

Medical drug benefit *Clinical Criteria* updates

On May 15, 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 |
|----------------|-----------------|--|-----------------------------|
| 08/24/2020 | ING-CC-0162* | Tepezza (teprotumumab-trbw) | New |
| 08/24/2020 | ING-CC-0163* | Durysta (bimatoprost implant) | New |
| 08/24/2020 | ING-CC-0160* | Vyepti (eptinezumab-jjmr) | New |
| 08/24/2020 | ING-CC-0153* | Adakveo (crizanlizumab) | Revised |
| 08/24/2020 | ING-CC-0111 | Nplate (romiplostim) | Revised |
| 08/24/2020 | ING-CC-0156 | Reblozyl (luspatercept) | Revised |
| 08/24/2020 | ING-CC-0002* | Colony Stimulating Factor Agents | Revised |
| 08/24/2020 | ING-CC-0124* | Keytruda (pembrolizumab) | Revised |
| 08/24/2020 | ING-CC-0128* | Tecentriq (atezolizumab) | Revised |
| 08/24/2020 | ING-CC-0099* | Abraxane (paclitaxel, protein bound) | Revised |
| 08/24/2020 | ING-CC-0098* | Doxorubicin Liposome (Doxil, Lipodox) | Revised |
| 08/24/2020 | ING-CC-0101* | Torisel (temsirolimus) | Revised |
| 08/24/2020 | ING-CC-0107* | Bevacizumab for Non-Ophthalmologic Indications | Revised |
| 08/24/2020 | ING-CC-0127 | Darzalex (daratumumab) | Revised |
| 08/24/2020 | ING-CC-0092 | Adcetris (brentuximab vedotin) | Revised |
| 08/24/2020 | ING-CC-0106* | Erbix (cetuximab) | Revised |
| 08/24/2020 | ING-CC-0105* | Vectibix (panitumumab) | Revised |
| 08/24/2020 | ING-CC-0134* | Provenge (sipuleucel-T) | Revised |
| 08/24/2020 | ING-CC-0003* | Immunoglobulins | Revised |

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|-----------------------|------------------------|---|------------------------------------|
| 08/24/2020 | ING-CC-0042 | Monoclonal Antibodies to Interleukin-17 | Revised |
| 08/24/2020 | ING-CC-0044* | Exondys 51 (eteplirsen) | Revised |
| 08/24/2020 | ING-CC-0152* | Vyondys 53 (golodirsen) | Revised |
| 08/24/2020 | ING-CC-0031 | Intravitreal Corticosteroid Implants | Revised |
| 08/24/2020 | ING-CC-0032* | Botulinum Toxin | Revised |
| 08/24/2020 | ING-CC-0068* | Growth Hormone | Revised |
| 08/24/2020 | ING-CC-0057* | Krystexxa (pegloticase) | Revised |