

Clinical Criteria web posting Q2 2019

Summary: On March 29, 2019, April 12, 2019 and May 1, 2019 the Pharmacy and Therapeutic (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. 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
8/5/2019	ING-CC-0089	<i>Mozobil (plerixafor)</i>	New
8/5/2019	ING-CC-0139*	<i>Evenity (romosozumab-aqqg)</i>	New
8/5/2019	ING-CC-0138*	<i>Asparlas (calaspargase pegol-mknl)</i>	New
8/5/2019	ING-CC-0140*	<i>Zulresso (brexanolone)</i>	New
8/5/2019	ING-CC-0137*	<i>Cablivi (caplacizumab-yhdp)</i>	New
8/5/2019	ING-CC-0096*	<i>Asparagine Specific Enzymes</i>	Revised
8/5/2019	ING-CC-0113*	<i>Sylvant (siltuximab)</i>	Revised
8/5/2019	ING-CC-0050*	<i>Monoclonal Antibodies to Interleukin-23</i>	Revised
8/5/2019	ING-CC-0048*	<i>Spinraza (nusinersen)</i>	Revised
8/5/2019	ING-CC-0002*	<i>Colony Stimulating Factor Agents</i>	Revised
8/5/2019	INC-CC-0026*	<i>Testosterone Injectable</i>	Revised
8/5/2019	ING-CC-0115	<i>Kadcyla (ado-trastuzumab)</i>	Revised
8/5/2019	ING-CC-0128	<i>Tecentriq (atezolizumab)</i>	Revised
8/5/2019	ING-CC-0129	<i>Bavencio (avelumab)</i>	Revised
8/5/2019	ING-CC-0097	<i>Vidaza (Azacitidine)</i>	Revised
8/5/2019	ING-CC-0116	<i>Bendamustine agents</i>	Revised

Effective date	Document number	Clinical Criteria title	New, revised, annual review
8/5/2019	ING-CC-0107	<i>Bevacizumab agents (Avastin, Mvasi)</i>	Revised
8/5/2019	ING-CC-0126	<i>Blinicyto (blinatumomab)</i>	Revised
8/5/2019	ING-CC-0095	<i>Velcade (bortezomib)</i>	Revised
8/5/2019	ING-CC-0092	<i>Adcetris (brentuximab)</i>	Revised
8/5/2019	ING-CC-0114	<i>Jevtana (cabazitaxel)</i>	Revised
8/5/2019	ING-CC-0120	<i>Kyprolis (carfilzomib)</i>	Revised
8/5/2019	ING-CC-0106	<i>Erbix (cetuximab)</i>	Revised
8/5/2019	ING-CC-0133	<i>Aliqopa (copanlisib)</i>	Revised
8/5/2019	ING-CC-0127	<i>Darzalex (daratumumab)</i>	Revised
8/5/2019	ING-CC-0093	<i>Docetaxel (Docefrez, Taxotere)</i>	Revised
8/5/2019	ING-CC-0098	<i>Doxorubicin Hydrochloride Liposome</i>	Revised
8/5/2019	ING-CC-0130	<i>Imfinzi (durvalumab)</i>	Revised
8/5/2019	ING-CC-0117	<i>Empliciti (elotuzumab)</i>	Revised
8/5/2019	ING-CC-0108	<i>Halaven (eribulin)</i>	Revised
8/5/2019	ING-CC-0103	<i>Faslodex (fulvestrant)</i>	Revised
8/5/2019	ING-CC-0132	<i>Mylotarg (gemtuzumab ozogamicin)</i>	Revised
8/5/2019	ING-CC-0102	<i>Gonadotropin Releasing Hormone Analogs for the Treatment of Oncologic Indications</i>	Revised
8/5/2019	ING-CC-0131	<i>Besponsa (inotuzumab ozogamicin)</i>	Revised
8/5/2019	ING-CC-0085	<i>Actimmune (interferon gamma-1B)</i>	Revised
8/5/2019	ING-CC-0119	<i>Yervoy (ipilimumab)</i>	Revised
8/5/2019	ING-CC-0090	<i>Ixempra (ixabepilone)</i>	Revised
8/5/2019	ING-CC-0104	<i>Leucovorin and Levoleucovorin agents</i>	Revised
8/5/2019	ING-CC-0135	<i>Melanoma Vaccines</i>	Revised
8/5/2019	ING-CC-0125	<i>Opdivo (nivolumab)</i>	Revised
8/5/2019	ING-CC-0121	<i>Gazyva (obinutuzumab)</i>	Revised
8/5/2019	ING-CC-0122	<i>Arzerra (ofatumumab)</i>	Revised
8/5/2019	ING-CC-0091	<i>Lartruvo (olaratumab)</i>	Revised
8/5/2019	ING-CC-0099	<i>Abraxane (paclitaxel protein-bound)</i>	Revised
8/5/2019	ING-CC-0105	<i>Vectibix (panitumumab)</i>	Revised
8/5/2019	ING-CC-0124	<i>Keytruda (pembrolizumab)</i>	Revised
8/5/2019	ING-CC-0094	<i>Alimta (pemetrexed)</i>	Revised
8/5/2019	ING-CC-0110	<i>Perjeta (pertuzumab)</i>	Revised
8/5/2019	ING-CC-0118	<i>Radioimmunotherapy: Zevalin; azedra; Lutathera</i>	Revised
8/5/2019	ING-CC-0112	<i>Xofigo (Radium Ra 223 Dichloride)</i>	Revised
8/5/2019	ING-CC-0123	<i>Cyramza (ramucirumab)</i>	Revised
8/5/2019	ING-CC-0100	<i>Istodax (romidepsin)</i>	Revised

Effective date	Document number	Clinical Criteria title	New, revised, annual review
8/5/2019	ING-CC-0111	<i>Nplate (romiplostim)</i>	Revised
8/5/2019	ING-CC-0134	<i>Provence (Sipuleucel-T)</i>	Revised
8/5/2019	ING-CC-0101	<i>Torisel (temsirolimus)</i>	Revised
8/5/2019	ING-CC-0109	<i>Zaltrap (ziv-aflibercept)</i>	Revised
8/5/2019	ING-CC-0136	<i>Dose, frequency, and route of administration</i>	Revised
8/5/2019	ING-CC-0062	<i>Tumor Necrosis Factor Antagonists</i>	Revised
8/5/2019	ING-CC-0032	<i>Botulinum Toxin</i>	Annual review
8/5/2019	ING-CC-0052	<i>Dihydroergotamine (DHE) injection</i>	Revised
8/5/2019	ING-CC-0029	<i>Dupixent</i>	Revised
8/5/2019	ING-CC-0057	<i>Krystexxa (pegloticase)</i>	Revised
8/5/2019	ING-CC-0068	<i>Growth Hormone</i>	Annual review
8/5/2019	ING-CC-0069	<i>Egriffta (tesamorelin)</i>	Annual review
8/5/2019	ING-CC-0045	<i>Increlex (mecasermin)</i>	Annual review
8/5/2019	ING-CC-0070	<i>Jetrea (Ocriplasmin)</i>	Annual review
8/5/2019	ING-CC-0037	<i>Kanuma (sebelipase alfa)</i>	Annual review
8/5/2019	INC-CC-0011	<i>Ocrevus (ocrelizumab)</i>	Revised
8/5/2019	ING-CC-0058	<i>Octreotide Agents (Sandostatin and Sandostatin LAR)</i>	Reviewed
8/5/2019	ING-CC-0141	<i>Off-Label Drug and Approved Orphan Drug Use</i>	Annual review