

April 2020

***Clinical Criteria* updates**

On August 16, 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 policy. This does not apply to pharmacy services.

Effective date	Document number	<i>Clinical Criteria</i> title	New, revised, annual review
May 29, 2020	ING-CC-0142	<i>Somatuline Depot (lanreotide)*</i>	New
May 29, 2020	ING-CC-0143	<i>Polivy (polatuzumab vedotin-piiq)*</i>	New
May 29, 2020	ING-CC-0144	<i>Lumoxiti (moxetumomab pasudotox-tdfk)*</i>	New
May 29, 2020	ING-CC-0145	<i>Libtayo (cemiplimab-rwlc)*</i>	New
May 29, 2020	ING-CC-0030	<i>Implantable and ER Buprenorphine Containing Agents</i>	Revised
May 29, 2020	ING-CC-0036	<i>Naltrexone Implantable Pellets</i>	Reviewed
May 29, 2020	ING-CC-0107	<i>Bevacizumab for Non-Ophthalmologic Indications*</i>	Revised
May 29, 2020	ING-CC-0114	<i>Jevtana (cabazitaxel)</i>	Revised
May 29, 2020	ING-CC-0134	<i>Provenge (sipuleucel-T)</i>	Revised
May 29, 2020	ING-CC-0127	<i>Darzalex (daratumumab)</i>	Revised
May 29, 2020	ING-CC-0106	<i>Erbitux (cetuximab)*</i>	Revised

<https://provider.simplyhealthcareplans.com/florida-provider>
<https://provider.clearhealthalliance.com/florida-provider>

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. is a Medicare-contracted coordinated care plan that has a Medicaid contract with the State of Florida Agency for Health Care Administration to provide benefits or arrange for benefits to be provided to enrollees. Enrollment in Simply Healthcare Plans, Inc. depends on contract renewal.

IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Simply Healthcare Plans, Inc. and Clear Health Alliance.

Effective date	Document number	Clinical Criteria title	New, revised, annual review
May 29, 2020	ING-CC-0105	<i>Vectibix (panitumumab)</i>	Revised
May 29, 2020	ING-CC-0124	<i>Keytruda (pembrolizumab)</i>	Revised
May 29, 2020	ING-CC-0128	<i>Tecentriq (atezolizumab)</i>	Revised
May 29, 2020	ING-CC-0104	<i>Levoleucovorin Agents</i>	Reviewed
May 29, 2020	ING-CC-0125	<i>Opdivo (nivolumab)</i>	Revised
May 29, 2020	ING-CC-0129	<i>Bavencio (avelumab)</i>	Revised
May 29, 2020	ING-CC-0130	<i>Imfinzi (durvalumab)</i>	Revised
May 29, 2020	ING-CC-0119	<i>Yervoy (ipilimumab)</i>	Revised
May 29, 2020	ING-CC-0094	<i>Alimta (pemetrexed disodium)</i>	Revised
May 29, 2020	ING-CC-0099	<i>Abraxane (paclitaxel, protein bound)</i>	Revised
May 29, 2020	ING-CC-0020	<i>Tysabri (natalizumab)</i>	Revised
May 29, 2020	ING-CC-0011	<i>Ocrevus (ocrelizumab)</i>	Revised
May 29, 2020	ING-CC-0009	<i>Lemtrada (alemtuzumab)</i>	Revised
May 29, 2020	ING-CC-0004	<i>H.P. Acthar Gel (repository corticotropin injection)</i>	Revised
May 29, 2020	ING-CC-0072	<i>Selective Vascular Endothelial Growth Factor (VEGF) Antagonists*</i>	Revised
May 29, 2020	ING-CC-0026	<i>Testosterone Injectable</i>	Revised
May 29, 2020	ING-CC-0008	<i>Subcutaneous Hormonal Implants</i>	Revised
May 29, 2020	ING-CC-0139	<i>Evenity (romosozumab-aqqg)</i>	Revised
May 29, 2020	ING-CC-0019	<i>Zoledronic Acid Agents</i>	Revised
May 29, 2020	ING-CC-0082	<i>Onpattro (patisiran)*</i>	Revised
May 29, 2020	ING-CC-0031	<i>Intravitreal Corticosteroid Implants*</i>	Revised
May 29, 2020	ING-CC-0084	<i>Tegsedi (inotersen)*</i>	Revised
May 29, 2020	ING-CC-0050	<i>Monoclonal Antibodies to Interleukin-23*</i>	Revised
May 29, 2020	ING-CC-0058	<i>Octreotide Agents*</i>	Revised
May 29, 2020	ING-CC-0022	<i>Vimizim (elosulfase alfa)*</i>	Reviewed