

## Medical drug benefit *Clinical Criteria* updates

On May 15, 2020, June 18, 2020, August 21, 2020, September 24, 2020, November 20, 2020, December 22, 2020, and February 19, 2021, the Pharmacy and Therapeutics (P&T) Committee approved the following *Clinical Criteria* applicable to the **medical drug benefit** for Anthem Blue Cross and Blue Shield. 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 (\*) denote 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.**

Effective date	Document number	<i>Clinical Criteria</i> title	New or revised
August 30, 2021	ING-CC-0181*	<a href="#">Veklury (remdesivir)</a>	New
August 30, 2021	ING-CC-0182*	<a href="#">Agents for Iron Deficiency Anemia</a>	New
August 30, 2021	ING-CC-0002	<a href="#">Colony Stimulating Factor Agents</a>	Revised
August 30, 2021	ING-CC-0003*	<a href="#">Immunoglobulins</a>	Revised
August 30, 2021	ING-CC-0011*	<a href="#">Ocrevus (ocrelizumab)</a>	Revised
August 30, 2021	ING-CC-0019*	<a href="#">Zoledronic Acid Agents (Reclast, Zometa)</a>	Revised
August 30, 2021	ING-CC-0027*	<a href="#">Denosumab Agents</a>	Revised
August 30, 2021	ING-CC-0028*	<a href="#">Benlysta (belimumab)</a>	Revised
August 30, 2021	ING-CC-0031	<a href="#">Intravitreal Corticosteroid Implants</a>	Revised
August 30, 2021	ING-CC-0032*	<a href="#">Botulinum Toxin</a>	Revised
August 30, 2021	ING-CC-0033*	<a href="#">Xolair (omalizumab)</a>	Revised
August 30, 2021	ING-CC-0034*	<a href="#">Hereditary Angioedema Agents</a>	Revised
August 30, 2021	ING-CC-0039*	<a href="#">GamaSTAN (immune globulin [human])</a>	Revised
August 30, 2021	ING-CC-0042*	<a href="#">Monoclonal Antibodies to Interleukin-17</a>	Revised
August 30, 2021	ING-CC-0043	<a href="#">Monoclonal Antibodies to Interleukin-5</a>	Revised
August 30, 2021	ING-CC-0050*	<a href="#">Monoclonal Antibodies to Interleukin-23</a>	Revised
August 30, 2021	ING-CC-0057*	<a href="#">Krystexxa (pegloticase)</a>	Revised
August 30, 2021	ING-CC-0062*	<a href="#">Tumor Necrosis Factor Antagonists</a>	Revised
August 30, 2021	ING-CC-0063*	<a href="#">Stelara (ustekinumab)</a>	Revised
August 30, 2021	ING-CC-0064*	<a href="#">Interleukin-1 Inhibitors</a>	Revised

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Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submission. If you have questions, please contact your group administrator or your Anthem network representative.

<b>Effective date</b>	<b>Document number</b>	<b>Clinical Criteria title</b>	<b>New or revised</b>
August 30, 2021	ING-CC-0066*	<b>Monoclonal Antibodies to Interleukin-6</b>	Revised
August 30, 2021	ING-CC-0067*	<b>Prostacyclin Infusion and Inhalation Therapy</b>	Revised
August 30, 2021	ING-CC-0068*	<b>Growth Hormone</b>	Revised
August 30, 2021	ING-CC-0071*	<b>Entyvio (vedolizumab)</b>	Revised
August 30, 2021	ING-CC-0072	<b>Selective Vascular Endothelial Growth Factor (VEGF) Antagonists</b>	Revised
August 30, 2021	ING-CC-0073*	<b>Alpha-1 Proteinase Inhibitor Therapy</b>	Revised
August 30, 2021	ING-CC-0075*	<b>Rituximab Agents for Non-Oncologic Indications</b>	Revised
August 30, 2021	ING-CC-0078*	<b>Orencia (abatacept)</b>	Revised
August 30, 2021	ING-CC-0092	<b>Adcetris (brentuximab vedotin)</b>	Revised
August 30, 2021	ING-CC-0094*	<b>Pemetrexed Agents (Alimta, Pemfexy)</b>	Revised
August 30, 2021	ING-CC-0098*	<b>Doxorubicin Liposome (Doxil, Lipodox)</b>	Revised
August 30, 2021	ING-CC-0099	<b>Abraxane (paclitaxel, protein bound)</b>	Revised
August 30, 2021	ING-CC-0107*	<b>Bevacizumab for Non-Ophthalmologic Indications</b>	Revised
August 30, 2021	ING-CC-0119*	<b>Yervoy (ipilimumab)</b>	Revised
August 30, 2021	ING-CC-0121*	<b>Gazyva (obinutuzumab)</b>	Revised
August 30, 2021	ING-CC-0123*	<b>Cyramza (ramucirumab)</b>	Revised
August 30, 2021	ING-CC-0124	<b>Keytruda (pembrolizumab)</b>	Revised
August 30, 2021	ING-CC-0125*	<b>Opdivo (nivolumab)</b>	Revised
August 30, 2021	ING-CC-0134*	<b>Provenge (sipuleucel-T)</b>	Revised
August 30, 2021	ING-CC-0154*	<b>Givlaari (givosiran)</b>	Revised
August 30, 2021	ING-CC-0158	<b>Enhertu (fam-trastuzumab deruxtecan-nxki)</b>	Revised
August 30, 2021	ING-CC-0167	<b>Rituximab Agents for Oncologic Indications Step Therapy</b>	Revised
August 30, 2021	ING-CC-0174*	<b>Kesimpta (ofatumumab)</b>	Revised