

Medical drug benefit *Clinical Criteria* updates

On August 20, 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 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
December 8, 2021	ING-CC-0202*	Saphnelo (anifrolumab-fnia)	New
December 8, 2021	ING-CC-0203*	Ryplazim (plasminogen, human-tvmh)	New
December 8, 2021	ING-CC-0010*	Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors	Revised
December 8, 2021	ING-CC-0034*	Hereditary Angioedema Agents	Revised
December 8, 2021	ING-CC-0027*	Denosumab Agents	Revised
December 8, 2021	ING-CC-0001*	Erythropoiesis Stimulating Agents	Revised
December 8, 2021	ING-CC-0156*	Reblozyl (luspatercept)	Revised
December 8, 2021	ING-CC-0124	Keytruda (pembrolizumab)	Revised
December 8, 2021	ING-CC-0104*	Levoleucovorin Agents	Revised
December 8, 2021	ING-CC-0062	Tumor Necrosis Factor Antagonists	Revised
December 8, 2021	ING-CC-0009*	Lemtrada (alemtuzumab) for the Treatment of Multiple Sclerosis	Revised
December 8, 2021	ING-CC-0020	Tysabri (natalizumab)	Revised
December 8, 2021	ING-CC-0029*	Dupixent (dupilumab)	Revised
December 8, 2021	ING-CC-0038	Human Parathyroid Hormone Agents	Revised
December 8, 2021	ING-CC-0182*	Iron Agents	Revised
December 8, 2021	ING-CC-0075	Rituximab Agents for Non-Oncologic Indications	Revised
December 8, 2021	ING-CC-0096	Asparagine Specific Enzymes	Revised
December 8, 2021	ING-CC-0169	Phesgo (pertuzumab/trastuzumab/hyaluronidase-zzxf)	Revised

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Effective date	Document number	<i>Clinical Criteria</i> title	New or revised
December 8, 2021	ING-CC-0193	Evkeeza (evinacumab)	Revised
December 8, 2021	ING-CC-0081*	Crysvita (burosumab-twza)	Revised



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