



## 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 Empire BlueCross BlueShield HealthPlus. 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	<i>Clinical Criteria</i> title	New or revised
March 17, 2022	*ING-CC-0204	Tivdak (tisotumab vedotin-tftv)	New
March 17, 2022	*ING-CC-0018	Lumizyme (alglucosidase alfa); Nexviazyme (avalglucosidase alfa-ngpf)	Revised
March 17, 2022	*ING-CC-0128	Tecentriq (atezolizumab)	Revised
March 17, 2022	*ING-CC-0012	Brineura (cerliponase alfa)	Revised
March 17, 2022	*ING-CC-0021	Fabrazyme (agalsidase beta)	Revised
March 17, 2022	*ING-CC-0017	Xiaflex (collagenase clostridium histolyticum)	Revised
March 17, 2022	*ING-CC-0026	Testosterone Injectable	Revised
March 17, 2022	*ING-CC-0100	Istodax (romidepsin)	Revised
March 17, 2022	*ING-CC-0125	Opdivo (nivolumab)	Revised
March 17, 2022	ING-CC-0197	Jemperli (dostarlimab-gxly)	Revised
March 17, 2022	ING-CC-0124	Keytruda (pembrolizumab)	Revised
March 17, 2022	*ING-CC-0061	GnRH Analogs for the Treatment of Non-Oncologic Indications	Revised
March 17, 2022	*ING-CC-0148	Agents for Hemophilia B	Revised
March 17, 2022	*ING-CC-0149	Select Clotting Agents for Bleeding Disorders	Revised
March 17, 2022	*ING-CC-0065	Agents for Hemophilia A and von Willebrand Disease	Revised
March 17, 2022	ING-CC-0168	Tecartus (brexucabtagene autoleucl)	Revised
March 17, 2022	*ING-CC-0195	Abecma (idecabtagene vicleucl)	Revised

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Effective date	Document number	<i>Clinical Criteria</i> title	New or revised
March 17, 2022	*ING-CC-0001	Erythropoiesis Stimulating Agents	Revised
March 17, 2022	*ING-CC-0173	Enspryng (satralizumab-mwge)	Revised
March 17, 2022	*ING-CC-0170	Uplizna (inebilizumab-cdon)	Revised
March 17, 2022	*ING-CC-0041	Complement Inhibitors	Revised
March 17, 2022	*ING-CC-0071	Entyvio (vedolizumab)	Revised
March 17, 2022	*ING-CC-0064	Interleukin-1 Inhibitors	Revised
March 17, 2022	*ING-CC-0042	Monoclonal Antibodies to Interleukin-17	Revised
March 17, 2022	*ING-CC-0066	Monoclonal Antibodies to Interleukin-6	Revised
March 17, 2022	*ING-CC-0050	Monoclonal Antibodies to Interleukin-23	Revised
March 17, 2022	*ING-CC-0078	Orencia (abatacept)	Revised
March 17, 2022	*ING-CC-0063	Stelara (ustekinumab)	Revised
March 17, 2022	*ING-CC-0062	Tumor Necrosis Factor Antagonists	Revised
March 17, 2022	ING-CC-0003	Immunoglobulins	Revised
March 17, 2022	*ING-CC-0049	Radicava (edaravone)	Revised
March 17, 2022	*ING-CC-0075	Rituximab Agents for Non-Oncologic Indications	Revised
March 17, 2022	*ING-CC-0072	Selective Vascular Endothelial Growth Factor (VEGF) Antagonists	Revised
March 17, 2022	ING-CC-0107	Bevacizumab for Non-Ophthalmologic Indications	Revised
March 17, 2022	ING-CC-0106	Erbitux (cetuximab)	Revised
March 17, 2022	ING-CC-0105	Vectibix (panitumumab)	Revised
March 17, 2022	ING-CC-0043	Monoclonal Antibodies to Interleukin-5	Revised
March 17, 2022	*ING-CC-0068	Growth Hormone	Revised



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