

Medical drug benefit *Clinical Criteria* updates

On November 19, 2021, January 4, 2022, and February 25, 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. 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.

Effective date	Document number	<i>Clinical Criteria</i> title	New or revised
July 15, 2022	*ING-CC-0211	Kimmtrak (tebentafusp-tebn)	New
July 15, 2022	*ING-CC-0210	Enjaymo (sutimlimab-jome)	New
July 15, 2022	*ING-CC-0213	Voxzogo (vosoritide)	New
July 15, 2022	*ING-CC-0212	Tezspire (tezepelumab-ekko)	New
July 15, 2022	*ING-CC-0086	Spravato (esketamine) Nasal Spray	Revised
July 15, 2022	ING-CC-0157	Padcev (enfortumab vedotin)	Revised
July 15, 2022	ING-CC-0125	Opdivo (nivolumab)	Revised
July 15, 2022	ING-CC-0119	Yervoy (ipilimumab)	Revised
July 15, 2022	*ING-CC-0099	Abraxane (paclitaxel, protein bound)	Revised
July 15, 2022	ING-CC-0120	Kyprolis (carfilzomib)	Revised
July 15, 2022	ING-CC-0126	Blinicyto (blinatumomab)	Revised
July 15, 2022	ING-CC-0129	Bavencio (avelumab)	Revised
July 15, 2022	*ING-CC-0090	Ixempra (ixabepilone)	Revised
July 15, 2022	ING-CC-0110	Perjeta (pertuzumab)	Revised
July 15, 2022	ING-CC-0115	Kadcyla (ado-trastuzumab)	Revised
July 15, 2022	ING-CC-0108	Halaven (eribulin)	Revised



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July 15, 2022	*ING-CC-0033	Xolair (omalizumab)	Revised
July 15, 2022	*ING-CC-0043	Monoclonal Antibodies to Interleukin-5	Revised
July 15, 2022	ING-CC-0038	Human Parathyroid Hormone Agents	Revised
July 15, 2022	*ING-CC-0186	Margenza (margetuximab-cmkb)	Revised
July 15, 2022	*ING-CC-0124	Keytruda (pembrolizumab)	Revised
July 15, 2022	*ING-CC-0078	Orencia (abatacept)	Revised
July 15, 2022	ING-CC-0050	Monoclonal Antibodies to Interleukin-23	Revised
July 15, 2022	ING-CC-0042	Monoclonal Antibodies to Interleukin-17	Revised
July 15, 2022	*ING-CC-0029	Dupixent (dupilumab)	Revised
July 15, 2022	*ING-CC-0208	Adbry (tralokinumab)	Revised
July 15, 2022	*ING-CC-0209	Leqvio (inclisiran)	Revised
July 15, 2022	*ING-CC-0166	Trastuzumab Agents	Revised
July 15, 2022	*ING-CC-0107	Bevacizumab for Non-ophthalmologic Indications	Revised



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