

Clinical Criteria updates

Summary: On May 20, 2022, August 19, 2022, and September 9, 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 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
May 5, 2023	*ING-CC-0219	Korsuva (difelikefalin acetate)	New
May 5, 2023	ING-CC-0124	Keytruda (pembrolizumab)	Revised
May 5, 2023	ING-CC-0104	Levoleucovorin Agents	Revised
May 5, 2023	ING-CC-0100	Istodax (romidepsin)	Revised
May 5, 2023	ING-CC-0182	Iron Agents	Revised
May 5, 2023	*ING-CC-0176	Beleodaq (belinostat)	Revised
May 5, 2023	ING-CC-0180	Monjuvi (tafasitamab-cxix)	Revised
May 5, 2023	*ING-CC-0002	Colony Stimulating Factor Agents	Revised
May 5, 2023	ING-CC-0187	Breyanzi (lisocabtagene maraleucel)	Revised
May 5, 2023	ING-CC-0158	Enhertu (fam-trastuzumab deruxtecan-nxki)	Revised

* Availity, LLC is an independent company providing administrative support services on behalf of Anthem Blue Cross and Blue Shield.

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

Effective date	Document number	Clinical Criteria title	New or revised
May 5, 2023	ING-CC-0097	Vidaza (azacitidine)	Revised
May 5, 2023	*ING-CC-0142	Somatuline Depot (lanreotide)	Revised
May 5, 2023	*ING-CC-0082	Onpattro (patisiran)	Revised
May 5, 2023	*ING-CC-0084	Tegsedi (inotersen)	Revised
May 5, 2023	*ING-CC-0034	Hereditary Angioedema Agents	Revised
May 5, 2023	ING-CC-0019	Zoledronic Acid Agents	Revised
May 5, 2023	*ING-CC-0029	Dupixent (dupilumab)	Revised
May 5, 2023	*ING-CC-0035	Duopa (carbidopa and levodopa enteral suspension)	Revised
May 5, 2023	ING-CC-0140	Zulresso (brexanolone)	Revised
May 5, 2023	ING-CC-0050	Monoclonal Antibodies to Interleukin-23	Revised
May 5, 2023	*ING-CC-0026	Testosterone Injectable	Revised
May 5, 2023	*ING-CC-0207	Vyvgart (efgartigimod alfa-fcab)	Revised

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For additional support, visit the *Contact Us* section at the bottom of our provider website (<https://providers.anthem.com/in>) for the appropriate contact.



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

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/2XN9y9o>).

