

## Medical drug benefit *Clinical Criteria* updates

On December 18, 2019, and December 23, 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 (\*): 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
04/09/2020	ING-CC-0153*	<i>Adakveo (crizanlizumab)</i>	New
04/09/2020	ING-CC-0154*	<i>Givlaari (givosiran)</i>	New
04/09/2020	ING-CC-0152*	<i>Vyondys 53 (golodirsen)</i>	New
04/09/2020	ING-CC-0027	<i>Denosumab Agents</i>	Revised
04/09/2020	ING-CC-0099	<i>Abraxane (paclitaxel, protein bound)</i>	Revised
04/09/2020	ING-CC-0128	<i>Tecentriq (atezolizumab)</i>	Revised
04/09/2020	ING-CC-0032	<i>Botulinum Toxin</i>	Revised
04/09/2020	ING-CC-0004*	<i>H.P. Acthar Gel (repository corticotropin injection)</i>	Revised