

Medical drug benefit *Clinical Criteria* updates

On December 18, 2019, and December 23, 2019, the Pharmacy and Therapeutics (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 (*): 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 plan. This does not apply to pharmacy services.

| Effective date | Document number | <i>Clinical Criteria</i> title | New, revised, annual review |
|----------------|-----------------|---|-----------------------------|
| 05/25/2020 | ING-CC-0153* | <i>Adakveo (crizanlizumab)</i> | New |
| 05/25/2020 | ING-CC-0154* | <i>Givlaari (givosiran)</i> | New |
| 05/25/2020 | ING-CC-0152* | <i>Vyondys 53 (golodirsen)</i> | New |
| 05/25/2020 | ING-CC-0027 | <i>Denosumab Agents</i> | Revised |
| 05/25/2020 | ING-CC-0099 | <i>Abraxane (paclitaxel, protein bound)</i> | Revised |
| 05/25/2020 | ING-CC-0128 | <i>Tecentriq (atezolizumab)</i> | Revised |
| 05/25/2020 | ING-CC-0032 | <i>Botulinum Toxin</i> | Revised |
| 05/25/2020 | ING-CC-0004* | <i>H.P. Acthar Gel (repository corticotropin injection)</i> | Revised |

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