

Medical drug benefit Clinical Criteria updates

Summary: On August 16, 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
January 3, 2020	ING-CC-0142	<i>Somatuline Depot (lanreotide)*</i>	New
January 3, 2020	ING-CC-0143	<i>Polivy (polatuzumab vedotin-piiq)*</i>	New
January 3, 2020	ING-CC-0144	<i>Lumoxiti (moxetumomab pasudotox-tdfk)*</i>	New
January 3, 2020	ING-CC-0145	<i>Libtayo (cemiplimab-rwlc)*</i>	New
January 3, 2020	ING-CC-0030	<i>Implantable and ER Buprenorphine Containing Agents</i>	Revised
January 3, 2020	ING-CC-0036	<i>Naltrexone Implantable Pellets</i>	Reviewed
January 3, 2020	ING-CC-0002	<i>Colony Stimulating Factor Agents*</i>	Revised
January 3, 2020	ING-CC-0001	<i>Erythropoiesis Stimulating Agents*</i>	Revised
January 3, 2020	ING-CC-0107	<i>Bevacizumab for Non-Ophthalmologic Indications*</i>	Revised
January 3, 2020	ING-CC-0114	<i>Jevtana (cabazitaxel)</i>	Revised
January 3, 2020	ING-CC-0134	<i>Provenge (sipuleucel-T)</i>	Revised
January 3, 2020	ING-CC-0127	<i>Darzalex (daratumumab)</i>	Revised
January 3, 2020	ING-CC-0106	<i>Erbix (cetuximab)*</i>	Revised
January 3, 2020	ING-CC-0105	<i>Vectibix (panitumumab)</i>	Revised
January 3, 2020	ING-CC-0124	<i>Keytruda (pembrolizumab)</i>	Revised
January 3, 2020	ING-CC-0128	<i>Tecentriq (atezolizumab)</i>	Revised
January 3, 2020	ING-CC-0104	<i>Levoleucovorin Agents</i>	Reviewed
January 3, 2020	ING-CC-0125	<i>Opdivo (nivolumab)</i>	Revised
January 3, 2020	ING-CC-0129	<i>Bavencio (avelumab)</i>	Revised

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January 3, 2020	ING-CC-0130	<i>Imfinzi (durvalumab)</i>	Revised
January 3, 2020	ING-CC-0119	<i>Yervoy (ipilimumab)</i>	Revised
January 3, 2020	ING-CC-0094	<i>Alimta (pemetrexed disodium)</i>	Revised
January 3, 2020	ING-CC-0099	<i>Abraxane (paclitaxel, protein bound)</i>	Revised
January 3, 2020	ING-CC-0048	<i>Spinraza (nusinersen)*</i>	Revised
January 3, 2020	ING-CC-0010	<i>Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors</i>	Revised
January 3, 2020	ING-CC-0034	<i>Hereditary Angioedema Agents*</i>	Revised
January 3, 2020	ING-CC-0014	<i>Beta Interferons and Glatiramer Acetate for Treatment of Multiple Sclerosis</i>	Revised
January 3, 2020	ING-CC-0020	<i>Tysabri (natalizumab)</i>	Revised
January 3, 2020	ING-CC-0011	<i>Ocrevus (ocrelizumab)</i>	Revised
January 3, 2020	ING-CC-0075	<i>Rituximab Agents for Non-Oncology Indications*</i>	Revised
January 3, 2020	ING-CC-0009	<i>Lemtrada (alemtuzumab)</i>	Revised
January 3, 2020	ING-CC-0004	<i>H.P. Acthar Gel (repository corticotropin injection)</i>	Revised
January 3, 2020	ING-CC-0041	<i>Complement Inhibitors*</i>	Revised
January 3, 2020	ING-CC-0072	<i>Selective Vascular Endothelial Growth Factor (VEGF) Antagonists*</i>	Revised
January 3, 2020	ING-CC-0029	<i>Dupixent (dupilumab)</i>	Revised
January 3, 2020	ING-CC-0026	<i>Testosterone Injectable</i>	Revised
January 3, 2020	ING-CC-0008	<i>Subcutaneous Hormonal Implants</i>	Revised
January 3, 2020	ING-CC-0044	<i>Exondys 51 (eteplirsen)</i>	Reviewed
January 3, 2020	ING-CC-0028	<i>Benlysta (belimumab)</i>	Revised
January 3, 2020	ING-CC-0027	<i>Denosumab Agents</i>	Revised
January 3, 2020	ING-CC-0139	<i>Evenity (romosozumab-aqqg)</i>	Revised
January 3, 2020	ING-CC-0038	<i>Human Parathyroid Hormone Agents</i>	Revised
January 3, 2020	ING-CC-0019	<i>Zoledronic Acid Agents</i>	Revised
January 3, 2020	ING-CC-0082	<i>Onpattro (patisiran)*</i>	Revised
January 3, 2020	ING-CC-0031	<i>Intravitreal Corticosteroid Implants*</i>	Revised
January 3, 2020	ING-CC-0084	<i>Tegsedi (inotersen)*</i>	Revised
January 3, 2020	ING-CC-0025	<i>Aldurazyme (laronidase)*</i>	Revised
January 3, 2020	ING-CC-0073	<i>Alpha-1 Proteinase Inhibitor Therapy*</i>	Revised
January 3, 2020	ING-CC-0032	<i>Botulinum Toxin*</i>	Revised
January 3, 2020	ING-CC-0024	<i>Elaprase (idursufase)*</i>	Revised
January 3, 2020	ING-CC-0071	<i>Entyvio (vedolizumab)*</i>	Revised
January 3, 2020	ING-CC-0051	<i>Enzyme Replacement Therapy for Gaucher Disease*</i>	Revised
January 3, 2020	ING-CC-0021	<i>Fabrazyme (agalsidase beta)*</i>	Revised
January 3, 2020	ING-CC-0061	<i>GnRH Analogs for the treatment of Non-Oncologic indications*</i>	Revised
January 3, 2020	ING-CC-0003	<i>Immunoglobulins*</i>	Revised
January 3, 2020	ING-CC-0018	<i>Lumizyme (alglucosidase alfa)*</i>	Revised
January 3, 2020	ING-CC-0013	<i>Mepsevii (vestronidase alfa)*</i>	Revised
January 3, 2020	ING-CC-0050	<i>Monoclonal Antibodies to Interleukin-23*</i>	Revised
January 3, 2020	ING-CC-0043	<i>Monoclonal Antibodies to Interleukin-5*</i>	Revised

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January 3, 2020	ING-CC-0066	<i>Monoclonal Antibodies to Interleukin-6*</i>	Revised
January 3, 2020	ING-CC-0023	<i>Naglazyme (galsulfase)*</i>	Revised
January 3, 2020	ING-CC-0058	<i>Octreotide Agents*</i>	Revised
January 3, 2020	ING-CC-0063	<i>Stelara (ustekinumab)*</i>	Revised
January 3, 2020	ING-CC-0007	<i>Synagis (palivizumab)*</i>	Revised
January 3, 2020	ING-CC-0062	<i>Tumor Necrosis Factor Antagonists*</i>	Revised
January 3, 2020	ING-CC-0022	<i>Vimizim (elosulfase alfa)*</i>	Reviewed
January 3, 2020	ING-CC-0033	<i>Xolair (omalizumab)*</i>	Reviewed