



Effective Date: 03/28/21

Buckeye Health Plan

Medicaid Criteria Updates –Q1 2021

Buckeye Health Plan (BHP) routinely reviews their Prior Authorization (PA) and Medical Necessity (MN) criteria. Decisions on PA and MN criteria content are coordinated with input from pharmacy and medical practitioners, Buckeye Health Plan representatives, and review of current available medical literature and professional standards of practice. Below is the list of changes to the Medicaid criteria this quarter.

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Policy/ Coverage Criteria Guideline	Applicable Business	Revision Summary Description
Clinically Significant Change(s)		
CP.PHAR.05 Hyaluronate derivatives	Commercial, HIM, Medicaid	Revised requirement for diagnosis confirmation by radiologic imaging – generalized to imaging beyond just radiologic type (i.e., to include MRIs); imaging reference added.
CP.PHAR.40 Octreotide Acetate (Sandostatin, Sandostatin LAR, Bynfezia, Mycapssa)	Commercial, HIM, Medicaid	1Q 2021 annual review: advanced adrenal pheochromocytoma /paraganglioma added per NCCN; references reviewed and updated.
CP.PHAR.59 Zoledronic Acid (Reclast, Zometa)	Commercial, HIM, Medicaid	1Q 2021 annual review: The MM/solid tumor common criteria line item, at risk for skeletal related event, is removed for solid tumor and for MM is replaced with receiving or initiating therapy for symptomatic disease per pivotal trials/NCCN; references reviewed and update.
CP.PHAR.63 Everolimus (Afinitor, Afinitor Disperz, Zortress)	Commercial, HIM, Medicaid	1Q 2021 annual review: oral oncology generic redirection language added; for HL, WM//LPL, thymoma, or thymic carcinoma, unresectable or disease not responding to previous therapy added; references reviewed and updated.
CP.PHAR.80 Vandetanib (Caprelsa)	Commercial, HIM, Medicaid	1Q 2021 annual review: commercial line of business added; oral oncology generic redirection language added; for lung cancer, recurrent, advanced, or metastatic disease added; references reviewed and updated.



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CP.PHAR.91 Vemurafenib (Zelboraf)	Commercial, HIM, Medicaid	1Q 2021 annual review: oral oncology generic redirection language added; recurrent/lymph node positive added to melanoma per NCCN; progressive/symptomatic added to thyroid carcinoma per NCCN; astrocytoma/oligodendroglioma use added per NCCN; CRC removed per NCCN; references reviewed and updated.
CP.PHAR.96 Naltrexone (Vivitrol)	Commercial, HIM, Medicaid	1Q 2021 annual review: added Commercial line of business; references reviewed and updated
CP.PHAR.97 Eculizumab (Soliris)	Commercial, HIM, Medicaid	1Q 2021 annual review: for PNH and aHUS, added requirement against concurrent use with Ultomiris; for NMOSD, specified that Ruxience is the preferred rituximab product; references reviewed and updated.
CP.PHAR.98 Ruxolitinib (Jakafi)	Commercial, HIM, Medicaid	1Q 2021 annual review: oral oncology generic redirection language added; for pediatric ALL, consolidation therapy and additional mutations added per NCCN; new myeloid/lymphoid and essential thrombocytopenia indications added per NCCN; references reviewed and updated.
CP.PHAR.100 Axitinib (Inlyta)	Commercial, HIM, Medicaid	1Q 2021 annual review: oral oncology generic redirection language added; for RCC, relapsed, stage IV, or metastatic disease added, clear cell histology restriction limited to combination therapy with Keytruda and Bacencio, single-agent first-line therapy added per NCCN; for thyroid carcinoma, persistent disease added per NCCN; references reviewed and updated.
CP.PHAR.106 Enzalutamide (Xtandi)	HIM, Medicaid	1Q 2021 annual review: oral oncology generic redirection language added; preferred formulations limited to tablets; references reviewed and updated.



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CP.PHAR.111 Cabozantinib (Cabometyx, Cometriq)	Commercial, HIM, Medicaid	1Q 2021 annual review: oral oncology generic redirection language added; for Cometriq, boxed warning removed; GIST added per NCCN; references reviewed and updated.
CP.PHAR.119 Ramucirumab (Cyramza)	Commercial, HIM, Medicaid	1Q 2021 annual review: added commercial line of business; NSCLC - EGFR mutation requirement added if therapy in combination with erlotinib; references reviewed and updated.
CP.PHAR.121 Nivolumab (Opdivo)	Commercial, HIM, Medicaid	RT4: FDA approved malignant pleural mesothelioma added. 1Q 2021 annual review: per FDA/NCCN as follows: for melanoma, unresectable, metastatic, or lymph node positive disease added; for NSCLC, single-agent therapy for TMB positive tumor added, combination therapy for RET rearrangement added, combination therapy changed from Yervoy and platinum doublet therapy to Yervoy plus/minus a platinum based regimen; for cHL, relapsed, refractory or progressive disease added, post HSCT replaced with prescribed as subsequent therapy; for HCC, Lenvima added as a prior therapy option; off-label pediatric Hodgkin lymphoma and vulvar cancer added; references reviewed and updated
CP.PHAR.126 Ibrutinib (Imbruvica)	Commercial, HIM, Medicaid	1Q 2021 annual review: oral oncology generic redirection language added; for MCL, NCCN directed language inserted to clarify combination therapy with rituximab; for CLL/SCC, histologic transformation combination therapy added per NCCN; for MZL, subtypes delineated for clarity, therapy trials broadened beyond rituximab per NCCN; for cGVHD, trial requirement edited to require a systemic corticosteroid and an immunosuppressant agent per NCCN and the Imbruvica



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		pivotal trial; Appendix B reorganized by B-cell lymphomas vs. other indications; references reviewed and updated.
CP.PHAR.166 Ferric Gluconate (Ferrlecit)	HIM, Medicaid	1Q 2021 annual review: added off-label dosing limits per label or practice guidelines for iron deficiency anemia without CKD; references reviewed and updated.
CP.PHAR.167 Iron Sucrose (Venofer)	HIM, Medicaid	1Q 2021 annual review: added off-label dosing limits per label or practice guidelines for iron deficiency anemia without CKD; references reviewed and updated.
CP.PHAR.180 Eltrombopag (Promacta)	Commercial, HIM, Medicaid	1Q 2021 annual review: for aplastic anemia clarified use either as first-line combination therapy or second-line as monotherapy, removed upper age limit for combination therapy per clinical trial baseline characteristics of study population; references reviewed and updated.
CP.PHAR.188 Teriparatide (Forteo)	Commercial, HIM, Medicaid	1Q 2021 annual review: removal of osteosarcoma black box warning per package insert update; references reviewed and updated.
CP.PHAR.212 Dornase alfa (Pulmozyme)	Commercial, HIM, Medicaid	1Q 2021 annual review: added commercial line of business; added age restriction of 5 years and older; references reviewed and updated.
CP.PHAR.235 Atezolizumab (Tecentriq)	Commercial, HIM, Medicaid	1Q 2021 annual review: for HCC, unresectable or metastatic removed to accommodate local disease per NCCN; references reviewed and updated.



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CP.PHAR.260 Rituximab (Rituxan, Ruxience, Truxima, Rituxan Hycela)	HIM, Medicaid	Added criteria for RAPID3 assessment for RA given limited in-person visits during COVID-19 pandemic, updated appendices.
CP.PHAR.283 Lomitapide (Juxtapid)	Commercial, Medicaid	1Q 2021 annual review: added requirement for adherence to statin therapy on re-auth; references reviewed and updated.
CP.PHAR.284 Mipomersen (Kynamro)	Commercial, Medicaid	1Q 2021 annual review: added requirement for adherence to statin therapy on re-auth; references reviewed and updated.
CP.PHAR.306 Ofatumumab (Arzerra, Kesimpta) ^	Commercial, HIM, Medicaid	RT2: added new subcutaneous dosage form Kesimpta to the policy for the treatment of multiple sclerosis; added primary progressive MS as a diagnosis not covered; added Commercial line of business to the policy.
CP.PHAR.319 Ipilimumab (Yervoy)	Commercial, HIM, Medicaid	RT4: FDA approved malignant pleural mesothelioma added. Ad hoc changes: melanoma unresectable/metastatic disease and lymph node positive disease criteria sets combined; for HCC, Lenvima added as a prior therapy option per NCCN; for NSCLC, single agent therapy for TMB positive tumor added and combination therapy for RET rearrangement added per NCCN, combination therapy changed from Yervoy and platinum doublet therapy to Yervoy plus/minus a platinum based regimen to accommodate NCCN recommended uses; references reviewed and updated.
CP.PHAR.326 Olaratumab (Lartruvo)	Commercial, HIM, Medicaid	Added Commercial line of business; removed initial approval criteria for soft tissue sarcoma; added criteria to continuation approval for soft tissue sarcoma requiring patient has not had disease progression on Lartruvo; added Appendix E: FDA update due to ANNOUNCE trial results; references reviewed and updated.



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CP.PHAR.333 Avelumab (Bavencio)	Commercial, HIM, Medicaid	1Q 2021 annual review: for UC, recurrent disease added per NCCN, and platinum-based chemotherapy history added per label and NCCN; gestational trophoblastic neoplasia off-label use added per NCCN; references reviewed and updated.
CP.PHAR.350 Rucaparib (Rubraca)	Commercial, HIM, Medicaid	RT4: mCRPC label update to require FDA-approved diagnostic test - no change to mCRPC indication. 1Q 2021 annual review: oral oncology generic redirection language added; for ovarian cancer, single-agent therapy clarification added; references reviewed and updated.
CP.PHAR.360 Olaparib (Lynparza)	Commercial, HIM, Medicaid	1Q 2021 annual review: added new template language regarding redirection to generic if available for oral oncology agents; references reviewed and updated.
CP.PHAR.361 Tisagenlecleucel (Kymriah)	Commercial, HIM, Medicaid	1Q 2021 annual review: clarified acceptable types of LBCL diagnoses per FDA indication and NCCN compendium; for ALL removed exclusion for active CNS disease per NCCN support for use in extramedullary disease; references reviewed and updated
CP.PHAR.362 Axicabtagene ciloleucel (Yescarta)	Commercial, HIM, Medicaid	1Q 2021 annual review: clarified acceptable types of LBCL diagnoses per FDA indication and NCCN compendium; references reviewed and updated
CP.PHAR.366 Acalabrutinib (Calquence)	Commercial, Medicaid	1Q 2021 annual review: oral oncology generic redirection language added; WM/LPL added per NCCN; references reviewed and updated.
CP.PHAR.368 Pemetrexed (Alimta, Pefexy)	HIM, Medicaid	1Q 2021 annual review: induction therapy offered for primary CNS lymphoma per NCCN; urothelial carcinoma off-label use removed per NCCN; references reviewed and updated



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CP.PHAR.402 Emapalumab-lzsg (Gamifant)	Commercial, HIM, Medicaid	1Q 2021 annual review: added criteria for diagnosis confirmation per clinical trial inclusion criteria and competitor market analysis; references reviewed and updated.
CP.PHAR.407 Lusutrombopag (Mulpleta)	Commercial, HIM, Medicaid	1Q 2021 annual review: added requirement that Mulpleta is not prescribed concurrently with other thrombopoietin receptor agonists; references reviewed and updated.
CP.PHAR.408 Niraparib (Zejula)	Commercial, Medicaid	1Q 2021 annual review: added new template language regarding redirection to generic if available for oral oncology agents; references reviewed and updated.
CP.PHAR.409 Talazoparib (Talzenna)	Commercial, HIM, Medicaid	1Q 2021 annual review: updated dose limits given renal impairment adjustments would exceed 1 capsule per day; added new template language regarding redirection to generic if available for oral oncology agents; references reviewed and updated.
CP.PHAR.410 Bortezomib (Velcade)	Commercial, HIM, Medicaid	1Q 2021 annual review: AIDS-related Kaposi sarcoma pediatric HL NCCN recommended uses added; references reviewed and updated.
CP.PHAR.411 Amifampridine (Firdapse, Ruzurgi)	Commercial, HIM, Medicaid	1Q 2021 annual review: added requirement for diagnostic testing to confirm diagnosis; references reviewed and updated
CP.PHAR.412 Gilteritinib (Xospata)	Commercial, HIM, Medicaid	1Q 2021 annual review: oral oncology generic redirection language added; TKI trials removed from AML given increased Xospata NCCN rating from 2A to 1; AML continuing therapy duration increased to 12 months; MLNE NCCN recommended use added; references reviewed and updated.



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CP.PHAR.413 Glasdegib (Daurismo)	Commercial, HIM, Medicaid	1Q 2021 annual review: oral oncology generic redirection language added; references reviewed and updated.
CP.PHAR.414 Larotrectinib (Vitrakvi)	Commercial, HIM, Medicaid	1Q 2021 annual review: oral oncology generic redirection language added; tumor subtype and subsequent therapy restrictions removed per NCCN; kinase resistance mutation confirmation added/if known, exclusion added (Section III); references reviewed and updated.
CP.PHAR.415 Ravulizumab-cwvz (Ultomiris)	Commercial, HIM, Medicaid	1Q 2021 annual review: removed “TBD HIM” line of business since Ultomiris is NF for HIM while there are therapeutic alternatives on F (e.g., Soliris); added HIM-Medical Benefit; added requirement against concurrent use with Soliris; RT4: added new strength vials- 300 mg/3 mL and 1,100 mg/11 mL; references reviewed and updated.
CP.PHAR.452 Tazemetostat (Tazverik)	Commercial, HIM, Medicaid	1Q 2021 annual review: oral oncology generic redirection language added; for FL, EZH2 wild type mutation status clarified as negative, and unknown mutation status added for completeness; references reviewed and updated.
CP.PHAR.454 Avapritinib (Ayvakit)	Commercial, HIM, Medicaid	1Q 2021 annual review: oral oncology generic redirection language added; NCCN recommended use for myeloid/lymphoid neoplasm added; references reviewed and updated.
CP.PHAR.455 Enfortumab Vedotin-ejfv (Padcev)	HIM, Medicaid	1Q 2021 annual review: recurrent UC added and trial settings (e.g., neoadjuvant) removed to encompass NCCN recommended uses; references reviewed and updated.



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CP.PHAR.456 Fam-trastuzumab deruxtecan-nxki (Enhertu)	Commercial, HIM, Medicaid	1Q2021 annual review: recurrent breast cancer added per NCCN; therapeutic alternatives and references reviewed and updated.
CP.PHAR.463 Satralizumab-mwge (Enspryng) ^	Commercial, HIM, Medicaid	1Q 2021 annual review: drug is now FDA approved - criteria updated per FDA labeling: added requirement that member does not have active HBV or TB since both are contraindications; added requirement against concurrent use with rituximab, Soliris, or Uplizna; references reviewed and updated.
CP.PHAR.464 Selumetinib (Koselugo)	Commercial, HIM, Medicaid	1Q 2021 annual review: clarified PNs are inoperable as per FDA label; references reviewed and updated.
CP.PHAR.467 Zanubrutinib (Brukinsa)	Commercial, HIM, Medicaid	1Q 2021 annual review: oral oncology generic redirection language added; references reviewed and updated.
CP.PHAR.472 Brexucabtagene autoleucel (Tecartus)	Commercial, HIM, Medicaid	1Q 2021 annual review: clarified CNS disease should be ruled out by MRI; references reviewed and updated.
CP.PMN.20 Aspirin-dipyridamole (Aggrenox)	HIM, Medicaid	1Q 2021 annual review: added generic redirection language to initial and continuation criteria; references reviewed and updated.
CP.PMN.22 Brand Name Override	Medicaid	1Q 2021 annual review: added language to require use of preferred biosimilars if available; references reviewed and updated.



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CP.PMN.104 Tasimelteon (Hetlioz)	Commercial, HIM, Medicaid	1Q 2021 annual review: modified initial approval duration from 6 to 12 months; references reviewed and updated. RT4: added new dosage form Hetlioz LQ and new indication for nighttime sleep disturbances in SMS; for non-24 added age 18 or older and requirement that request is for Hetlioz per updated prescribing information.
CP.PMN.199 Esketamine (Spravato)	Commercial, HIM, Medicaid	Criteria for major depressive disorder with suicidal ideation or behavior revised to state: member is recently (within the last 5 days) discharged from “or currently in an” acute or subacute inpatient care for suicidality.
CP.PMN.212 Bedaquiline (Sirturo)	Commercial, HIM, Medicaid	1Q 2021 annual review: added Commercial line of business, for requests in combination with Pretomanid revised prescriber requirement from infectious disease specialist to an expert in the treatment of tuberculosis; references reviewed and updated.
CP.PMN.221 Pitolisant (Wakix)	Commercial, HIM, Medicaid	1Q 2021 annual review: RT4: updated criteria to reflect expansion of FDA indication to include cataplexy; updated hypersensitivity contraindication based on label updates; references reviewed and updated.
CP.PMN.223 Rifabutin (Mycobutin), Rifabutin, omeprazole, amoxicillin (Talia)	HIM, Medicaid	1Q21 annual review: added “off-label” for Mycobutin for <i>H. pylori</i> infection; added redirection to generic rifabutin in initial and continuation criteria; references reviewed and updated.
New		



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CP.PHAR.515 Avacopan (CCX168)	Commercial, HIM, Medicaid	Policy created.
CP.PHAR.516 Fostemsavir (Rukobia)	Commercial, HIM, Medicaid	Policy created.
CP.PHAR.517 Human Growth Hormone (Somapacitan, Somatropin)	Medicaid	Policy created.
CP.PHAR.518 Mannitol (Bronchitol) ^	Commercial, HIM, Medicaid	Policy created.
CP.PMN.257 Clascoterone (Winlevi)	Commercial, HIM, Medicaid	Policy created.
CP.PMN.258 Conjugated estrogens-bazedoxifene (Duavee)	HIM, Medicaid	Policy created.
CP.PMN.260 Loteprednol etabonate (Eysuvis)	Commercial, HIM, Medicaid	Policy created.



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CP.PMN.261 Dichlorphenamide (Keveyis)	Commercial, HIM, Medicaid	Policy created.
No Significant Change(s)		
CP.PHAR.01 Omalizumab (Xolair)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.24 Fostamatinib (Tavalisse)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.43 Sapropterin (Kuvan)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.52 Interferon Gamma- 1b (Actimmune)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.58 Denosumab (Prolia Xgeva)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.



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CP.PHAR.84 Abiraterone (Zytiga, Yonsa)	Commercial, HIM, Medicaid	Q 2021 annual review: no significant changes; updated <i>Appendix D</i> based on NCCN Prostate Cancer Version 02.2020; references reviewed and updated.
CP.PHAR.94 Alpha1-Proteinase Inhibitors	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.101 Mifepristone (Korlym)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.115 Pegloticase (Krystexxa)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; added requirement in continued therapy that member is not concurrently taking other oral urate-lowering therapy to Section I for initial approval; references reviewed and updated.
CP.PHAR.165 Ferumoxytol (Feraheme)	HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.168 Corticotropin (H.P. Acthar)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.179 Romiplostim (Nplate)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.



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CP.PHAR.181 Hemin (Panhematin)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.184 Aflibercept (Eylea)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; converted HIM-Medical Benefit to HIM line of business; references reviewed and updated
CP.PHAR.185 Pegaptanib (Macugen)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes, added HIM LOB; references reviewed and updated.
CP.PHAR.186 Ranibizumab (Lucentis)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.187 Verteporfin (Visudyne)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; added HIM line of business; references reviewed and updated.
CP.PHAR.189 Ibandronate injection (Boniva)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated
CP.PHAR.203 Cosyntropin (Cortrosyn)	HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.



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CP.PHAR.204 Trabectedin (Yondelis)	HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.206 Carglumic acid (Carbaglu)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; added maximum initial and maintenance dose requirement; references reviewed and updated.
CP.PHAR.207 Glycerol phenylbutyrate (Ravicti)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.208 Sodium phenylbutyrate (Buphenyl)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.214 Desmopressin (DDAVP, Stimite, Nocdurna, Noctiva)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; removed reference to non-formulary HIM policy for Nocdurna and Noctiva requests; references reviewed and updated.
CP.PHAR.223 Reslizumab (Cinqair)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.234 Ferric Carboxymaltose (Injectafer)	HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.



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CP.PHAR.282 Parathyroid hormone (Natpara)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.288 Eteplirsen (Exondys 51)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.289 Buprenorphine (Probuphine, Sublocade)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.300 Bezlotoxumab (Zinplava)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.301 Erwinia Asparaginase (Erwinaze)	HIM, Medicaid	1Q 2021 annual review: no significant changes; Oncospar dosing updated; references reviewed and updated.
CP.PHAR.327 Nusinersen (Spinraza)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.329 Siltuximab (Sylvant)	HIM, Medicaid	1Q 2021 annual review: lab parameters removed from criteria sets given they do not represent a treatment contraindication; no significant changes; references reviewed and updated.



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Buckeye Health Plan (BHP) routinely reviews their Prior Authorization (PA) and Medical Necessity (MN) criteria. Decisions on PA and MN criteria content are coordinated with input from pharmacy and medical practitioners, Buckeye Health Plan representatives, and review of current available medical literature and professional standards of practice. Below is the list of changes to the Medicaid criteria this quarter.

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CP.PHAR.330 Protein C Concentrate Human (Ceprotrin)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.331 Deflazacort (Emflaza)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.367 Letemovir (Prevymis)	Commercial, HIM- Medical Benefits, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.371 Triamcinolone ER Injection (Zilretta)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.372 Voretigene neparvovec-rzyl (Luxturna)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; converted HIM-Medical Benefit to HIM line of business; references reviewed and updated
CP.PHAR.388 Chloramphenicol	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.



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CP.PHAR.405 Inotersen (Tegsedi)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.428 Romosozumab-aqqg (Evenity)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.444 Afamelanotide (Scenesse)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.445 Brolocizumab (Beovu)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.446 Flibanserin (Addyi)	Commercial, HIM, Medicaid	1Q 2021 annual review: added HIM line of business; no significant changes; references reviewed and updated.
CP.PHAR.449 Crizanlizumab-tmca (Adakveo)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.



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CP.PHAR.450 Luspatercept-aamt (Reblozyl)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.451 Voxelotor (Oxbryta)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.453 Golodirsen (Vyondys 53)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.457 Givosiran (Givlaari)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.458 Inebilizumab-cdon (Uplizna)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.459 Iobenguane I 131 (Azedra)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.



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CP.PHAR.460 Monomethyl fumarate (Bafiertam)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.461 Nadofaragene Firadenovec (Instiladrin)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated.
CP.PHAR.462 Ozanimod (Zeposia)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.465 Teprotumumab (Tepezza)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.466 Valoctocogene Roxaparvovec	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes as drug is not FDA-approved; references reviewed and updated.
CP.PHAR.484 Viltolarsen (Viltepso)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated
CP.PHAR.489 Eptinezumab (Vyepsti)	Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.



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CP.PMN.05 Rifapentine (Priftin)	Commercial, Medicaid	1Q 2021 annual review: no significant changes; results reviewed and updated
CP.PMN.21 Becaplermin (Regranex)	Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.27 Linezolid (Zyvox)	HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.62 Tedizolid (Sivextro)	HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.90 Benznidazole	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and reviewed.
CP.PMN.93 Dextromethorphan- Quinidine (Nuedexta)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and reviewed.
CP.PMN.99 Prasterone (Intrarosa)	Commercial, HIM, Medicaid	1Q 2021 annual review: HIM line of business added; no significant changes; references reviewed and updated.
CP.PMN.103 Secnidazole (Solosec)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.



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CP.PMN.151 QL of Blood Glucose Test Strips Not Receiving insulin	Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.158 Netupitant and Palonosetron (Akynzeo)	HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.159 Dronabinol (Marinol, Syndros)	Commercial, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.160 Nabilone (Cesamet)	Commercial, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.186 Cenegermin-bkbj (Oxervate)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.217 Istradefylline (Nourianz)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.218 Lasmiditan (Reyvow)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.219 Lefamulin (Xenleta)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.



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CP.PMN.220 Peanut allergen powder (Palforzia)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.222 Pretomanid	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.224 Tenapanor (Ibsrela)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.225 Trifarotene (Aklief)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.231 Cenobamate (Xcopri)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; removed HIM-Medical Benefit; references reviewed and updated
CP.PMN.232 Lumateperone (Caplyta)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; removed HIM-Medical Benefit; references reviewed and updated
Retired		



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CP.PHAR.55 Somatropin (Human Growth Hormones)	Medicaid	Retired, replaced by CP.PHAR.517 Human Growth Hormone (Somapacitan, Somatropin)
CP.PMN.07 Xopenex HFA/Inhalation Solution	HIM, Medicaid	Retired, replaced by CP.PMN.259 Inhaled Agents for Asthma and COPD
CP.PMN.31 Advair Diskus/HFA	Medicaid	Retired, replaced by CP.PMN.259 Inhaled Agents for Asthma and COPD
CP.PMN.146 Trelegy Ellipta	Medicaid	Retired, replaced by CP.PMN.259 Inhaled Agents for Asthma and COPD
CP.PMN.147 Utibron Neohaler	Medicaid	Retired, replaced by CP.PMN.259 Inhaled Agents for Asthma and COPD
CP.PMN.148 Anoro Ellipt	Medicaid	Retired, replaced by CP.PMN.259 Inhaled Agents for Asthma and COPD
CP.PMN.200 Duaklir Pressair	Medicaid	Retired, replaced by CP.PMN.259 Inhaled Agents for Asthma and COPD
CP.PMN.201 Brovana	Medicaid	Retired, replaced by CP.PMN.259 Inhaled Agents for Asthma and COPD
CP.PMN.203 Arcapta Neohaler	Medicaid	Retired, replaced by CP.PMN.259 Inhaled Agents for Asthma and COPD
CP.PMN.204 Striverdi Respimat	Medicaid	Retired, replaced by CP.PMN.259 Inhaled Agents for Asthma and COPD
CP.PMN.229 Breo Ellipta	Medicaid	Retired, replaced by CP.PMN.259 Inhaled Agents for Asthma and COPD
CP.PMN.230 Dulera	Medicaid	Retired, replaced by CP.PMN.259 Inhaled Agents for Asthma and COPD
CP.PST.17 Atomoxetine (Strattera)	Medicaid	Retired, combined in with CP.PST.01

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