

## Medical drug benefit *Clinical Criteria* updates

**Summary:** On August 21, 2020, November 20, 2020, and June 24, 2021, 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. 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
- 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 plan. This does not apply to pharmacy services.**

Effective date	Document number	<i>Clinical Criteria</i> title	New or revised
November 4, 2021	*ING-CC-0201	Rybrevent (amivantamab-vmjm)	New
November 4, 2021	*ING-CC-0042	Monoclonal Antibodies to Interleukin-17	Revised
November 4, 2021	*ING-CC-0050	Monoclonal Antibodies to Interleukin-23	Revised
November 4, 2021	ING-CC-0125	Opdivo (nivolumab)	Revised
November 4, 2021	ING-CC-0124	Keytruda (pembrolizumab)	Revised
November 4, 2021	*ING-CC-0102	GnRH Analogs for Oncologic Indications	Revised
November 4, 2021	ING-CC-0076	Nulojix (belatacept)	Revised
November 4, 2021	*ING-CC-0077	Palynziq (pegvaliase-pqpz)	Revised
November 4, 2021	ING-CC-0067	Prostacyclin Infusion and Inhalation Therapy	Revised
November 4, 2021	ING-CC-0194	Cabenuva (cabotegravir extended-release; rilpivirine extended-release) Injection	Revised