



Updates to Medical Drug Benefit *Clinical Criteria*

On August 21, 2020, and May 21, 2021, 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. If you have questions or need 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.

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
December 22, 2021	*ING-CC-0196	Zynlonta (loncastuximab tesirine-lpyl)	New
December 22, 2021	*ING-CC-0197	Jemperli (dostarlimab)	New
December 22, 2021	*ING-CC-0198	Relizorb (immobilized lipase) cartridge	New
December 22, 2021	*ING-CC-0199	Empaveli (pegcetacoplan)	New
December 22, 2021	ING-CC-0163	Durysta (bimatoprost implant)	Revised
December 22, 2021	*ING-CC-0111	Nplate (romiplostim)	Revised
December 22, 2021	*ING-CC-0137	Cablivi (caplacizumab-yhdp)	Revised
December 22, 2021	ING-CC-0165	Trodelvy (sacituzumab govitecan)	Revised
December 22, 2021	*ING-CC-0124	Keytruda (pembrolizumab)	Revised
December 22, 2021	*ING-CC-0128	Tecentriq (atezolizumab)	Revised
December 22, 2021	ING-CC-0099	Abraxane (paclitaxel, protein bound)	Revised
December 22, 2021	ING-CC-0098	Doxorubicin Liposome (Doxil, Lipodox)	Revised



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December 22, 2021	*ING-CC-0107	Bevacizumab for Non-Ophthalmologic Indications	Revised
December 22, 2021	ING-CC-0127	Darzalex (daratumumab)	Revised
December 22, 2021	ING-CC-0142	Somatuline Depot (lanreotide)	Revised
December 22, 2021	*ING-CC-0114	Jevtana (cabazitaxel)	Revised
December 22, 2021	ING-CC-0161	Sarclisa (isatuximab-irfc)	Revised
December 22, 2021	ING-CC-0120	Kyprolis (carfilzomib)	Revised
December 22, 2021	*ING-CC-0145	Libtayo (cemiplimab-rwlc)	Revised
December 22, 2021	ING-CC-0125	Opdivo (nivolumab)	Revised
December 22, 2021	*ING-CC-0032	Botulinum Toxin	Revised
December 22, 2021	*ING-CC-0160	Vyepti (eptinezumab)	Revised
December 22, 2021	*ING-CC-0066	Monoclonal Antibodies to Interleukin-6	Revised
December 22, 2021	ING-CC-0064	Interleukin-1 inhibitors	Revised
December 22, 2021	*ING-CC-0102	GNRH Analogs for Oncologic Indications	Revised