

## Medical drug benefit *Clinical Criteria* updates

On May 20, 2022, the Pharmacy and Therapeutics (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. 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. 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 |
|-----------------|-----------------|--|----------------|
| January 18 2023 | *ING-CC-0200    | Aduhelm  | New            |
| January 18 2023 | *ING-CC-0215    | Ketamine injection (Ketalar)                   | New            |
| January 18 2023 | *ING-CC-0216    | Opdualag (nivolumab and relatlimab-rmbw)       | New            |
| January 18 2023 | *ING-CC-0153    | Adakveo (crizanlizumab)                        | Revised        |
| January 18 2023 | *ING-CC-0002    | Colony Stimulating Factor Agents               | Revised        |
| January 18 2023 | *ING-CC-0124    | Keytruda (pembrolizumab)                       | Revised        |
| January 18 2023 | ING-CC-0101     | Torisel (temsirolimus)                         | Revised        |
| January 18 2023 | *ING-CC-0107    | Bevacizumab for Non-Ophthalmologic Indications | Revised        |
| January 18 2023 | ING-CC-0143     | Polivy (polatuzumab vedotin-piiq)              | Revised        |
| January 18 2023 | *ING-CC-0092    | Adcetris (brentuximab vedotin)                 | Revised        |
| January 18 2023 | ING-CC-0106     | Erbix (cetuximab)                              | Revised        |

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

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|-----------------------|------------------------|---|-----------------------|
| January 18 2023       | *ING-CC-0175           | Proleukin (aldesleukin)   | Revised               |
| January 18 2023       | ING-CC-0116            | Bendamustine agents   | Revised               |
| January 18 2023       | *ING-CC-0145           | Libtayo (cemiplimab-rwlc)   | Revised               |
| January 18 2023       | ING-CC-0151            | Yescarta (axicabtagene ciloleucel)  | Revised               |
| January 18 2023       | *ING-CC-0032           | Botulinum Toxin   | Revised               |
| January 18 2023       | *ING-CC-0052           | Dihydroergotamine (DHE) injection   | Revised               |
| January 18 2023       | *ING-CC-0068           | Growth Hormone  | Revised               |
| January 18 2023       | *ING-CC-0087           | Gamifant (emapalumab)   | Revised               |
| January 18 2023       | ING-CC-0194            | Cabenuva (cabotegravir extended-release; rilpivirine extended-release) Injection                          | Revised               |
| January 18 2023       | ING-CC-0065            | Agents for Hemophilia A and von Willebrand Disease  | Revised               |
| January 18 2023       | *ING-CC-0118           | Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy (Azedra, Lutathera, Pluvicto, Zevalin) | Revised               |
| January 18 2023       | *ING-CC-0201           | Rybrevant (amivantamab-ymjw)  | Revised               |
| January 18 2023       | *ING-CC-0119           | Yervoy (ipilimumab)   | Revised               |