

## Medical drug benefit clinical criteria updates

Published: Apr 1, 2021 - **State & Federal** / Medicare

On June 18, 2020, August 21, 2020, and November 20, 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
- 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.**

<b>Effective date</b>	<b>Document number</b>	<b><i>Clinical criteria</i> title</b>	<b>New or revised</b>
March 26, 2021	ING-CC-0183*	Sogroya (somapacitanbeco)	New
March 26, 2021	ING-CC-0148*	Agents for hemophilia B	Revised
March 26, 2021	ING-CC-0149*	Select clotting agents for bleeding disorders	Revised
March 26, 2021	ING-CC-0065	Agents for hemophilia A and von Willebrand disease	Revised
March 26, 2021	ING-CC-0125	Opdivo (nivolumab)	Revised
March 26, 2021	ING-CC-0119	Yervoy (ipilimumab)	Revised
March 26, 2021	ING-CC-0121*	Gazyva (obinutuzumab)	Revised
March 26, 2021	ING-CC-0048 *	Spinraza (nusinersen)	Revised
March 26, 2021	ING-CC-0002*	Colony stimulating factor agents	Revised
March 26, 2021	ING-CC-0034*	Hereditary angioedema agents	Revised
March 26, 2021	ING-CC-0041*	Complement inhibitors	Revised
March 26, 2021	ING-CC-0071*	Entyvio (vedolizumab)	Revised
March 26, 2021	ING-CC-0064*	Interleukin-1 inhibitors	Revised
March 26, 2021	ING-CC-0042*	Monoclonal antibodies to interleukin-17	Revised
March 26, 2021	ING-CC-0066*	Monoclonal antibodies to interleukin-6	Revised
March 26, 2021	ING-CC-0050*	Monoclonal antibodies to interleukin-23	Revised
March 26, 2021	ING-CC-0078*	Orencia (abatacept)	Revised
March 26, 2021	ING-CC-0063*	Stelara (ustekinumab)	Revised

Effective date	Document number	Clinical criteria title	New or revised
March 26, 2021	ING-CC-0062*	Tumor necrosis factor antagonists	Revised
March 26, 2021	ING-CC-0003*	Immunoglobulins	Revised
March 26, 2021	ING-CC-0039*	GamaSTAN [immune globulin (human)]	Revised
March 26, 2021	ING-CC-0053	Injectable hydroxyprogesterone for prevention of preterm birth	Revised
March 26, 2021	ING-CC-0073*	Alpha-1 proteinase inhibitor therapy	Revised
March 26, 2021	ING-CC-0075	Rituximab agents for non-oncologic indications	Revised
March 26, 2021	ING-CC-0072	Selective vascular endothelial growth factor (VEGF) antagonists	Revised
March 26, 2021	ING-CC-0027*	Denosumab agents	Revised
March 26, 2021	ING-CC-0019*	Zoledronic acid agents (reclast, zometa)	Revised
March 26, 2021	ING-CC-0011*	Ocrevus (ocrelizumab)	Revised
March 26, 2021	*ING-CC-0174*	Kesimpta (ofatumumab)	Revised

ABSCRNU-0207-21

URL: <https://providernews.anthem.com/georgia/article/medical-drug-benefit-clinical-criteria-updates-101>

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