

## Medical drug benefit clinical criteria updates

Published: Jun 1, 2021 - **State & Federal** / Cal MediConnect

On February 19, 2021, and March 4, 2021, the Pharmacy and Therapeutics (P&T) Committee approved the following *Clinical Criteria* applicable to the **medical drug benefit** for Anthem Blue Cross. 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.**

<b>Effective date</b>	<b>Document number</b>	<b><i>Clinical Criteria</i> title</b>	<b>New or revised</b>
May 30, 2021	ING-CC-0186*	Margenza (margetuximab-cmkb)	New
May 30, 2021	ING-CC-0187*	Breyanzi (lisocabtagene maraleucel)	New
May 30, 2021	ING-CC-0189*	Amondys 45 (casimersen)	New
May 30, 2021	ING-CC-0190*	Nulibry (fosdenopterin)	New
May 30, 2021	ING-CC-0086*	Spravato (esketamine) Nasal Spray	Revised
May 30, 2021	ING-CC-0158	Enhertu (fam-trastuzumab deruxtecan-nxki)	Revised
May 30, 2021	ING-CC-0167	Rituximab Agents for Oncologic Indications Step Therapy	Revised
May 30, 2021	ING-CC-0157*	Padcev (enfortumab vedotin)	Revised
May 30, 2021	ING-CC-0125*	Opdivo (nivolumab)	Revised
May 30, 2021	ING-CC-0119*	Yervoy (ipilimumab)	Revised
May 30, 2021	ING-CC-0099	Abraxane (paclitaxel, protein bound)	Revised
May 30, 2021	ING-CC-0094*	Pemetrexed Agents (Alimta, Pemfexy)	Revised
May 30, 2021	ING-CC-0123*	Cyramza (ramucirumab)	Revised
May 30, 2021	ING-CC-0115*	Kadcyla (ado-trastuzumab)	Revised
May 30, 2021	ING-CC-0033*	Xolair (omalizumab)	Revised
May 30, 2021	ING-CC-0043	Monoclonal Antibodies to Interleukin-5	Revised
May 30, 2021	ING-CC-0067*	Prostacyclin Infusion and Inhalation Therapy	Revised
May 30, 2021	ING-CC-0075*	Rituximab Agents for Non-Oncologic Indications	Revised

<b>Effective date</b>	<b>Document number</b>	<b><i>Clinical Criteria</i> title</b>	<b>New or revised</b>
May 30, 2021	ING-CC-0034*	Hereditary Angioedema Agents	Revised
May 30, 2021	ING-CC-0028*	Benlysta (belimumab)	Revised

518315MUPENMUB

**URL:** <https://providernews.anthem.com/california/article/medical-drug-benefit-clinical-criteria-updates-104>

**Featured In:**

June 2021 Anthem Blue Cross Provider News - California

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association. Use of the Anthem Web sites constitutes your agreement with our Terms of Use.

---