

Medical drug benefit *Clinical Criteria* updates

On May 20, 2022, the Pharmacy and Therapeutics (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. 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. 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 |
|------------------|-----------------|--|----------------|
| November 18 2022 | *ING-CC-0200 | Aduhelm | New |
| November 18 2022 | *ING-CC-0215 | Ketamine injection (Ketalar) | New |
| November 18 2022 | *ING-CC-0216 | Opdualag (nivolumab and relatlimab-rmbw) | New |
| November 18 2022 | *ING-CC-0153 | Adakveo (crizanlizumab) | Revised |
| November 18 2022 | *ING-CC-0002 | Colony Stimulating Factor Agents | Revised |
| November 18 2022 | *ING-CC-0124 | Keytruda (pembrolizumab) | Revised |
| November 18 2022 | ING-CC-0101 | Torisel (temsirolimus) | Revised |
| November 18 2022 | *ING-CC-0107 | Bevacizumab for Non-Ophthalmologic Indications | Revised |
| November 18 2022 | ING-CC-0143 | Polivy (polatuzumab vedotin-piiq) | Revised |
| November 18 2022 | *ING-CC-0092 | Adcetris (brentuximab vedotin) | Revised |
| November 18 2022 | ING-CC-0106 | Erbix (cetuximab) | Revised |

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

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|-----------------------|------------------------|---|-----------------------|
| November 18 2022 | *ING-CC-0175 | Proleukin (aldesleukin) | Revised |
| November 18 2022 | ING-CC-0116 | Bendamustine agents | Revised |
| November 18 2022 | *ING-CC-0145 | Libtayo (cemiplimab-rwlc) | Revised |
| November 18 2022 | ING-CC-0151 | Yescarta (axicabtagene ciloleucel) | Revised |
| November 18 2022 | *ING-CC-0032 | Botulinum Toxin | Revised |
| November 18 2022 | *ING-CC-0052 | Dihydroergotamine (DHE) injection | Revised |
| November 18 2022 | *ING-CC-0068 | Growth Hormone | Revised |
| November 18 2022 | *ING-CC-0087 | Gamifant (emapalumab) | Revised |
| November 18 2022 | ING-CC-0194 | Cabenuva (cabotegravir extended-release; rilpivirine extended-release) Injection | Revised |
| November 18 2022 | ING-CC-0065 | Agents for Hemophilia A and von Willebrand Disease | Revised |
| November 18 2022 | *ING-CC-0118 | Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy (Azedra, Lutathera, Pluvicto, Zevalin) | Revised |
| November 18 2022 | *ING-CC-0201 | Rybrevant (amivantamab-ymjw) | Revised |
| November 18 2022 | *ING-CC-0119 | Yervoy (ipilimumab) | Revised |