

## ***Clinical Criteria* updates**

On August 17, 2018, October 9, 2018, and November 16, 2018, 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.

To search for specific policies, visit the [Clinical Criteria](#) page. [Email](#) for questions or additional information.

Explanation/definition for each category of *Clinical Criteria* below:

- **New:** newly published criteria
- **Revised:** addition or removal of medical necessity requirements and/or new document number
- **Annual review:** minor wording and formatting updates and/or new document number

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

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.

<b>Effective date</b>	<b>Document number</b>	<b><i>Clinical Criteria</i> title</b>	<b>New, revised, annual review</b>
4/6/2019	ING-CC-0002*	Colony Stimulating Factor Agents	Revised
4/6/2019	ING-CC-0004*	H.P. Acthar Gel (repository corticotropin injection)	Revised
4/6/2019	ING-CC-0019*	Zoledronic Acid Agents	Revised
4/6/2019	ING-CC-0025*	Aldurazyme (laronidase)	Revised
4/6/2019	ING-CC-0031*	Intravitreal Corticosteroid Implants	Revised
4/6/2019	ING-CC-0038*	Human Parathyroid Hormone Agents	Revised
4/6/2019	ING-CC-0040*	Prialt (ziconotide)	Revised
4/6/2019	ING-CC-0042*	Monoclonal Antibodies to Interleukin-17	Revised
4/6/2019	ING-CC-0052*	Dihydroergotamine (DHE) Injection	Revised
4/6/2019	ING-CC-0056*	Selected Injectable 5HT3 Antiemetic Agents	Revised
4/6/2019	ING-CC-0059*	Selected Injectable NK-1 Antiemetic Agents	Revised
4/6/2019	ING-CC-0067*	Prostacyclin Infusion and Inhalation Therapy	Revised
4/6/2019	ING-CC-0072*	Selective Vascular Endothelial Growth Factor (VEGF) Antagonists	Revised
4/6/2019	ING-CC-0074	Akynzeo (fosnetupitant and palonosetron) for Injection	New

<b>Effective date</b>	<b>Document number</b>	<b><i>Clinical Criteria</i> title</b>	<b>New, revised, annual review</b>
4/6/2019	ING-CC-0076*	Nulojix (belatacept)	Revised
4/6/2019	ING-CC-0077	Palynziq (pegvaliase-pqpz)	New
4/6/2019	ING-CC-0081	Crysvita (burosumab-twza)	New
4/6/2019	ING-CC-0082	Onpattro (patisiran)	New
4/6/2019	ING-CC-0083	Aristada Initio (aripiprazole lauroxil)	New
4/6/2019	ING-CC-0084	Tegsedi (inotersen)	New

\* Criteria marked may be perceived as more restrictive.