

Medical drug benefit *Clinical Criteria* updates

On August 21, 2020, the Pharmacy and Therapeutics (P&T) Committee approved the following *Clinical Criteria* applicable to the **medical drug benefit** for Amerigroup Community Care. 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
- Annual review: minor wording and formatting updates, new document number
- Updates marked with an asterisk (*): 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 plan. This does not apply to pharmacy services.

Effective date	Document number	<i>Clinical Criteria</i> title	New, revised, annual review
12/21/2020	ING-CC-0170*	Uplizna (inebilizumab)	New
12/21/2020	ING-CC-0172*	Viltepso (viltolarsen)	New
12/21/2020	ING-CC-0173*	Enspryng (satralizumab-mwge)	New
12/21/2020	ING-CC-0174*	Kesimpta (ofatumumab)	New
12/21/2020	ING-CC-0168*	Tecartus (brexucabtagene autoleucel)	New
12/21/2020	ING-CC-0171*	Zepzelca (lurbinectedin)	New
12/21/2020	ING-CC-0169*	Phesgo (pertuzumab/trastuzumab/ hyaluronidase-zzxf)	New
12/21/2020	ING-CC-0175*	Proleukin (aldesleukin)	New
12/21/2020	ING-CC-0176*	Beleodaq (belinostat)	New
12/21/2020	ING-CC-0178*	Synribo (omacetaxine mepesuccinate)	New
12/21/2020	ING-CC-0177*	Zilretta (triamcinolone acetate extended-release)	New
12/21/2020	ING-CC-0166*	Trastuzumab Agents Step Therapy	New
12/21/2020	ING-CC-0167*	Rituximab Agents for Oncologic Indications Step Therapy	New
12/21/2020	ING-CC-0058*	Octreotide Agents (Byngezia Pen, Sandostatin or Sandostatin LAR)	Revised
12/21/2020	ING-CC-0077*	Palynziq (pegvaliase-pqpz)	Revised

Effective date	Document number	Clinical Criteria title	New, revised, annual review
12/21/2020	ING-CC-0042	Monoclonal Antibodies to Interleukin-17	Revised
12/21/2020	ING-CC-0064	Interleukin-1 Inhibitors	Revised
12/21/2020	ING-CC-0050	Monoclonal Antibodies to Interleukin-23	Revised
12/21/2020	ING-CC-0082*	Onpattro (patisiran)	Revised
12/21/2020	ING-CC-0084*	Tegsedi (inotersen)	Revised
12/21/2020	ING-CC-0010*	Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors	Revised
12/21/2020	ING-CC-0027*	Denosumab Agents	Reviewed
12/21/2020	ING-CC-0019*	Zoledronic Acid Agents	Reviewed
12/21/2020	ING-CC-0002*	Colony Stimulating Factor Agents	Revised
12/21/2020	ING-CC-0001*	Erythropoiesis Stimulating Agents	Revised
12/21/2020	ING-CC-0132	Mylotarg (gemtuzumab ozogamicin)	Revised
12/21/2020	ING-CC-0124	Keytruda (pembrolizumab)	Revised
12/21/2020	ING-CC-0125*	Opdivo (nivolumab)	Revised
12/21/2020	ING-CC-0119*	Yervoy (ipilimumab)	Revised
12/21/2020	ING-CC-0129	Bavencio (avelumab)	Revised
12/21/2020	ING-CC-0104	Levoleucovorin Agents	Revised
12/21/2020	ING-CC-0094*	Alimta (pemetrexed disodium)	Revised
12/21/2020	ING-CC-0061*	GnRH Analogs for the Treatment of NonOncologic Indications	Revised
12/21/2020	ING-CC-0009*	Lemtrada (alemtuzumab) for the Treatment of Multiple Sclerosis	Revised
12/21/2020	ING-CC-0029	Dupixent (dupilumab)	Revised
12/21/2020	ING-CC-0038*	Human Parathyroid Hormone Agents	Revised
12/21/2020	ING-CC-0139	Evenity (romosozumab-aqqg)	Revised
12/21/2020	ING-CC-0044*	Exondys 51 (eteplirsen)	Revised
12/21/2020	ING-CC-0152*	Vyondys 53 (golodirsen)	Revised
12/21/2020	ING-CC-0035*	Duopa (carbidopa and levodopa enteral suspension)	Revised
12/21/2020	ING-CC-0048*	Spinraza (nusinersen)	Revised