

## Clinical Criteria updates

On May 20, 2022, and June 23, 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 Healthcare Solutions (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 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.**
- **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
December 19, 2022	*ING-CC-0217	Amvuttra (vutrisiran)	New
December 19, 2022	*ING-CC-0218	Xipere (triamcinolone acetonide) for suprachoroidal use	New
December 19, 2022	ING-CC-0119	Yervoy (ipilimumab)	Revised
December 19, 2022	ING-CC-0125	Opdivo (nivolumab)	Revised
December 19, 2022	ING-CC-0150	Kymriah (tisagenlecleucel)	Revised
December 19, 2022	ING-CC-0067	Prostacyclin infusion and inhalation therapy	Revised
December 19, 2022	ING-CC-0041	Complement inhibitors	Revised
December 19, 2022	*ING-CC-0003	Immunoglobulins	Revised

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Effective date	Document number	Clinical Criteria title	New or revised
December 19, 2022	*ING-CC-0061	Gonadotropin releasing hormone analogs for the treatment of non-oncologic indications	Revised
December 19, 2022	ING-CC-0015	Infertility and HCG agents	Revised
December 19, 2022	*ING-CC-0097	Vidaza (azacitidine)	Revised
December 19, 2022	*ING-CC-0072	Vascular endothelial growth factor (VEGF) inhibitors	Revised
December 19, 2022	*ING-CC-0107	Bevacizumab for non-ophthalmologic indications	Revised
December 19, 2022	*ING-CC-0002	Colony stimulating factor agents	Revised



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