

Clinical Criteria updates

On November 19, 2021, December 13, 2021, and January 10, 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 Healthcare Solutions. 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 members of 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.

Effective date	Document number	Clinical Criteria title	New or revised
May 20, 2022	*ING-CC-0205	<i>Fyarro (sirolimus albumin bound)</i>	New
May 20, 2022	*ING-CC-0206	<i>Besremi (ropeginterferon alfa-2b-njft)</i>	New
May 20, 2022	*ING-CC-0207	<i>Vyvgart (efgartigimod alfa-fcab)</i>	New
May 20, 2022	*ING-CC-0208	<i>Adbry (tralokinumab)</i>	New
May 20, 2022	*ING-CC-0209	<i>Leqvio (inclisiran)</i>	New
May 20, 2022	ING-CC-0124	<i>Keytruda (pembrolizumab)</i>	Revised
May 20, 2022	ING-CC-0079	<i>Strensiq (Asfotase Alfa)</i>	Revised
May 20, 2022	ING-CC-0102	<i>Gonadotropin releasing hormone (GNRH) Analogs for Oncologic Indications</i>	Revised
May 20, 2022	ING-CC-0168	<i>Tecartus (brexucabtagene autoleucel)</i>	Revised
May 20, 2022	ING-CC-0029	<i>Dupilixent (dupilumab)</i>	Revised
May 20, 2022	*ING-CC-0004	<i>Repository Corticotropin Injection</i>	Revised
May 20, 2022	ING-CC-0072	<i>Selective Vascular Endothelial Growth Factor (VEGF) Antagonists</i>	Revised



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