

Medical drug benefit clinical criteria updates

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On March 25, 2021, and April 8, 2021, 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 and AMH Health, LLC. 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 |
|----------------|-----------------|--|----------------|
| July 16, 2021 | ING-CC-0195* | Abecma (idecabtagene vicleucel) | New |
| July 16, 2021 | ING-CC-0191* | Pepaxto (melphalan flufenamide; melflufen) | New |
| July 16, 2021 | ING-CC-0192* | Cosela (trilaciclib) | New |
| July 16, 2021 | ING-CC-0193* | Evkeeza (evinacumab) | New |
| July 16, 2021 | ING-CC-0194* | Cabenuva (cabotegravir extended-release; rilpivirine extended-release) Injection | New |
| July 16, 2021 | ING-CC-0125 | Opdivo (nivolumab) | Revised |
| July 16, 2021 | ING-CC-0064 | Interleukin-1 Inhibitors | Revised |
| July 16, 2021 | ING-CC-0159* | Scenesse (afamelanotide) | Revised |
| July 16, 2021 | ING-CC-0151 | Yescarta (axicabtagene ciloleucel) | Revised |
| July 16, 2021 | ING-CC-0145* | Libtayo (cemiplimab-rwlc) | Revised |
| July 16, 2021 | ING-CC-0130* | Imfinzi (durvalumab) | Revised |
| July 16, 2021 | ING-CC-0127 | Darzalex (daratumumab) and Darzalex Faspro (daratumumab and hyaluronidase-fihj) | Revised |
| July 16, 2021 | ING-CC-0075* | Rituximab Agents for Non-Oncologic Indications | Revised |

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URL: <https://providernews.anthem.com/missouri/article/medical-drug-benefit-clinical-criteria-updates-108>

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