

## Medical drug benefit clinical criteria updates

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On December 18, 2020, and December 22, 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.

**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.**

Effective date	Document number	Clinical criteria title	New or revised
April 8, 2021	ING-CC-0185*	Oxlumo (lumasiran)	New
April 8, 2021	ING-CC-0184*	Danyelza (naxitamab-gqgk)	New
April 8, 2021	ING-CC-0154	Givlaari (givosiran)	Revised
April 8, 2021	ING-CC-0124	Keytruda (pembrolizumab)	Revised
April 8, 2021	ING-CC-0002	Colony stimulating factor agents	Revised
April 8, 2021	ING-CC-0032*	Botulinum toxin	Revised
April 8, 2021	ING-CC-0015	Infertility and HCG agents	Revised

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**URL:** <https://providernews.anthem.com/georgia/article/medical-drug-benefit-clinical-criteria-updates-102>

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