

## Clinical Criteria updates

### Summary

On September 12, 2022, and November 18, 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 (Anthem). 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 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 providers in 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
April 27, 2023	*CC-0222	Tecvayli (teclistamab-cqyv)	New
April 27, 2023	*CC-0223	Imjudo (tremelimumab-actl)	New
April 27, 2023	*CC-0224	Pedmark (sodium thiosulfate injection)	New
April 27, 2023	*CC-0225	Tzield (teplizumab)	New
April 27, 2023	CC-0130	Imfinzi (durvalumab)	Revised
April 27, 2023	*CC-0107	Bevacizumab for Non-Ophthalmologic Indications	Revised
April 27, 2023	CC-0148	Agents for Hemophilia B	Revised
April 27, 2023	CC-0149	Select Clotting Agents for Bleeding Disorders	Revised
April 27, 2023	CC-0065	Agents for Hemophilia A and von Willebrand Disease	Revised
April 27, 2023	*CC-0124	Keytruda (pembrolizumab)	Revised
April 27, 2023	*CC-0168	Tecartus (brexucabtagene autoleucel)	Revised

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Effective date	Document number	Clinical Criteria title	New or revised
April 27, 2023	*CC-0195	Abecma (idecabtagene vicleucel)	Revised
April 27, 2023	*CC-0150	Kymriah (tisagenlecleucel)	Revised
April 27, 2023	*CC-0151	Yescarta (axicabtagene ciloleucel)	Revised
April 27, 2023	*CC-0187	Breyanzi (lisocabtagene maraleucel)	Revised
April 27, 2023	*CC-0214	Carvykti (ciltacabtagene autoleucel)	Revised
April 27, 2023	CC-0133	Aliqopa (copanlisib)	Revised
April 27, 2023	*CC-0041	Complement Inhibitors	Revised
April 27, 2023	*CC-0071	Entyvio (vedolizumab)	Revised
April 27, 2023	*CC-0064	Interleukin-1 Inhibitors	Revised
April 27, 2023	*CC-0042	Monoclonal Antibodies to Interleukin-17	Revised
April 27, 2023	*CC-0066	Monoclonal Antibodies to Interleukin-6	Revised
April 27, 2023	*CC-0050	Monoclonal Antibodies to Interleukin-23	Revised
April 27, 2023	*CC-0078	Orencia (abatacept)	Revised
April 27, 2023	*CC-0063	Stelara (ustekinumab)	Revised
April 27, 2023	*CC-0062	Tumor Necrosis Factor Antagonists	Revised
April 27, 2023	*CC-0003	Immunoglobulins	Revised
April 27, 2023	CC-0072	Selective Vascular Endothelial Growth Factor (VEGF) Antagonists	Revised
April 27, 2023	*CC-0100	Istodax (romidepsin)	Revised
April 27, 2023	*CC-0204	Tivdak (tisotumab vedotin-tftv)	Revised
April 27, 2023	*CC-0205	Fyarro (sirolimus albumin bound)	Revised
April 27, 2023	*CC-0182	Iron Agents	Revised



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