

## ***Clinical Criteria* web posting Q2 2019**

**Summary:** On March 29, 2019, April 12, 2019, and May 1, 2019, the Pharmacy and Therapeutic (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 (\*) notate that the 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 policy. This does not apply to pharmacy services.**

| Effective date  | Document number | <i>Clinical Criteria</i> title                 | New, revised, annual review |
|-----------------|-----------------|--|-----------------------------|
| August 12, 2019 | ING-CC-0089     | <i>Mozobil (plerixafor)</i>                    | New                         |
| August 12, 2019 | ING-CC-0139*    | <i>Evenity (romosozumab-aqqg)</i>              | New                         |
| August 12, 2019 | ING-CC-0138*    | <i>Asparlas (calaspargase pegol-mknl)</i>      | New                         |
| August 12, 2019 | ING-CC-0140*    | <i>Zulresso (brexanolone)</i>                  | New                         |
| August 12, 2019 | ING-CC-0137*    | <i>Cablivi (caplacizumab-yhdp)</i>             | New                         |
| August 12, 2019 | ING-CC-0096*    | <i>Asparagine Specific Enzymes</i>             | Revised                     |
| August 12, 2019 | ING-CC-0113*    | <i>Sylvant (siltuximab)</i>                    | Revised                     |
| August 12, 2019 | ING-CC-0050*    | <i>Monoclonal Antibodies to Interleukin-23</i> | Revised                     |
| August 12, 2019 | ING-CC-0048*    | <i>Spinraza (nusinersen)</i>                   | Revised                     |
| August 12, 2019 | ING-CC-0002*    | <i>Colony Stimulating Factor Agents</i>        | Revised                     |
| August 12, 2019 | INC-CC-0026*    | <i>Testosterone Injectable</i>                 | Revised                     |
| August 12, 2019 | ING-CC-0115     | <i>Kadcyla (ado-trastuzumab)</i>               | Revised                     |
| August 12, 2019 | ING-CC-0128     | <i>Tecentriq (atezolizumab)</i>                | Revised                     |
| August 12, 2019 | ING-CC-0129     | <i>Bavencio (avelumab)</i>                     | Revised                     |
| August 12, 2019 | ING-CC-0097     | <i>Vidaza (Azacitidine)</i>                    | Revised                     |
| August 12, 2019 | ING-CC-0116     | <i>Bendamustine agents</i>                     | Revised                     |

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|-----------------------|------------------------|--|------------------------------------|
| August 12, 2019       | ING-CC-0107            | <i>Bevacizumab agents (Avastin, Mvasi)</i>   | Revised                            |
| August 12, 2019       | ING-CC-0126            | <i>Blinicyto (blinatumomab)</i>  | Revised                            |
| August 12, 2019       | ING-CC-0095            | <i>Velcade (bortezomib)</i>  | Revised                            |
| August 12, 2019       | ING-CC-0092            | <i>Adcetris (brentuximab)</i>  | Revised                            |
| August 12, 2019       | ING-CC-0114            | <i>Jevtana (cabazitaxel)</i>   | Revised                            |
| August 12, 2019       | ING-CC-0120            | <i>Kyprolis (carfilzomib)</i>  | Revised                            |
| August 12, 2019       | ING-CC-0106            | <i>Erbix (cetuximab)</i>   | Revised                            |
| August 12, 2019       | ING-CC-0133            | <i>Aliqopa (copanlisib)</i>  | Revised                            |
| August 12, 2019       | ING-CC-0127            | <i>Darzalex (daratumumab)</i>  | Revised                            |
| August 12, 2019       | ING-CC-0093            | <i>Docetaxel (Docefrez, Taxotere)</i>  | Revised                            |
| August 12, 2019       | ING-CC-0098            | <i>Doxorubicin Hydrochloride Liposome</i>  | Revised                            |
| August 12, 2019       | ING-CC-0130            | <i>Imfinzi (durvalumab)</i>  | Revised                            |
| August 12, 2019       | ING-CC-0117            | <i>Empliciti (elotuzumab)</i>  | Revised                            |
| August 12, 2019       | ING-CC-0108            | <i>Halaven (eribulin)</i>  | Revised                            |
| August 12, 2019       | ING-CC-0103            | <i>Faslodex (fulvestrant)</i>  | Revised                            |
| August 12, 2019       | ING-CC-0132            | <i>Mylotarg (gemtuzumab ozogamicin)</i>  | Revised                            |
| August 12, 2019       | ING-CC-0102            | <i>Gonadotropin Releasing Hormone Analogs for the Treatment of Oncologic Indications</i> | Revised                            |
| August 12, 2019       | ING-CC-0131            | <i>Besponsa (inotuzumab ozogamicin)</i>  | Revised                            |
| August 12, 2019       | ING-CC-0085            | <i>Actimmune (interferon gamma-1B)</i>   | Revised                            |
| August 12, 2019       | ING-CC-0119            | <i>Yervoy (ipilimumab)</i>   | Revised                            |
| August 12, 2019       | ING-CC-0090            | <i>Ixempra (ixabepilone)</i>   | Revised                            |
| August 12, 2019       | ING-CC-0104            | <i>Leucovorin and Levoleucovorin agents</i>  | Revised                            |
| August 12, 2019       | ING-CC-0135            | <i>Melanoma Vaccines</i>   | Revised                            |
| August 12, 2019       | ING-CC-0125            | <i>Opdivo (nivolumab)</i>  | Revised                            |
| August 12, 2019       | ING-CC-0121            | <i>Gazyva (obinutuzumab)</i>   | Revised                            |
| August 12, 2019       | ING-CC-0122            | <i>Arzerra (ofatumumab)</i>  | Revised                            |
| August 12, 2019       | ING-CC-0091            | <i>Lartruvo (olaratumab)</i>   | Revised                            |
| August 12, 2019       | ING-CC-0099            | <i>Abraxane (paclitaxel protein-bound)</i>   | Revised                            |
| August 12, 2019       | ING-CC-0105            | <i>Vectibix (panitumumab)</i>  | Revised                            |
| August 12, 2019       | ING-CC-0124            | <i>Keytruda (pembrolizumab)</i>  | Revised                            |
| August 12, 2019       | ING-CC-0094            | <i>Alimta (pemetrexed)</i>   | Revised                            |
| August 12, 2019       | ING-CC-0110            | <i>Perjeta (pertuzumab)</i>  | Revised                            |
| August 12, 2019       | ING-CC-0118            | <i>Radioimmunotherapy: Zevalin; azedra; Lutathera</i>                                    | Revised                            |
| August 12, 2019       | ING-CC-0112            | <i>Xofigo (Radium Ra 223 Dichloride)</i>   | Revised                            |
| August 12, 2019       | ING-CC-0123            | <i>Cyamza (ramucirumab)</i>  | Revised                            |
| August 12, 2019       | ING-CC-0100            | <i>Istodax (romidepsin)</i>  | Revised                            |
| August 12, 2019       | ING-CC-0111            | <i>Nplate (romiplostim)</i>  | Revised                            |
| August 12, 2019       | ING-CC-0134            | <i>Provenge (Sipuleucel-T)</i>   | Revised                            |

| <b>Effective date</b> | <b>Document number</b> | <b>Clinical Criteria title</b>                             | <b>New, revised, annual review</b> |
|-----------------------|------------------------|--|------------------------------------|
| August 12, 2019       | ING-CC-0101            | <i>Torisel (temsirolimus)</i>                              | Revised                            |
| August 12, 2019       | ING-CC-0109            | <i>Zaltrap (ziv-aflibercept)</i>                           | Revised                            |
| August 12, 2019       | ING-CC-0136            | <i>Dose, frequency, and route of administration</i>        | Revised                            |
| August 12, 2019       | ING-CC-0062            | <i>Tumor Necrosis Factor Antagonists</i>                   | Revised                            |
| August 12, 2019       | ING-CC-0032            | <i>Botulinum Toxin</i>                                     | Annual review                      |
| August 12, 2019       | ING-CC-0052            | <i>Dihydroergotamine (DHE) injection</i>                   | Revised                            |
| August 12, 2019       | ING-CC-0029            | <i>Dupixent</i>  | Revised                            |
| August 12, 2019       | ING-CC-0057            | <i>Krystexxa (pegloticase)</i>                             | Revised                            |
| August 12, 2019       | ING-CC-0068            | <i>Growth Hormone</i>                                      | Annual review                      |
| August 12, 2019       | ING-CC-0069            | <i>Egrifta (tesamorelin)</i>                               | Annual review                      |
| August 12, 2019       | ING-CC-0045            | <i>Increlex (mecasermin)</i>                               | Annual review                      |
| August 12, 2019       | ING-CC-0070            | <i>Jetrea (Ocriplasmin)</i>                                | Annual review                      |
| August 12, 2019       | ING-CC-0037            | <i>Kanuma (sebelipase alfa)</i>                            | Annual review                      |
| August 12, 2019       | INC-CC-0011            | <i>Ocrevus (ocrelizumab)</i>                               | Revised                            |
| August 12, 2019       | ING-CC-0058            | <i>Octreotide Agents (Sandostatin and Sandostatin LAR)</i> | Reviewed                           |
| August 12, 2019       | ING-CC-0141            | <i>Off-Label Drug and Approved Orphan Drug Use</i>         | Annual review                      |