

Medical drug benefit *Clinical Criteria* updates

On February 19, 2021, and March 4, 2021, the Pharmacy and Therapeutics (P&T) Committee approved the following *Clinical Criteria* applicable to the **medical drug benefit** for Amerigroup Community Care. 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 (*) notate that the criteria may be perceived as more restrictive

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.

Effective date	Document number	<i>Clinical Criteria</i> title	New or revised
07/05/2021	ING-CC-0186*	Margenza (margetuximab-cmkb)	New
07/05/2021	ING-CC-0187*	Breyanzi (lisocabtagene maraleucel)	New
07/05/2021	ING-CC-0189*	Amondys 45 (casimersen)	New
07/05/2021	ING-CC-0190*	Nulibry (fosdenopterin)	New
07/05/2021	ING-CC-0086*	Spravato (esketamine) Nasal Spray	Revised
07/05/2021	ING-CC-0158	Enhertu (fam-trastuzumab deruxtecan-nxki)	Revised
07/05/2021	ING-CC-0167	Rituximab Agents for Oncologic Indications Step Therapy	Revised
07/05/2021	ING-CC-0157*	Padcev (enfortumab vedotin)	Revised
07/05/2021	ING-CC-0125*	Opdivo (nivolumab)	Revised
07/05/2021	ING-CC-0119*	Yervoy (ipilimumab)	Revised
07/05/2021	ING-CC-0099	Abraxane (paclitaxel, protein bound)	Revised
07/05/2021	ING-CC-0094*	Pemetrexed Agents (Alimta, Pefexy)	Revised
07/05/2021	ING-CC-0123*	Cyramza (ramucirumab)	Revised
07/05/2021	ING-CC-0115*	Kadcyla (ado-trastuzumab)	Revised
07/05/2021	ING-CC-0033*	Xolair (omalizumab)	Revised
07/05/2021	ING-CC-0043*	Monoclonal Antibodies to Interleukin-5	Revised
07/05/2021	ING-CC-0067*	Prostacyclin Infusion and Inhalation Therapy	Revised

Effective date	Document number	<i>Clinical Criteria</i> title	New or revised
07/05/2021	ING-CC-0075*	Rituximab Agents for Non-Oncologic Indications	Revised
07/05/2021	ING-CC-0034*	Hereditary Angioedema Agents	Revised
07/05/2021	ING-CC-0028*	Benlysta (belimumab)	Revised