



An Anthem Company

November 2019

Medical drug benefit *Clinical Criteria* updates

On September 19, 2019, the Pharmacy and Therapeutics (P&T) Committee approved the following *Clinical Criteria* applicable to the **medical drug benefit** for Empire BlueCross BlueShield HealthPlus. 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
December 30, 2019	ING-CC-0081	<i>Crysvita (burosumab-twza)</i>	Revised
December 30, 2019	ING-CC-0018	<i>Lumizyme (alglucosidase alfa)</i>	Reviewed
December 30, 2019	ING-CC-0021	<i>Fabrazyme (agalsidase beta)</i>	Revised
December 30, 2019	ING-CC-0002	<i>Zinplava (bezlotoxumab)</i>	Revised
December 30, 2019	ING-CC-0017	<i>Xiaflex (collagenase clostridium histolyticum)</i>	Revised
December 30, 2019	ING-CC-0013	<i>Mepsevii (vestronidase alfa)</i>	Revised
December 30, 2019	ING-CC-0022	<i>Vimizim (elosulfase alfa)</i>	Revised
December 30, 2019	ING-CC-0023	<i>Naglazyme (galsulfase)</i>	Revised
December 30, 2019	ING-CC-0024	<i>Elaprase (idursulfase)</i>	Revised
December 30, 2019	ING-CC-0025	<i>Aldurazyme (laronidase)</i>	Revised
December 30, 2019	ING-CC-0015	<i>Infertility Agents*</i>	Revised
December 30, 2019	ING-CC-0007	<i>Synagis (palivizumab)*</i>	Revised
December 30, 2019	ING-CC-0012	<i>Brineura (cerliponase alfa)*</i>	Revised
December 30, 2019	ING-CC-0058	<i>Octreotide Agents (Sandostatin and Sandostatin LAR)</i>	Reviewed
December 30, 2019	ING-CC-0072	<i>Selective Vascular Endothelial Growth Factor (VEGF) Antagonists*</i>	Revised

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Empire BlueCross BlueShield HealthPlus is the trade name of HealthPlus HP, LLC, an independent licensee of the Blue Cross and Blue Shield Association. IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Empire BlueCross BlueShield HealthPlus.

NYEPEC-2039-19 November 2019