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. 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.

<table>
<thead>
<tr>
<th>Effective date</th>
<th>Document number</th>
<th>Clinical Criteria title</th>
<th>New, revised, annual review</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/30/2020</td>
<td>ING-CC-0164*</td>
<td>Jelmyto (mitomycin gel)</td>
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<tr>
<td>09/30/2020</td>
<td>ING-CC-0165*</td>
<td>Trodelvy (sacituzumab govitecan)</td>
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<tr>
<td>09/30/2020</td>
<td>ING-CC-0029</td>
<td>Dupixent (dupilumab)</td>
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<tr>
<td>09/30/2020</td>
<td>ING-CC-0107</td>
<td>Bevacizumab for Non-Ophthalmologic Indications</td>
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<td>09/30/2020</td>
<td>ING-CC-0127*</td>
<td>Darzalex (daratumumab) and Darzalex Faspro (daratumumab and hyaluronidase-fihj)</td>
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<td>09/30/2020</td>
<td>ING-CC-0128</td>
<td>Tecentriq (atezolizumab)</td>
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<td>09/30/2020</td>
<td>ING-CC-0125</td>
<td>Opdivo (nivolumab)</td>
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<td>ING-CC-0119</td>
<td>Yervoy (ipilimumab)</td>
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<td>09/30/2020</td>
<td>ING-CC-0051*</td>
<td>Enzyme Replacement Therapy for Gaucher Disease</td>
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<td>ING-CC-0061*</td>
<td>GnRH Analogs for the Treatment of Non-Oncologic Indications</td>
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<td>Monoclonal Antibodies to Interleukin-17</td>
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<td>Ocrevus (ocrelizumab)</td>
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<td>ING-CC-0002*</td>
<td>Colony Stimulating Factor Agents</td>
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