

***Clinical Criteria* web posting Q1 2019**

Summary: On February 22, 2019, and March 14, 2019, 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. 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 benefit plan. This does not apply to pharmacy services.

Effective date	Document number	<i>Clinical Criteria</i> title	New, revised, annual review
9/29/2019	ING-CC-0087*	<i>Gamifant (emapalumab-lzsg)</i>	New
9/29/2019	ING-CC-0088*	<i>Elzonris (tagraxofusp-ezrs)</i>	New
9/29/2019	ING-CC-0086*	<i>Spravato (esketamine) Nasal Spray</i>	New
9/29/2019	ING-CC-0034*	<i>Hereditary Angioedema Agents</i>	Revised
9/29/2019	ING-CC-0083*	<i>Aristada Initio (aripiprazole lauroxil)</i>	Revised
9/29/2019	ING-CC-0041*	<i>Complement Inhibitors</i>	Revised
9/29/2019	ING-CC-0062	<i>Tumor Necrosis Factor Antagonists</i>	Revised
9/29/2019	ING-CC-0033	<i>Xolair (omalizumab)</i>	Revised
9/29/2019	ING-CC-0043	<i>Monoclonal Antibodies to Interleukin-5</i>	Annual review
9/29/2019	ING-CC-0010	<i>Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors</i>	Revised
9/29/2019	ING-CC-0067	<i>Prostacyclin Infusion and Inhalation Therapy</i>	Revised

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