

April 2020

Medical drug benefit Clinical Criteria updates

On November 15, 2019, the Pharmacy and Therapeutics (P&T) Committee approved the following *Clinical Criteria* applicable to the **medical drug benefit** for Simply Healthcare Plans, Inc. and Clear Health Alliance. 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 | Clinical Criteria title | New, revised, annual review |
|----------------|--------------------|--|-----------------------------|
| 06/01/2020 | ING-CC-0059 | Selected Injectable NK-1 Antiemetic Agents | Revised |
| 06/01/2020 | ING-CC-0074 | Akynzeo (fosnetupitant and palonosetron) for injection | Revised |
| 06/01/2020 | ING-CC-0124 | Keytruda (pembrolizumab) | Revised |
| 06/01/2020 | ING-CC-0127 | Darzalex (daratumumab) | Revised |
| 06/01/2020 | ING-CC-0133 | Aliqopa (copanlisib) | Revised |
| 06/01/2020 | ING-CC-0128 | Tecentriq (atezolizumab) | Revised |
| 06/01/2020 | ING-CC-0050* | Monoclonal Antibodies to Interleukin-23 | Revised |
| 06/01/2020 | ING-CC-0049 | Radicava (edaravone) | Revised |
| 06/01/2020 | ING-CC-0040 | Prialt (ziconotide) | Revised |

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| Effective date | Document number | Clinical Criteria title | New, revised, annual review |
|----------------|-----------------|--|-----------------------------|
| 06/01/2020 | ING-CC-0079 | Strensiq (asfotase alfa) | Revised |
| 06/01/2020 | ING-CC-0075 | Rituximab Agents for Non-Oncologic Indications | Revised |
| 06/01/2020 | ING-CC-0072* | Selective Vascular Endothelial Growth Factor (VEGF) Antagonists | Revised |
| 06/01/2020 | ING-CC-0035 | Duopa (carbidopa and levodopa enteral suspension) | Revised |