

Medical drug benefit *Clinical Criteria* updates

On December 18, 2020, and December 22, 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
- 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.

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 or revised
04/15/2021	ING-CC-0185*	Oxlumo (lumasiran)	New
04/15/2021	ING-CC-0184*	Danyelza (naxitamab-gqgk)	New
04/15/2021	ING-CC-0154	Givlaari (givosiran)	Revised
04/15/2021	ING-CC-0124	Keytruda (pembrolizumab)	Revised
04/15/2021	ING-CC-0002	Colony Stimulating Factor Agents	Revised
04/15/2021	ING-CC-0032*	Botulinum Toxin	Revised
04/15/2021	ING-CC-0015	Infertility and HCG Agents	Revised

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