

Medical drug benefit *Clinical Criteria* updates

On June 18, 2020, August 21, 2020, and November 20, 2020, the Pharmacy and Therapeutics (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. 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

Note: Per state requirements, Dell Children's Health Plan will not implement Step Therapy.

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 plan. This does not apply to pharmacy services.

Effective date	Document number	<i>Clinical Criteria</i> title	New or revised
March 19, 2021	ING-CC-0183*	Sogroya (somapacitan-beco)	New
March 19, 2021	ING-CC-0148*	Agents for Hemophilia B	Revised
March 19, 2021	ING-CC-0149*	Select Clotting Agents for Bleeding Disorders	Revised
March 19, 2021	ING-CC-0065	Agents for Hemophilia A and von Willebrand Disease	Revised
March 19, 2021	ING-CC-0125	Opdivo (nivolumab)	Revised
March 19, 2021	ING-CC-0119	Yervoy (ipilimumab)	Revised
March 19, 2021	ING-CC-0121*	Gazyva (obinutuzumab)	Revised
March 19, 2021	ING-CC-0002*	Colony Stimulating Factor Agents	Revised
March 19, 2021	ING-CC-0034*	Hereditary Angioedema Agents	Revised
March 19, 2021	ING-CC-0041*	Complement Inhibitors	Revised
March 19, 2021	ING-CC-0071*	Entyvio (vedolizumab)	Revised

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March 19, 2021	ING-CC-0064*	Interleukin-1 Inhibitors	Revised
March 19, 2021	ING-CC-0042*	Monoclonal Antibodies to Interleukin-17	Revised
March 19, 2021	ING-CC-0066*	Monoclonal Antibodies to Interleukin-6	Revised
March 19, 2021	ING-CC-0050*	Monoclonal Antibodies to Interleukin-23	Revised
March 19, 2021	ING-CC-0078*	Orencia (abatacept)	Revised
March 19, 2021	ING-CC-0063*	Stelara (ustekinumab)	Revised
March 19, 2021	ING-CC-0062*	Tumor Necrosis Factor Antagonists	Revised
March 19, 2021	ING-CC-0003*	Immunoglobulins	Revised
March 19, 2021	ING-CC-0039*	GamaSTAN [immune globulin (human)]	Revised
March 19, 2021	ING-CC-0073*	Alpha-1 Proteinase Inhibitor Therapy	Revised
March 19, 2021	ING-CC-0075	Rituximab Agents for Non-Oncologic Indications	Revised
March 19, 2021	ING-CC-0072	Selective Vascular Endothelial Growth Factor (VEGF) Antagonists	Revised
March 19, 2021	ING-CC-0107*	Bevacizumab for Non-Ophthalmologic Indications	Revised
March 19, 2021	ING-CC-0027*	Denosumab Agents	Revised
March 19, 2021	ING-CC-0019*	Zoledronic Acid Agents (Reclast, Zometa)	Revised
March 19, 2021	ING-CC-0011*	Ocrevus (ocrelizumab)	Revised
March 19, 2021	ING-CC-0174*	Kesimpta (ofatumumab)	Revised