

Clinical Criteria updates

Summary: 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 STAR+PLUS MMP (Medicare-Medicaid Plan). 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

Existing precertification requirements have not changed. 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.

Effective date	Document number	Clinical Criteria title	New, revised, annual review
December 1, 2019	ING-CC-0074	<i>Akynzeo (fosnetupitant and palonosetron) for Injection</i>	New
December 1, 2019	ING-CC-0077	<i>Palynziq (pegvaliase-pqz)</i>	New
December 1, 2019	ING-CC-0081	<i>Crysvita (burosumab-twza)</i>	New
December 1, 2019	ING-CC-0082	<i>Onpattro (patisiran)</i>	New
December 1, 2019	ING-CC-0083	<i>Aristada Initio (aripiprazole lauroxil)</i>	New
December 1, 2019	ING-CC-0084	<i>Tegsedi (inotersen)</i>	New
December 1, 2019	ING-CC-0010	<i>Proprotein Convertase Subtilisin Kexin 9 (PCSK9) Inhibitors</i>	Revised
December 1, 2019	ING-CC-0013	<i>Mepsevii (vestronidase alfa)</i>	Revised
December 1, 2019	ING-CC-0026	<i>Testosterone, Injectable</i>	Revised
December 1, 2019	ING-CC-0027	<i>Denosumab agents</i>	Revised
December 1, 2019	ING-CC-0038*	<i>Human Parathyroid Hormone Agents</i>	Revised
December 1, 2019	ING-CC-0042*	<i>Monoclonal Antibodies to Interleukin-17</i>	Revised

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December 1, 2019	ING-CC-0001	<i>Erythropoiesis Stimulating Agents</i>	Revised
December 1, 2019	ING-CC-0004*	<i>H.P. Acthar Gel (repository corticotropin injection)</i>	Revised
December 1, 2019	ING-CC-0019*	<i>Zoledronic Acid Agents</i>	Revised
December 1, 2019	ING-CC-0022	<i>Vimizim (elosulfase alfa)</i>	Revised
December 1, 2019	ING-CC-0023	<i>Naglazyme (galsulfase)</i>	Revised
December 1, 2019	ING-CC-0031*	<i>Intravitreal Corticosteroid Implants</i>	Revised
December 1, 2019	ING-CC-0054	<i>Selected Progestins</i>	Revised
December 1, 2019	ING-CC-0067*	<i>Prostacyclin Infusion and Inhalation Therapy</i>	Revised
December 1, 2019	ING-CC-0072*	<i>Selective Vascular Endothelial Growth Factor (VEGF) Antagonists</i>	Revised
December 1, 2019	ING-CC-0076*	<i>Nulojix (belatacept)</i>	Revised
December 1, 2019	ING-CC-0056*	<i>Selected Injectable 5HT3 Antiemetic Agents</i>	Revised
December 1, 2019	ING-CC-0059*	<i>Selected Injectable NK-1 Antiemetic Agents</i>	Revised
December 1, 2019	ING-CC-0062	<i>Tumor Necrosis Factor Antagonists</i>	Revised
December 1, 2019	ING-CC-0009	<i>Lemtrada (alemtuzumab)</i>	Revised
December 1, 2019	ING-CC-0014	<i>Beta Interferons and Glatiramer Acetate for Treatment of Multiple Sclerosis</i>	Revised
December 1, 2019	ING-CC-0015	<i>Infertility Agents</i>	Revised
December 1, 2019	ING-CC-0016	<i>Vivitrol (extended-release, injectable naltrexone) Injection</i>	Revised
December 1, 2019	ING-CC-0025*	<i>Aldurazyme (laronidase)</i>	Revised
December 1, 2019	ING-CC-0030	<i>Implantable and ER Buprenorphine Containing Agents</i>	Revised
December 1, 2019	ING-CC-0033	<i>Xolair (omalizumab)</i>	Revised
December 1, 2019	ING-CC-0040*	<i>Prialt (ziconotide)</i>	Revised
December 1, 2019	ING-CC-0047	<i>Trogarzo (ibalizumab-uiyk)</i>	Revised
December 1, 2019	ING-CC-0050	<i>Monoclonal Antibodies to Interleukin-23</i>	Revised
December 1, 2019	ING-CC-0057	<i>Krystexxa (pegloticase)</i>	Revised
December 1, 2019	ING-CC-0063	<i>Stelara (ustekinumab)</i>	Revised
December 1, 2019	ING-CC-0064	<i>Interleukin-1 Inhibitors</i>	Revised, annual review
December 1, 2019	ING-CC-0066	<i>Monoclonal Antibodies to Interleukin-6</i>	Revised
December 1, 2019	ING-CC-0068	<i>Growth hormone</i>	Revised
December 1, 2019	ING-CC-0071	<i>Entyvio (vedolizumab)</i>	Revised
December 1, 2019	ING-CC-0073	<i>Alpha-1 Proteinase Inhibitor Therapy</i>	Revised
December 1, 2019	ING-CC-0075	<i>Rituxan (rituximab) for Non-Oncologic Indications</i>	Revised
December 1, 2019	ING-CC-0002*	<i>Colony Stimulating Factor Agents</i>	Revised
December 1, 2019	ING-CC-0003	<i>Immunoglobulins</i>	Revised
December 1, 2019	ING-CC-0011	<i>Ocrevus (ocrelizumab)</i>	Revised
December 1, 2019	ING-CC-0020	<i>Tysabri (natalizumab)</i>	Revised
December 1, 2019	ING-CC-0032	<i>Botulinum Toxin</i>	Revised

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December 1, 2019	ING-CC-0041	<i>Soliris (eculizumab)</i>	Revised
December 1, 2019	ING-CC-0043	<i>Monoclonal Antibodies to Interleukin-5</i>	Revised
December 1, 2019	ING-CC-0046	<i>Zinplava (bezlotoxumab)</i>	Revised
December 1, 2019	ING-CC-0051	<i>Enzyme Replacement Therapy for Gaucher Disease</i>	Revised
December 1, 2019	ING-CC-0052*	<i>Dihydroergotamine (DHE) Injection</i>	Revised
December 1, 2019	ING-CC-0053	<i>Injectable Hydroxyprogesterone for prevention of preterm birth</i>	Revised
December 1, 2019	ING-CC-0055	<i>Fuzeon (enfuvirtide)</i>	Revised
December 1, 2019	ING-CC-0058	<i>Octreotide Agents</i>	Revised
December 1, 2019	ING-CC-0069	<i>Egrifta (tesamorelin)</i>	Revised
December 1, 2019	ING-CC-0078	<i>Orencia (abatacept)</i>	Revised
December 1, 2019	ING-CC-0061	<i>GnRH Analogs for the treatment of non-oncologic indications</i>	Annual review
December 1, 2019	ING-CC-0008	<i>Testopel (testosterone subcutaneous implant)</i>	Annual review
December 1, 2019	ING-CC-0065	<i>Antihemophilic Factors and Clotting Factors</i>	Annual review
December 1, 2019	ING-CC-0006	<i>Hyaluronan Injections</i>	Annual review
December 1, 2019	ING-CC-0007	<i>Synagis (palivizumab)</i>	Annual review
December 1, 2019	ING-CC-0012	<i>Brineura (cerliponase alfa)</i>	Annual review
December 1, 2019	ING-CC-0017	<i>Xiaflex (clostridial collagenase histolyticum) injection</i>	Annual review
December 1, 2019	ING-CC-0018	<i>Lumizyme (alglucosidase alfa)</i>	Annual review
December 1, 2019	ING-CC-0021	<i>Fabrazyme (agalsidase beta)</i>	Annual review
December 1, 2019	ING-CC-0024	<i>Elaprase (idursufase)</i>	Annual review
December 1, 2019	ING-CC-0028	<i>Benlysta (belimumab)</i>	Annual review
December 1, 2019	ING-CC-0029	<i>Dupixent (dupilumab)</i>	Annual review
December 1, 2019	ING-CC-0034	<i>Agents for Hereditary Angioedema</i>	Annual review
December 1, 2019	ING-CC-0035	<i>Duopa (carbidopa and levodopa enteral suspension)</i>	Annual review
December 1, 2019	ING-CC-0036	<i>Naltrexone Implantable Pellets</i>	Annual review
December 1, 2019	ING-CC-0037	<i>Kanuma (sebelipase alfa)</i>	Annual review
December 1, 2019	ING-CC-0039	<i>GamaSTAN (immune globulin (human))</i>	Annual review
December 1, 2019	ING-CC-0044	<i>Exondys 51 (eteplirsen)</i>	Annual review
December 1, 2019	ING-CC-0045	<i>Increlex (mecasermin)</i>	Annual review
December 1, 2019	ING-CC-0048	<i>Spinraza (nusinersen)</i>	Annual review
December 1, 2019	ING-CC-0049	<i>Radicava (edaravone)</i>	Annual review
December 1, 2019	ING-CC-0070	<i>Jetrea (ocriplasmin)</i>	Annual review
December 1, 2019	ING-CC-0079	<i>Strensiq (asfotase alfa)</i>	Annual review