

## ***Clinical Criteria Updates***

**Summary:** On February 25, 2022, and March 24, 2022, the Pharmacy and Therapeutic (P&T) Committee approved the following *Clinical Criteria* applicable to the medical drug benefit for Anthem Blue Cross (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
August 31, 2022	ING-CC-0214	Carvykti (ciltacabtagene autoleucel)	New
August 31, 2022	ING-CC-0125	Opdivo (nivolumab)	Revised
August 31, 2022	ING-CC-0010	Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors	Revised
August 31, 2022	ING-CC-0072	Vascular Endothelial Growth Factor (VEGF) Inhibitors	Revised
August 31, 2022	ING-CC-0029	Dupixent (dupilumab)	Revised
August 31, 2022	ING-CC-0208	Adbry (tralokinumab)	Revised

**<https://providers.anthem.com/ca>**

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