

Anthem clinical criteria updates for specialty pharmacy are available

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Effective for dates of service on and after November 1, 2020, the following current and new clinical criteria were revised and might result in services that were previously covered but may now be found to be not medically necessary.

Access the [clinical criteria document information](#).

Anthem's prior authorization clinical review of non-oncology specialty pharmacy drugs will be managed by Anthem's medical specialty drug review team. Drugs used for the treatment of Oncology will be managed by AIM Specialty Health® (AIM).

- ING-CC-0002 Colony Stimulating Factor Agents
- ING-CC-0003 Immunoglobulins
- ING-CC-0032 Botulinum Toxin
- ING-CC-0044 Exondys 51 (eteplirsen)
- ING-CC-0098 Doxorubicin Liposome (Doxil, Lipodox)
- ING-CC-0099 Abraxane (paclitaxel, protein bound)
- ING-CC-0105 Vectibix (panitumumab)
- ING-CC-0106 Erbitux (cetuximab)
- ING-CC-0107 Bevacizumab for Non-Ophthalmologic Indications
- ING-CC-0124 Keytruda (pembrolizumab)
- ING-CC-0128 Tecentriq (atezolizumab)
- ING-CC-0153 Adakveo (crizanlizumab)

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