

Medical drug benefit *Clinical Criteria* updates

On November 15, 2019, 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. For questions or 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
04/13/2020	ING-CC-0148	<i>Agents for Hemophilia B</i>	New
04/13/2020	ING-CC-0149*	<i>Select Clotting Agents for Bleeding Disorders</i>	New
04/13/2020	ING-CC-0150*	<i>Kymriah (tisagenlecleucel)</i>	Revised
04/13/2020	ING-CC-0151	<i>Yescarta (axicabtagene ciloleucel)</i>	Revised
04/13/2020	ING-CC-0059	<i>Selected Injectable NK-1 Antiemetic Agents</i>	Revised
04/13/2020	ING-CC-0056	<i>Selected Injectable 5HT3 Antiemetic Agents</i>	Revised
04/13/2020	ING-CC-0074	<i>Akynzeo (fosnetupitant and palonosetron) for injection</i>	Revised
04/13/2020	ING-CC-0065*	<i>Agents for Hemophilia A and von Willebrand Disease</i>	Revised
04/13/2020	ING-CC-0124	<i>Keytruda (pembrolizumab)</i>	Revised
04/13/2020	ING-CC-0127	<i>Darzalex (daratumumab)</i>	Revised
04/13/2020	ING-CC-0133	<i>Aliqopa (copanlisib)</i>	Revised
04/13/2020	ING-CC-0128	<i>Tecentriq (atezolizumab)</i>	Revised
04/13/2020	ING-CC-0048*	<i>Spinraza (nusinersen)</i>	Revised
04/13/2020	ING-CC-0002*	<i>Colony Stimulating Factor Agents</i>	Revised
04/13/2020	ING-CC-0034*	<i>Hereditary Angioedema Agents</i>	Revised
04/13/2020	ING-CC-0041*	<i>Complement Inhibitors</i>	Revised
04/13/2020	ING-CC-0071*	<i>Entyvio (vedolizumab)</i>	Revised

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04/13/2020	ING-CC-0064*	<i>Interleukin-1 Inhibitors</i>	Revised
04/13/2020	ING-CC-0042*	<i>Monoclonal Antibodies to Interleukin-17</i>	Revised
04/13/2020	ING-CC-0066*	<i>Monoclonal Antibodies to Interleukin-6</i>	Revised
04/13/2020	ING-CC-0050*	<i>Monoclonal Antibodies to Interleukin-23</i>	Revised
04/13/2020	ING-CC-0078*	<i>Orencia (abatacept)</i>	Revised
04/13/2020	ING-CC-0063*	<i>Stelara (ustekinumab)</i>	Revised
04/13/2020	ING-CC-0062*	<i>Tumor Necrosis Factor Antagonists</i>	Revised
04/13/2020	ING-CC-0003*	<i>Immunoglobulins</i>	Revised
04/13/2020	ING-CC-0039	<i>GamaSTAN immune globulin (human)</i>	Revised
04/13/2020	ING-CC-0043*	<i>Monoclonal Antibodies to Interleukin-5</i>	Revised
04/13/2020	ING-CC-0055	<i>Fuzeon (enfuvirtide)</i>	Revised
04/13/2020	ING-CC-0047	<i>Trogarzo (ibalizumab-uiyk)</i>	Revised
04/13/2020	ING-CC-0053	<i>Injectable Hydroxyprogesterone for Prevention of Preterm Birth</i>	Revised
04/13/2020	ING-CC-0073	<i>Alpha-1 Proteinase Inhibitor Therapy</i>	Revised
04/13/2020	ING-CC-0049	<i>Radicava (edaravone)</i>	Revised
04/13/2020	ING-CC-0040	<i>Prialt (ziconotide)</i>	Revised
04/13/2020	ING-CC-0079	<i>Strensiq (asfotase alfa)</i>	Revised
04/13/2020	ING-CC-0075	<i>Rituximab Agents for Non-Oncologic Indications</i>	Revised
04/13/2020	ING-CC-0072*	<i>Selective Vascular Endothelial Growth Factor (VEGF) Antagonists</i>	Revised
04/13/2020	ING-CC-0035	<i>Duopa (carbidopa and levodopa enteral suspension)</i>	Revised