

## **Provider Bulletin**

December 2020

## Medical drug benefit Clinical Criteria updates

On November 15, 2019, February 21, 2020, May 15, 2020, August 21, 2020, August 28, 2020, and September 24, 2020, 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. If you have questions or would like 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
- Updates marked with an asterisk (\*): criteria may be perceived as more restrictive

## 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 or revised
2/1/2021	ING-CC-0179*	Blenrep (belantamab mafodotin-blmf)	New
2/1/2021	ING-CC-0180*	Monjuvi (tafasitamab-cxix)	New
2/1/2021	ING-CC-0181*	Veklury (remdesivir)	New
2/1/2021	ING-CC-0182*	Agents for Iron Deficiency Anemia	New
2/1/2021	ING-CC-0128	Tecentriq (atezolizumab)	Revised
2/1/2021	ING-CC-0063	Stelara (ustekinumab)	Revised
2/1/2021	ING-CC-0086	Spravato (esketamine) Nasal Spray	Revised
2/1/2021	ING-CC-0081	Crysvita (burosumab-twza)	Revised
2/1/2021	ING-CC-0021*	Fabrazyme (agalsidase beta)	Revised
2/1/2021	ING-CC-0017*	Xiaflex (collagenase clostridium histolyticum)	Revised
2/1/2021	ING-CC-0022*	Vimizim (elosulfase alfa)	Revised
2/1/2021	ING-CC-0023*	Naglazyme (galsulfase)	Revised
2/1/2021	ING-CC-0024*	Elaprase (idursulfase)	Revised
2/1/2021	ING-CC-0025*	Aldurazyme (laronidase)	Revised
2/1/2021	ING-CC-0014*	Beta Interferons and Glatiramer Acetate for Treatment of Multiple Sclerosis	Revised
2/1/2021	ING-CC-0078*	Orencia (abatacept)	Revised

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Healthy Blue Dual Advantage Medical drug benefit *Clinical Criteria* updates Page 2 of 2