revised
March 17, 2020	ING-CC-0043*	Monoclonal Antibodies to Interleukin-5	Revised
March 17, 2020	ING-CC-0055	Fuzeon (enfuvirtide)	Revised
March 17, 2020	ING-CC-0047	Trogarzo (ibalizumab-uiyk)	Revised
March 17, 2020	ING-CC-0053	Injectable Hydroxyprogesterone for Prevention of Preterm Birth	Revised
March 17, 2020	ING-CC-0073	Alpha-1 Proteinase Inhibitor Therapy	Revised
March 17, 2020	ING-CC-0049	Radicava (edaravone)	Revised
March 17, 2020	ING-CC-0040	Prialt (ziconotide)	Revised
March 17, 2020	ING-CC-0079	Strensiq (asfotase alfa)	Revised
March 17, 2020	ING-CC-0075	Rituximab Agents for Non- Oncologic Indications	Revised
March 17, 2020	ING-CC-0072*	Selective Vascular Endothelial Growth Factor (VEGF) Antagonists	Revised
March 17, 2020	ING-CC-0035	Duopa (carbidopa and levodopa enteral suspension)	Revised