

## Medical drug *Clinical Criteria* updates

**Summary:** On June 20, 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
October 21, 2019	ING-CC-0077	<i>Palyngiq (pegvaliase-pqpz)</i>	Revised
October 21, 2019	ING-CC-0051	<i>Enzyme Replacement Therapy for Gaucher Disease</i>	Reviewed
October 21, 2019	ING-CC-0061	<i>GnRH Analogs for the treatment of non-oncologic indications*</i>	Revised
October 21, 2019	ING-CC-0076	<i>Nulojix (belatacept)</i>	Reviewed
October 21, 2019	ING-CC-0121	<i>Gazyva (obinutuzumab)</i>	Revised
October 21, 2019	ING-CC-0124	<i>Keytruda (pembrolizumab)</i>	Revised
October 21, 2019	ING-CC-0103	<i>Faslodex (fulvestrant)</i>	Revised
October 21, 2019	ING-CC-0003	<i>Immunoglobulins*</i>	Revised
October 21, 2019	ING-CC-0048	<i>Spinraza (nusinersen)</i>	Revised
October 21, 2019	ING-CC-0008	<i>Subcutaneous Hormonal Implants (previously Testopel [testosterone implant])</i>	Revised