

Medical drug benefit *Clinical Criteria* updates

On February 21, 2020, May 15, 2020, and June 18, 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
09/30/2020	ING-CC-0164*	Jelmyto (mitomycin gel)	New
09/30/2020	ING-CC-0165*	Trodelyv (sacituzumab govitecan)	New
09/30/2020	ING-CC-0029	Dupixent (dupilumab)	Revised
09/30/2020	ING-CC-0107	Bevacizumab for Non-Ophthalmologic Indications	Revised
09/30/2020	ING-CC-0127*	Darzalex (daratumumab) and Darzalex Faspro (daratumumab and hyaluronidase-fihj)	Revised
09/30/2020	ING-CC-0128	Tecentriq (atezolizumab)	Revised
09/30/2020	ING-CC-0125	Opdivo (nivolumab)	Revised
09/30/2020	ING-CC-0119	Yervoy (ipilimumab)	Revised
09/30/2020	ING-CC-0051*	Enzyme Replacement Therapy for Gaucher Disease	Revised
09/30/2020	ING-CC-0061*	GnRH Analogs for the Treatment of Non-Oncologic Indications	Revised
09/30/2020	ING-CC-0042	Monoclonal Antibodies to Interleukin-17	Revised
09/30/2020	ING-CC-0011*	Ocrevus (ocrelizumab)	Revised

Effective date	Document number	<i>Clinical Criteria</i> title	New, revised, annual review
09/30/2020	ING-CC-0002*	Colony Stimulating Factor Agents	Revised