



Medical drug benefit *Clinical Criteria* updates

On November 15, 2019, February 21, 2020, May 15, 2020, August 21, 2020, August 28, 2020, and September 24, 2020, 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. 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 (*): criteria may be perceived as more restrictive

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 or revised
4/1/2021	ING-CC-0179*	Blenrep (belantamab mafodotin-blmf)	New
4/1/2021	ING-CC-0180*	Monjuvi (tafasitamab-cxix)	New
4/1/2021	ING-CC-0181*	Veklury (remdesivir)	New
4/1/2021	ING-CC-0182*	Agents for Iron Deficiency Anemia	New
4/1/2021	ING-CC-0128	Tecentriq (atezolizumab)	Revised
4/1/2021	ING-CC-0063	Stelara (ustekinumab)	Revised
4/1/2021	ING-CC-0086	Spravato (esketamine) Nasal Spray	Revised
4/1/2021	ING-CC-0081	Crysvita (burosumab-twza)	Revised
4/1/2021	ING-CC-0021*	Fabrazyme (agalsidase beta)	Revised
4/1/2021	ING-CC-0017*	Xiaflex (collagenase clostridium histolyticum)	Revised

<https://providers.amerigroup.com/TX>

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.

Effective date	Document number	<i>Clinical Criteria</i> title	New or revised
4/1/2021	ING-CC-0022*	Vimizim (elosulfase alfa)	Revised
4/1/2021	ING-CC-0023*	Naglazyme (galsulfase)	Revised
4/1/2021	ING-CC-0024*	Elaprase (idursulfase)	Revised
4/1/2021	ING-CC-0025*	Aldurazyme (laronidase)	Revised
4/1/2021	ING-CC-0014*	Beta Interferons and Glatiramer Acetate for Treatment of Multiple Sclerosis	Revised
4/1/2021	ING-CC-0078*	Orencia (abatacept)	Revised