



## Medical drug benefit *Clinical Criteria* updates

Please note, this communication applies to Anthem HealthKeepers Plus, Medallion and Anthem HealthKeepers Plus, Commonwealth Coordinated Care Plus (Anthem CCC Plus) offered by HealthKeepers, Inc.

On February 19, 2021, and March 4, 2021, the Pharmacy and Therapeutics (P&T) Committee approved the following *Clinical Criteria* applicable to the Anthem HealthKeepers Plus **medical drug benefit** for HealthKeepers, Inc. 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 (\*) denote 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	<i>Clinical Criteria</i> title	New or revised
May 28, 2021	ING-CC-0186*	Margenza (margetuximab-cmkb)	New
May 28, 2021	ING-CC-0187*	Breyanzi (lisocabtagene maraleucel)	New
May 28, 2021	ING-CC-0188*	Imcivree (setmelanotide)	New
May 28, 2021	ING-CC-0189*	Amondys 45 (casimersen)	New
May 28, 2021	ING-CC-0190*	Nulibry (fosdenopterin)	New
May 28, 2021	ING-CC-0086*	Spravato (esketamine) Nasal Spray	Revised
May 28, 2021	ING-CC-0158	Enhertu (fam-trastuzumab deruxtecan-nxki)	Revised
May 28, 2021	ING-CC-0167	Rituximab Agents for Oncologic Indications Step Therapy	Revised
May 28, 2021	ING-CC-0157*	Padcev (enfortumab vedotin)	Revised
May 28, 2021	ING-CC-0125*	Opdivo (nivolumab)	Revised
May 28, 2021	ING-CC-0119*	Yervoy (ipilimumab)	Revised
May 28, 2021	ING-CC-0099	Abraxane (paclitaxel, protein bound)	Revised
May 28, 2021	ING-CC-0094*	Pemetrexed Agents (Alimta, Pefexy)	Revised
May 28, 2021	ING-CC-0123*	Cyramza (ramucirumab)	Revised
May 28, 2021	ING-CC-0115*	Kadcyla (ado-trastuzumab)	Revised
May 28, 2021	ING-CC-0033*	Xolair (omalizumab)	Revised
May 28, 2021	ING-CC-0043	Monoclonal Antibodies to Interleukin-5	Revised
May 28, 2021	ING-CC-0067*	Prostacyclin Infusion and Inhalation Therapy	Revised

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<b>Effective date</b>	<b>Document number</b>	<b><i>Clinical Criteria</i> title</b>	<b>New or revised</b>
May 28, 2021	ING-CC-0075*	Rituximab Agents for Non-Oncologic Indications	Revised
May 28, 2021	ING-CC-0034*	Hereditary Angioedema Agents	Revised
May 28, 2021	ING-CC-0028*	Benlysta (belimumab)	Revised