

## ***Clinical Criteria* updates**

On August 17, 2018, October 9, 2018, and November 16, 2018, 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.

To search for specific policies, visit the [Clinical Criteria](#) page. [Email](#) for questions or additional information.

Explanation/definition for each category of *Clinical Criteria* below:

- **New:** newly published criteria
- **Revised:** addition or removal of medical necessity requirements and/or new document number
- **Annual review:** minor wording and formatting updates and/or new document number

Existing precertification requirements have not changed. 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.

<b>Effective date</b>	<b>Document number</b>	<b><i>Clinical Criteria</i> title</b>	<b>New, revised, annual review</b>
3/18/2019	ING-CC-0074	Akynzeo (fosnetupitant and palonosetron) for Injection	New
3/18/2019	ING-CC-0077	Palynziq (pegvaliase-pqpz)	New
3/18/2019	ING-CC-0081	Crysvita (burosumab-twza)	New
3/18/2019	ING-CC-0082	Onpattro (patisiran)	New
3/18/2019	ING-CC-0083	Aristada Initio (aripiprazole lauroxil)	New
3/18/2019	ING-CC-0084	Tegsedi (inotersen)	New
3/18/2019	ING-CC-0010	Proprotein Convertase Subtilisin Kexin 9 (PCSK9) Inhibitors	Revised
3/18/2019	ING-CC-0013	Mepsevii (vestronidase alfa)	Revised
3/18/2019	ING-CC-0026	Testosterone, Injectable	Revised
3/18/2019	ING-CC-0027	Denosumab agents	Revised
3/18/2019	ING-CC-0038*	Human Parathyroid Hormone Agents	Revised
3/18/2019	ING-CC-0042*	Monoclonal Antibodies to Interleukin-17	Revised
3/18/2019	ING-CC-0001	Erythropoiesis Stimulating Agents	Revised
3/18/2019	ING-CC-0004*	H.P. Acthar Gel (repository corticotropin injection)	Revised
3/18/2019	ING-CC-0019*	Zoledronic Acid Agents	Revised
3/18/2019	ING-CC-0022	Vimizim (elosulfase alfa)	Revised
3/18/2019	ING-CC-0023	Naglazyme (galsulfase)	Revised

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Amerigroup members in the Medicaid Rural Service Area and the STAR Kids program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.

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3/18/2019	ING-CC-0031*	Intravitreal Corticosteroid Implants	Revised
3/18/2019	ING-CC-0054	Selected Progestins	Revised
3/18/2019	ING-CC-0067*	Prostacyclin Infusion and Inhalation Therapy	Revised
3/18/2019	ING-CC-0072*	Selective Vascular Endothelial Growth Factor (VEGF) Antagonists	Revised
3/18/2019	ING-CC-0076*	Nulojix (belatacept)	Revised
3/18/2019	ING-CC-0056*	Selected Injectable 5HT3 Antiemetic Agents	Revised
3/18/2019	ING-CC-0059*	Selected Injectable NK-1 Antiemetic Agents	Revised
3/18/2019	ING-CC-0062	Tumor Necrosis Factor Antagonists	Revised
3/18/2019	ING-CC-0009	Lemtrada (alemtuzumab)	Revised
3/18/2019	ING-CC-0014	Beta Interferons and Glatiramer Acetate for Treatment of Multiple Sclerosis	Revised
3/18/2019	ING-CC-0015	Infertility Agents	Revised
3/18/2019	ING-CC-0016	Vivitrol (extended-release, injectable naltrexone) Injection	Revised
3/18/2019	ING-CC-0025*	Aldurazyme (laronidase)	Revised
3/18/2019	ING-CC-0030	Implantable and ER Buprenorphine Containing Agents	Revised
3/18/2019	ING-CC-0033	Xolair (omalizumab)	Revised
3/18/2019	ING-CC-0040*	Prialt (ziconotide)	Revised
3/18/2019	ING-CC-0047	Trogarzo (ibalizumab-uiyk)	Revised
3/18/2019	ING-CC-0050	Monoclonal Antibodies to Interleukin-23	Revised
3/18/2019	ING-CC-0057	Krystexxa (pegloticase)	Revised
3/18/2019	ING-CC-0063	Stelara (ustekinumab)	Revised
3/18/2019	ING-CC-0064	Interleukin-1 Inhibitors	Revised, annual review
3/18/2019	ING-CC-0066	Monoclonal Antibodies to Interleukin-6	Revised
3/18/2019	ING-CC-0068	Growth hormone	Revised
3/18/2019	ING-CC-0071	Entyvio (vedolizumab)	Revised
3/18/2019	ING-CC-0073	Alpha-1 Proteinase Inhibitor Therapy	Revised
3/18/2019	ING-CC-0075	Rituxan (rituximab) for Non-Oncologic Indications	Revised
3/18/2019	ING-CC-0002*	Colony Stimulating Factor Agents	Revised
3/18/2019	ING-CC-0003	Immunoglobulins	Revised
3/18/2019	ING-CC-0011	Ocrevus (ocrelizumab)	Revised
3/18/2019	ING-CC-0020	Tysabri (natalizumab)	Revised
3/18/2019	ING-CC-0032	Botulinum Toxin	Revised
3/18/2019	ING-CC-0041	Soliris (eculizumab)	Revised
3/18/2019	ING-CC-0043	Monoclonal Antibodies to Interleukin-5	Revised
3/18/2019	ING-CC-0046	Zinplava (bezlotoxumab)	Revised
3/18/2019	ING-CC-0051	Enzyme Replacement Therapy for Gaucher Disease	Revised
3/18/2019	ING-CC-0052*	Dihydroergotamine (DHE) Injection	Revised
3/18/2019	ING-CC-0053	Injectable Hydroxyprogesterone for prevention of preterm birth	Revised
3/18/2019	ING-CC-0055	Fuzeon (enfuvirtide)	Revised
3/18/2019	ING-CC-0058	Octreotide Agents	Revised

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3/18/2019	ING-CC-0069	Egrifta (tesamorelin)	Revised
3/18/2019	ING-CC-0078	Orencia (abatacept)	Revised
3/18/2019	ING-CC-0061	GnRH Analogs for the treatment of non-oncologic indications	Annual review
3/18/2019	ING-CC-0008	Testopel (testosterone subcutaneous implant)	Annual review
3/18/2019	ING-CC-0065	Antihemophilic Factors and Clotting Factors	Annual review
3/18/2019	ING-CC-0006	Hyaluronan Injections	Annual review
3/18/2019	ING-CC-0007	Synagis (palivizumab)	Annual review
3/18/2019	ING-CC-0012	Brineura (cerliponase alfa)	Annual review
3/18/2019	ING-CC-0017	Xiaflex (clostridial collagenase histolyticum) injection	Annual review
3/18/2019	ING-CC-0018	Lumizyme (alglucosidase alfa)	Annual review
3/18/2019	ING-CC-0021	Fabrazyme (agalsidase beta)	Annual review
3/18/2019	ING-CC-0024	Elaprase (idursufase)	Annual review
3/18/2019	ING-CC-0028	Benlysta (belimumab)	Annual review
3/18/2019	ING-CC-0029	Dupixent (dupilumab)	Annual review
3/18/2019	ING-CC-0034	Agents for Hereditary Angioedema	Annual review
3/18/2019	ING-CC-0035	Duopa (carbidopa and levodopa enteral suspension)	Annual review
3/18/2019	ING-CC-0036	Naltrexone Implantable Pellets	Annual review
3/18/2019	ING-CC-0037	Kanuma (sebelipase alfa)	Annual review
3/18/2019	ING-CC-0039	GamaSTAN (immune globulin (human))	Annual review
3/18/2019	ING-CC-0044	Exondys 51 (eteplirsen)	Annual review
3/18/2019	ING-CC-0045	Increlex (mecasermin)	Annual review
3/18/2019	ING-CC-0048	Spinraza (nusinersen)	Annual review
3/18/2019	ING-CC-0049	Radicava (edaravone)	Annual review
3/18/2019	ING-CC-0070	Jetrea (ocriplasmin)	Annual review
3/18/2019	ING-CC-0079	Strensiq (asfotase alfa)	Annual review

\* Criteria marked may be perceived as more restrictive.