

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 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. 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 10, 2023	*ING-CC-0200	Aduhelm	New
January 10, 2023	*ING-CC-0215	Ketamine injection (Ketalar)	New
January 10, 2023	*ING-CC-0216	Opdualag (nivolumab and relatlimab-rmbw)	New
January 10, 2023	*ING-CC-0153	Adakveo (crizanlizumab)	Revised
January 10, 2023	*ING-CC-0002	Colony Stimulating Factor Agents	Revised
January 10, 2023	*ING-CC-0124	Keytruda (pembrolizumab)	Revised
January 10, 2023	ING-CC-0101	Torisel (temsirolimus)	Revised
January 10, 2023	*ING-CC-0107	Bevacizumab for Non-Ophthalmologic Indications	Revised
January 10, 2023	ING-CC-0143	Polivy (polatuzumab vedotin-piiq)	Revised
January 10, 2023	*ING-CC-0092	Adcetris (brentuximab vedotin)	Revised
January 10, 2023	ING-CC-0106	Erbix (cetuximab)	Revised
January 10, 2023	*ING-CC-0175	Proleukin (aldesleukin)	Revised
January 10, 2023	ING-CC-0116	Bendamustine agents	Revised
January 10, 2023	*ING-CC-0145	Libtayo (cemiplimab-rwlc)	Revised



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January 10, 2023	ING-CC-0151	Yescarta (axicabtagene ciloleucel)	Revised
January 10, 2023	*ING-CC-0032	Botulinum Toxin	Revised
January 10, 2023	*ING-CC-0052	Dihydroergotamine (DHE) injection	Revised
January 10, 2023	*ING-CC-0068	Growth Hormone	Revised
January 10, 2023	*ING-CC-0087	Gamifant (emapalumab)	Revised
January 10, 2023	ING-CC-0194	Cabenuva (cabotegravir extended-release; rilpivirine extended-release) Injection	Revised
January 10, 2023	ING-CC-0065	Agents for Hemophilia A and von Willebrand Disease	Revised
January 10, 2023	*ING-CC-0118	Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy (Azedra, Lutathera, Pluvicto, Zevalin)	Revised
January 10, 2023	*ING-CC-0201	Rybrevant (amivantamab-ymjw)	Revised
January 10, 2023	*ING-CC-0119	Yervoy (ipilimumab)	Revised