

Clinical Criteria web posting Q2 2019

Summary: On March 29, 2019, April 12, 2019, and May 1, 2019, the Pharmacy and Therapeutic (P&T) Committee approved the following *Clinical Criteria* applicable to the medical drug benefit for Dell Children's Health 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

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 policy. This does not apply to pharmacy services.

Effective date	Document number	Clinical Criteria title	New, revised, annual review
August 12, 2019	ING-CC-0089	<i>Mozobil (plerixafor)</i>	New
August 12, 2019	ING-CC-0139*	<i>Evenity (romosozumab-aqqg)</i>	New
August 12, 2019	ING-CC-0138*	<i>Asparlas (calaspargase pegol-mknl)</i>	New
August 12, 2019	ING-CC-0140*	<i>Zulresso (brexanolone)</i>	New
August 12, 2019	ING-CC-0137*	<i>Cablivi (caplacizumab-yhdp)</i>	New
August 12, 2019	ING-CC-0096*	<i>Asparagine Specific Enzymes</i>	Revised
August 12, 2019	ING-CC-0113*	<i>Sylvant (siltuximab)</i>	Revised
August 12, 2019	ING-CC-0050*	<i>Monoclonal Antibodies to Interleukin-23</i>	Revised
August 12, 2019	ING-CC-0048*	<i>Spinraza (nusinersen)</i>	Revised
August 12, 2019	ING-CC-0002*	<i>Colony Stimulating Factor Agents</i>	Revised
August 12, 2019	INC-CC-0026*	<i>Testosterone Injectable</i>	Revised
August 12, 2019	ING-CC-0115	<i>Kadcyla (ado-trastuzumab)</i>	Revised
August 12, 2019	ING-CC-0128	<i>Tecentriq (atezolizumab)</i>	Revised
August 12, 2019	ING-CC-0129	<i>Bavencio (avelumab)</i>	Revised
August 12, 2019	ING-CC-0097	<i>Vidaza (Azacitidine)</i>	Revised

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August 12, 2019	ING-CC-0116	<i>Bendamustine agents</i>	Revised
August 12, 2019	ING-CC-0107	<i>Bevacizumab agents (Avastin, Mvasi)</i>	Revised
August 12, 2019	ING-CC-0126	<i>Blinicyto (blinatumomab)</i>	Revised
August 12, 2019	ING-CC-0095	<i>Velcade (bortezomib)</i>	Revised
August 12, 2019	ING-CC-0092	<i>Adcetris (brentuximab)</i>	Revised
August 12, 2019	ING-CC-0114	<i>Jevtana (cabazitaxel)</i>	Revised
August 12, 2019	ING-CC-0120	<i>Kyprolis (carfilzomib)</i>	Revised
August 12, 2019	ING-CC-0106	<i>Erbix (cetuximab)</i>	Revised
August 12, 2019	ING-CC-0133	<i>Aliqopa (copanlisib)</i>	Revised
August 12, 2019	ING-CC-0127	<i>Darzalex (daratumumab)</i>	Revised
August 12, 2019	ING-CC-0093	<i>Docetaxel (Docefrez, Taxotere)</i>	Revised
August 12, 2019	ING-CC-0098	<i>Doxorubicin Hydrochloride Liposome</i>	Revised
August 12, 2019	ING-CC-0130	<i>Imfinzi (durvalumab)</i>	Revised
August 12, 2019	ING-CC-0117	<i>Empliciti (elotuzumab)</i>	Revised
August 12, 2019	ING-CC-0108	<i>Halaven (eribulin)</i>	Revised
August 12, 2019	ING-CC-0103	<i>Faslodex (fulvestrant)</i>	Revised
August 12, 2019	ING-CC-0132	<i>Mylotarg (gemtuzumab ozogamicin)</i>	Revised
August 12, 2019	ING-CC-0102	<i>Gonadotropin Releasing Hormone Analogs for the Treatment of Oncologic Indications</i>	Revised
August 12, 2019	ING-CC-0131	<i>Besponsa (inotuzumab ozogamicin)</i>	Revised
August 12, 2019	ING-CC-0085	<i>Actimmune (interferon gamma-1B)</i>	Revised
August 12, 2019	ING-CC-0119	<i>Yervoy (ipilimumab)</i>	Revised
August 12, 2019	ING-CC-0090	<i>Ixempra (ixabepilone)</i>	Revised
August 12, 2019	ING-CC-0104	<i>Leucovorin and Levoleucovorin agents</i>	Revised
August 12, 2019	ING-CC-0135	<i>Melanoma Vaccines</i>	Revised
August 12, 2019	ING-CC-0125	<i>Opdivo (nivolumab)</i>	Revised
August 12, 2019	ING-CC-0121	<i>Gazyva (obinutuzumab)</i>	Revised
August 12, 2019	ING-CC-0122	<i>Arzerra (ofatumumab)</i>	Revised
August 12, 2019	ING-CC-0091	<i>Lartruvo (olaratumab)</i>	Revised
August 12, 2019	ING-CC-0099	<i>Abraxane (paclitaxel protein-bound)</i>	Revised
August 12, 2019	ING-CC-0105	<i>Vectibix (panitumumab)</i>	Revised
August 12, 2019	ING-CC-0124	<i>Keytruda (pembrolizumab)</i>	Revised
August 12, 2019	ING-CC-0094	<i>Alimta (pemetrexed)</i>	Revised
August 12, 2019	ING-CC-0110	<i>Perjeta (pertuzumab)</i>	Revised
August 12, 2019	ING-CC-0118	<i>Radioimmunotherapy: Zevalin; azedra; Lutathera</i>	Revised
August 12, 2019	ING-CC-0112	<i>Xofigo (Radium Ra 223 Dichloride)</i>	Revised
August 12, 2019	ING-CC-0123	<i>Cyramza (ramucirumab)</i>	Revised

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August 12, 2019	ING-CC-0100	<i>Istodax (romidepsin)</i>	Revised
August 12, 2019	ING-CC-0111	<i>Nplate (romiplostim)</i>	Revised
August 12, 2019	ING-CC-0134	<i>Provenge (Sipuleucel-T)</i>	Revised
August 12, 2019	ING-CC-0101	<i>Torisel (temsirolimus)</i>	Revised
August 12, 2019	ING-CC-0109	<i>Zaltrap (ziv-aflibercept)</i>	Revised
August 12, 2019	ING-CC-0136	<i>Dose, frequency, and route of administration</i>	Revised
August 12, 2019	ING-CC-0062	<i>Tumor Necrosis Factor Antagonists</i>	Revised
August 12, 2019	ING-CC-0032	<i>Botulinum Toxin</i>	Annual review
August 12, 2019	ING-CC-0052	<i>Dihydroergotamine (DHE) injection</i>	Revised
August 12, 2019	ING-CC-0029	<i>Dupixent</i>	Revised
August 12, 2019	ING-CC-0057	<i>Krystexxa (pegloticase)</i>	Revised
August 12, 2019	ING-CC-0068	<i>Growth Hormone</i>	Annual review
August 12, 2019	ING-CC-0069	<i>Egrifta (tesamorelin)</i>	Annual review
August 12, 2019	ING-CC-0045	<i>Increlex (mecasermin)</i>	Annual review
August 12, 2019	ING-CC-0070	<i>Jetrea (Ocriplasmin)</i>	Annual review
August 12, 2019	ING-CC-0037	<i>Kanuma (sebelipase alfa)</i>	Annual review
August 12, 2019	INC-CC-0011	<i>Ocrevus (ocrelizumab)</i>	Revised
August 12, 2019	ING-CC-0058	<i>Octreotide Agents (Sandostatin and Sandostatin LAR)</i>	Reviewed
August 12, 2019	ING-CC-0141	<i>Off-Label Drug and Approved Orphan Drug Use</i>	Annual review