

Clinical Criteria updates

Summary: On September 22, 2021, and November 19, 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 Healthcare Solutions. 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 need additional information, use this [email](#).

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

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
April 1, 2022	*ING-CC-0204	Tivdak (tisotumab vedotin-tftv)	New
April 1, 2022	*ING-CC-0018	Lumizyme (alglucosidase alfa); Nexviazyme (avalglucosidase alfa-ngpf)	Revised
April 1, 2022	*ING-CC-0128	Tecentriq (atezolizumab)	Revised
April 1, 2022	*ING-CC-0012	Brineura (cerliponase alfa)	Revised
April 1, 2022	*ING-CC-0021	Fabrazyme (agalsidase beta)	Revised
April 1, 2022	*ING-CC-0017	Xiaflex (collagenase clostridium histolyticum)	Revised
April 1, 2022	*ING-CC-0026	Testosterone Injectable	Revised
April 1, 2022	*ING-CC-0100	Istodax (romidepsin)	Revised
April 1, 2022	*ING-CC-0125	Opdivo (nivolumab)	Revised
April 1, 2022	ING-CC-0197	Jemperli (dostarlimab-gxly)	Revised
April 1, 2022	ING-CC-0124	Keytruda (pembrolizumab)	Revised
April 1, 2022	*ING-CC-0061	GnRH Analogs for the Treatment of Non-Oncologic Indications	Revised
April 1, 2022	*ING-CC-0148	Agents for Hemophilia B	Revised
April 1, 2022	*ING-CC-0149	Select Clotting Agents for Bleeding Disorders	Revised
April 1, 2022	*ING-CC-0065	Agents for Hemophilia A and von Willebrand Disease	Revised
April 1, 2022	ING-CC-0168	Tecartus (brexucabtagene autoleucel)	Revised
April 1, 2022	*ING-CC-0195	Abecma (idecabtagene vicleucel)	Revised
April 1, 2022	*ING-CC-0001	Erythropoiesis Stimulating Agents	Revised

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April 1, 2022	*ING-CC-0173	Enspryng (satralizumab-mwge)	Revised
April 1, 2022	*ING-CC-0170	Uplizna (inebilizumab-cdon)	Revised
April 1, 2022	*ING-CC-0041	Complement Inhibitors	Revised
April 1, 2022	*ING-CC-0071	Entyvio (vedolizumab)	Revised
April 1, 2022	*ING-CC-0064	Interleukin-1 Inhibitors	Revised
April 1, 2022	*ING-CC-0042	Monoclonal Antibodies to Interleukin-17	Revised
April 1, 2022	*ING-CC-0066	Monoclonal Antibodies to Interleukin-6	Revised
April 1, 2022	*ING-CC-0050	Monoclonal Antibodies to Interleukin-23	Revised
April 1, 2022	*ING-CC-0078	Orencia (abatacept)	Revised
April 1, 2022	*ING-CC-0063	Stelara (ustekinumab)	Revised
April 1, 2022	*ING-CC-0062	Tumor Necrosis Factor Antagonists	Revised
April 1, 2022	ING-CC-0003	Immunoglobulins	Revised
April 1, 2022	*ING-CC-0049	Radicava (edaravone)	Revised
April 1, 2022	*ING-CC-0075	Rituximab Agents for Non-Oncologic Indications	Revised
April 1, 2022	*ING-CC-0072	Selective Vascular Endothelial Growth Factor (VEGF) Antagonists	Revised
April 1, 2022	ING-CC-0107	Bevacizumab for Non-Ophthalmologic Indications	Revised
April 1, 2022	ING-CC-0106	Erbix (cetuximab)	Revised
April 1, 2022	ING-CC-0105	Vectibix (panitumumab)	Revised
April 1, 2022	ING-CC-0043	Monoclonal Antibodies to Interleukin-5	Revised
April 1, 2022	*ING-CC-0068	Growth Hormone	Revised



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