

Clinical Criteria Updates

Summary: On May 20, 2022, August 19, 2022, and 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 Medicaid (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
April 28, 2023	*ING-CC-0018	Pompe Disease	Revised
April 28, 2023	*ING-CC-0017	Xiaflex (collagenase clostridium histolyticum)	Revised
April 28, 2023	ING-CC-0174	Kesimpta (ofatumumab)	Revised
April 28, 2023	ING-CC-0089	Mozobil (plerixafor)	Revised
April 28, 2023	ING-CC-0158	Enhertu (fam-trastuzumab deruxtecan-nxki)	Revised
April 28, 2023	ING-CC-0130	Imfinzi (durvalumab)	Revised
April 28, 2023	ING-CC-0097	Vidaza (azacitidine)	Revised
April 28, 2023	*ING-CC-0072	Vascular Endothelial Growth Factor Inhibitors	Revised



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Effective date	Document number	Clinical Criteria title	New or revised
April 28, 2023	ING-CC-0063	Stelara (ustekinumab)	Revised
April 28, 2023	*ING-CC-0002	Colony Stimulating Factor Agents	Revised
April 28, 2023	*ING-CC-0107	Bevacizumab for non-ophthalmologic indications	Revised
April 28, 2023	*ING-CC-0166	Trastuzumab Agents	Revised



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