Serving Hoosier Healthwise, Healthy Indiana Plan
and Hoosier Care Connect

Provider Bulletin
March 2022

Medical drug benefit *Clinical Criteria* updates

On September 22, 2021, and November 19, 2021, the Pharmacy and Therapeutics (P&T) Committee approved the following *Clinical Criteria* applicable to the **medical drug benefit** for Anthem Blue Cross and Blue Shield. 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 (*) notate that the criteria may be perceived as more restrictive

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

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

Effective date	Document number	*Clinical Criteria* title	New or revised	Date approved by IN DUR Board
May 13, 2022	*ING-CC-0018	**Lumizyme (alglucosidase alfa); Nexviazyme (avalglucosidase alfa-ngpf)**	Revised	December 2021
May 13, 2022	*ING-CC-0128	**Tecentriq (atezolizumab)**	Revised	January 2022
May 13, 2022	*ING-CC-0021	**Fabrazyme (agalsidase beta)**	Revised	January 2022
May 13, 2022	*ING-CC-0017	**Xiaflex (collagenase clostridium histolyticum)**	Revised	January 2022
May 13, 2022	*ING-CC-0026	**Testosterone Injectable**	Revised	January 2022
May 13, 2022	*ING-CC-0100	**Istodax (romidepsin)**	Revised	January 2022
May 13, 2022	*ING-CC-0125	**Opdivo (nivolumab)**	Revised	January 2022
May 13, 2022	ING-CC-0197	**Jemperli (dostarlimab-gxly)**	Revised	January 2022
May 13, 2022	ING-CC-0124	**Keytruda (pembrolizumab)**	Revised	January 2022
May 13, 2022	*ING-CC-0173	**Enspryng (satralizumab-mwge)**	Revised	January 2022
May 13, 2022	*ING-CC-0170	**Uplizna (inebilizumab-cdon)**	Revised	January 2022
May 13, 2022	*ING-CC-0041	**Complement Inhibitors**	Revised	January 2022
May 13, 2022	*ING-CC-0071	**Entyvio (vedolizumab)**	Revised	January 2022
May 13, 2022	*ING-CC-0064	**Interleukin-1 Inhibitors**	Revised	January 2022
May 13, 2022	*ING-CC-0042	**Monoclonal Antibodies to Interleukin-17**	Revised	January 2022

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Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.
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Effective date	Document number	*Clinical Criteria* title	New or revised	Date approved by IN DUR Board
May 13, 2022	*ING-CC-0066	**Monoclonal Antibodies to Interleukin-6**	Revised	January 2022
May 13, 2022	*ING-CC-0050	**Monoclonal Antibodies to Interleukin-23**	Revised	January 2022
May 13, 2022	*ING-CC-0063	**Stelara (ustekinumab)**	Revised	January 2022
May 13, 2022	*ING-CC-0062	**Tumor Necrosis Factor Antagonists**	Revised	January 2022
May 13, 2022	ING-CC-0003	**Immunoglobulins**	Revised	January 2022
May 13, 2022	*ING-CC-0075	**Rituximab Agents for Non-Oncologic Indications**	Revised	January 2022
May 13, 2022	*ING-CC-0072	**Selective Vascular Endothelial Growth Factor (VEGF) Antagonists**	Revised	January 2022
May 13, 2022	ING-CC-0107	**Bevacizumab for Non-Ophthalmologic Indications**	Revised	January 2022
May 13, 2022	ING-CC-0106	**Erbitux (cetuximab)**	Revised	January 2022
May 13, 2022	ING-CC-0105	**Vectibix (panitumumab)**	Revised	January 2022
May 13, 2022	ING-CC-0043	**Monoclonal Antibodies to Interleukin-5**	Revised	January 2022
May 13, 2022	*ING-CC-0068	**Growth Hormone**	Revised	January 2022

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