

Medical drug benefit *Clinical Criteria* updates

On May 15, 2020, 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. 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
- Annual review: minor wording and formatting updates, new document number
- Updates marked with an asterisk (*): 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 plan. This does not apply to pharmacy services.

Effective date	Document number	<i>Clinical Criteria</i> title	New, revised, annual review
08/24/2020	ING-CC-0162*	Tepezza (teprotumumab-trbw)	New
08/24/2020	ING-CC-0163*	Durysta (bimatoprost implant)	New
08/24/2020	ING-CC-0160*	Vyepti (eptinezumab-jjmr)	New
08/24/2020	ING-CC-0153*	Adakveo (crizanlizumab)	Revised
08/24/2020	ING-CC-0111	Nplate (romiplostim)	Revised
08/24/2020	ING-CC-0156	Reblozyl (luspatercept)	Revised
08/24/2020	ING-CC-0002*	Colony Stimulating Factor Agents	Revised
08/24/2020	ING-CC-0124*	Keytruda (pembrolizumab)	Revised
08/24/2020	ING-CC-0128*	Tecentriq (atezolizumab)	Revised
08/24/2020	ING-CC-0099*	Abraxane (paclitaxel, protein bound)	Revised
08/24/2020	ING-CC-0098*	Doxorubicin Liposome (Doxil, Lipodox)	Revised
08/24/2020	ING-CC-0101*	Torisel (temsirolimus)	Revised
08/24/2020	ING-CC-0107*	Bevacizumab for Non-Ophthalmologic Indications	Revised
08/24/2020	ING-CC-0127	Darzalex (daratumumab)	Revised
08/24/2020	ING-CC-0092	Adcetris (brentuximab vedotin)	Revised
08/24/2020	ING-CC-0106*	Erbitux (cetuximab)	Revised
08/24/2020	ING-CC-0105*	Vectibix (panitumumab)	Revised
08/24/2020	ING-CC-0134*	Provenge (sipuleucel-T)	Revised
08/24/2020	ING-CC-0003*	Immunoglobulins	Revised
08/24/2020	ING-CC-0042	Monoclonal Antibodies to Interleukin-17	Revised

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Effective date	Document number	<i>Clinical Criteria</i> title	New, revised, annual review
08/24/2020	ING-CC-0044*	Exondys 51 (eteplirsen)	Revised
08/24/2020	ING-CC-0152*	Vyondys 53 (golodirsen)	Revised
08/24/2020	ING-CC-0031	Intravitreal Corticosteroid Implants	Revised
08/24/2020	ING-CC-0032*	Botulinum Toxin	Revised
08/24/2020	ING-CC-0068*	Growth Hormone	Revised
08/24/2020	ING-CC-0057*	Krystexxa (pegloticase)	Revised