

## Clinical Criteria updates

**Summary:**

On September 12, 2022, and November 18, 2022, the Pharmacy and Therapeutic (P&T) Committee approved the following *Clinical Criteria* applicable to the medical drug benefit for Anthem Blue Cross (Anthem). 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
- Updates marked with an asterisk (\*) notate that the criteria may be perceived as more restrictive.

Please share this notice with other providers in 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.**
- **This notice is meant to inform the provider of new or revised criteria that has been adopted by Anthem only. It does not include details regarding any authorization requirements. Authorization rules are communicated via a separate notice.**

Effective date	Document number	<i>Clinical Criteria</i> Title	New or revised
June 26, 2023	*CC-0222	Tecvayli (teclistamab-cqyv)	New
June 26, 2023	*CC-0223	Imjudo (tremelimumab-actl)	New
June 26, 2023	*CC-0224	Pedmark (sodium thiosulfate injection)	New
June 26, 2023	*CC-0225	Tzielid (teplizumab)	New
June 26, 2023	CC-0130	Imfinzi (durvalumab)	Revised
June 26, 2023	*CC-0107	Bevacizumab for Non-Ophthalmologic Indications	Revised
June 26, 2023	CC-0148	Agents for Hemophilia B	Revised
June 26, 2023	CC-0149	Select Clotting Agents for Bleeding Disorders	Revised
June 26, 2023	CC-0065	Agents for Hemophilia A and von Willebrand Disease	Revised
June 26, 2023	*CC-0124	Keytruda (pembrolizumab)	Revised
June 26, 2023	*CC-0168	Tecartus (brexucabtagene autoleucel)	Revised

<https://providers.anthem.com/ca>

Effective date	Document number	<i>Clinical Criteria</i> Title	New or revised
June 26, 2023	*CC-0195	Abecma (idecabtagene vicleucel)	Revised
June 26, 2023	*CC-0150	Kymriah (tisagenlecleucel)	Revised
June 26, 2023	*CC-0151	Yescarta (axicabtagene ciloleucel)	Revised
June 26, 2023	*CC-0187	Breyanzi (lisocabtagene maraleucel)	Revised
June 26, 2023	*CC-0214	Carvykti (ciltacabtagene autoleucel)	Revised
June 26, 2023	CC-0133	Aliqopa (copanlisib)	Revised
June 26, 2023	*CC-0041	Complement Inhibitors	Revised
June 26, 2023	*CC-0071	Entyvio (vedolizumab)	Revised
June 26, 2023	*CC-0064	Interleukin-1 Inhibitors	Revised
June 26, 2023	*CC-0042	Monoclonal Antibodies to Interleukin-17	Revised
June 26, 2023	*CC-0066	Monoclonal Antibodies to Interleukin-6	Revised
June 26, 2023	*CC-0050	Monoclonal Antibodies to Interleukin-23	Revised
June 26, 2023	*CC-0078	Orencia (abatacept)	Revised
June 26, 2023	*CC-0063	Stelara (ustekinumab)	Revised
June 26, 2023	*CC-0062	Tumor Necrosis Factor Antagonists	Revised
June 26, 2023	*CC-0003	Immunoglobulins	Revised
June 26, 2023	CC-0072	Selective Vascular Endothelial Growth Factor (VEGF) Antagonists	Revised
June 26, 2023	*CC-0100	Istodax (romidepsin)	Revised
June 26, 2023	*CC-0204	Tivdak (tisotumab vedotin-tftv)	Revised
June 26, 2023	*CC-0205	Fyarro (sirolimus albumin bound)	Revised
June 26, 2023	*CC-0182	Iron Agents	Revised



**Email is the quickest and most direct way to receive important information from Anthem Blue Cross.**

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (<https://bit.ly/3ILgko8>).

