

Medical drug benefit *Clinical Criteria* updates

On March 25, 2021, and April 8, 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 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 (*) 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
October 15, 2021	ING-CC-0195*	Abecma (idecabtagene vicleucel)	New
October 15, 2021	ING-CC-0191*	Pepaxto (melphalan flufenamide; melflufen)	New
October 15, 2021	ING-CC-0192*	Cosela (trilaciclib)	New
October 15, 2021	ING-CC-0193*	Evkeeza (evinacumab)	New
October 15, 2021	ING-CC-0194*	Cabenuva (cabotegravir extended-release; rilpivirine extended-release) Injection	New
October 15, 2021	ING-CC-0125	Opdivo (nivolumab)	Revised
October 15, 2021	ING-CC-0064	Interleukin-1 Inhibitors	Revised
October 15, 2021	ING-CC-0159*	Scenesse (afamelanotide)	Revised
October 15, 2021	ING-CC-0151	Yescarta (axicabtagene ciloleucel)	Revised
October 15, 2021	ING-CC-0145*	Libtayo (cemiplimab-rwlc)	Revised
October 15, 2021	ING-CC-0130*	Imfinzi (durvalumab)	Revised
October 15, 2021	ING-CC-0127	Darzalex (daratumumab) and Darzalex Faspro (daratumumab and hyaluronidase-fihj)	Revised
October 15, 2021	ING-CC-0075*	Rituximab Agents for Non-Oncologic Indications	Revised



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