





















## Drug and Biologic Coverage Criteria

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SUMMARY OF REVIEW/REVISIONS	DATE
REVISION- Notable revisions: Age Restrictions Quantity FDA-Approved Uses Appendix Available Dosage Forms	Q4 2024
REVISION- Notable revisions: Required Medical Information Continuation of Therapy Age Restrictions Quantity FDA-Approved Uses Appendix Background Contraindications/Exclusions/Discontinuation References	Q2 2024
REVISION- Notable revisions: Required Medical Information Continuation of Therapy Other Special Considerations	Q1 2024
REVISION- Notable revisions: Required Medical Information Continuation of Therapy Age Restrictions FDA-Approved Uses Background References	Q2 2023
REVISION- Notable revisions: Required Medical Information Continuation of Therapy Prescriber Requirements Contraindications/Exclusions/Discontinuation Other Special Considerations References	Q1 2023
Q2 2022 Established tracking in new format	Historical changes on file