

Clinical Criteria Updates

Summary: On September 22, 2022, the Pharmacy and Therapeutic (P&T) Committee approved the following *Clinical Criteria* applicable to the medical drug benefit for Anthem Blue Cross and Blue Shield (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 apply 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
May 18, 2023	ING-CC-0158	Enhertu (fam-trastuzumab deruxtecan-nxki)	Revised
May 18, 2023	*ING-CC-0072	Vascular Endothelial Growth Factor Inhibitors	Revised
May 18, 2023	*ING-CC-0002	Colony Stimulating Factor Agents	Revised

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