

Medical drug Clinical Criteria updates

Summary: On June 20, 2019, the Pharmacy and Therapeutic (P&T) Committee approved the following *Clinical Criteria* applicable to the **medical drug benefit** for Amerigroup District of Columbia, Inc. These policies were developed, revised or reviewed to support clinical coding edits.

Visit <u>*Clinical Criteria*</u> to search for specific policies. For questions or additional information, use this <u>email</u>.

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	<i>Clinical Criteria</i> title	New, revised,
	number		annual review
October 14, 2019	ING-CC-0077	Palynziq (pegvaliase-pqpz)	Revised
October 14, 2019	ING-CC-0051	Enzyme Replacement Therapy for	Reviewed
		Gaucher Disease	
October 14, 2019	ING-CC-0061	GnRH Analogs for the treatment of	Revised
		non-oncologic indications*	
October 14, 2019	ING-CC-0076	Nulojix (belatacept)	Reviewed
October 14, 2019	ING-CC-0121	Gazyva (obinutuzumab)	Revised
October 14, 2019	ING-CC-0124	Keytruda (pembrolizumab)	Revised
October 14, 2019	ING-CC-0103	Faslodex (fulvestrant)	Revised
October 14, 2019	ING-CC-0003	Immunoglobulins*	Revised
October 14, 2019	ING-CC-0048	Spinraza (nusinersen)	Revised
October 14, 2019	ING-CC-0008	Subcutaneous Hormonal Implants	Revised
		(previously Testopel [testosterone	
		implant])	
October 14, 2019	ING-CC-0031	Intravitreal Corticosteroid	Revised
		Implants*	