

## Medical drug benefit *Clinical Criteria* updates

On November 15, 2019, February 21, 2020, and March 26, 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. 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
07/20/2020	ING-CC-0156*	Reblozyl (luspatercept)	New
07/20/2020	ING-CC-0157*	Padcev (enfortumab vedotin)	New
07/20/2020	ING-CC-0158*	Enhertu (fam-trastuzumab deruxtecan-nxki)	New
07/20/2020	ING-CC-0159*	Scenesse (afamelanotide)	New
07/20/2020	ING-CC-0155*	Ethyol (amifostine)	New
07/20/2020	ING-CC-0161*	Sarclisa (isatuximab-irfc)	New
07/20/2020	ING-CC-0002*	Colony Stimulating Factor Agents	Revised
07/20/2020	ING-CC-0058*	Octreotide Agents (Sandostatin and Sandostatin LAR)	Revised
07/20/2020	ING-CC-0119	Yervoy (ipilimumab)	Revised
07/20/2020	ING-CC-0125	Opdivo (nivolumab)	Revised