

## Medical drug Clinical Criteria updates

**Summary**: On June 20, 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 <u>Clinical Criteria</u> to search for specific policies. For questions or additional information, use this <u>email</u>.

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    | Clinical Criteria title            | New, revised, |
|------------------|-------------|------------------------------------|---------------|
|                  | number      |                                    | annual review |
| October 21, 2019 | ING-CC-0077 | Palynziq (pegvaliase-pqpz)         | Revised       |
| October 21, 2019 | ING-CC-0051 | Enzyme Replacement Therapy for     | Reviewed      |
|                  |             | Gaucher Disease                    |               |
| October 21, 2019 | ING-CC-0061 | GnRH Analogs for the treatment of  | Revised       |
|                  |             | non-oncologic indications*         |               |
| October 21, 2019 | ING-CC-0076 | Nulojix (belatacept)               | Reviewed      |
| October 21, 2019 | ING-CC-0121 | Gazyva (obinutuzumab)              | Revised       |
| October 21, 2019 | ING-CC-0124 | Keytruda (pembrolizumab)           | Revised       |
| October 21, 2019 | ING-CC-0103 | Faslodex (fulvestrant)             | Revised       |
| October 21, 2019 | ING-CC-0003 | Immunoglobulins*                   | Revised       |
| October 21, 2019 | ING-CC-0048 | Spinraza (nusinersen)              | Revised       |
| October 21, 2019 | ING-CC-0008 | Subcutaneous Hormonal Implants     | Revised       |
|                  |             | (previously Testopel [testosterone |               |
|                  |             | implant])                          |               |
| October 21, 2019 | ING-CC-0031 | Intravitreal Corticosteroid        | Revised       |
|                  |             | Implants*                          |               |