



Effective Date: 06/28/21

## Buckeye Health Plan Medicaid Criteria Updates –Q2 2021

**B**uckeye 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
<b>Clinically Significant Change(s)</b>		
CP.PHAR.16 Palivizumab (Synagis)	Commercial, HIM, Medicaid	2Q 2021 annual review: per prescribing information, added requirement for continued therapy that member will not reach 24 months of age at the start of RSV season
CP.PHAR.43 Sapropterin (Kuvan)	Commercial, HIM, Medicaid	2Q 2021 annual review: to align with the previously Corporate-approved approach for the treatment of PKU, added requirements for a Phe-restricted diet and excluded coverage of concurrent use of Kuvan and Palynziq; references reviewed and updated.
CP.PHAR.50 Binimetinib (Mektovi)	Commercial, HIM, Medicaid	2Q 2021 annual review: removed colorectal cancer off-label use as it is no longer included in the NCCN Compendium; oral oncology generic redirection language added; references reviewed and updated.
CP.PHAR.60 Capecitabine (Xeloda)	HIM, Medicaid	2Q 2021 annual review: revised medical justification language for not using generic capecitabine to “must use” language and added this to continued therapy criteria; removed the criteria for prescribing as single agent or in combination with temozolomide for the indication of neuroendocrine tumor of the pancreas as capecitabine can be prescribed as part of other regimens per NCCN; removed the differentiation of neuroendocrine tumor of the gastrointestinal tract, lung, or thymus as there are several different supported indications per NCCN; added NCCN-supported indication of squamous cell skin cancer; references reviewed and updated.



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CP.PHAR.65 Imatinib (Gleevec)	Commercial, HIM, Medicaid	2Q 2021 annual review: added off-label indication for myeloid/lymphoid neoplasm with eosinophilia and tyrosine kinase fusion genes; added generic redirection language to “must use” since oral oncology product; references reviewed and updated.
CP.PHAR.68 Gefitinib (Iressa)	Commercial, HIM, Medicaid	2Q 2021 annual review: oral oncology generic redirection language added; references reviewed and updated.
CP.PHAR.69 Sorafenib (Nexavar)	Commercial, HIM, Medicaid	2Q 2021 annual review: clarified RCC criteria to be advanced RCC per PI; added requirement for Child-Pugh class A or B7 for HCC per NCCN; added requirement for disease progression to include Qinlock for GIST as 4th line therapy per off-label recommendation of NCCN category 2A; references reviewed and updated.
CP.PHAR.71 Lenalidomide (Revlimid)	Commercial, HIM, Medicaid	2Q 2021 annual review: per NCCN Compendium modified the following - for MCL removed optional use as second-line therapy as a single agent; consolidated off-label use for primary CNS lymphoma and expanded use to members unsuitable or intolerant to high-dose methotrexate; for classic Hodgkin lymphoma clarified use is for third-line or subsequent therapy and removed optional use as palliative therapy. Oral oncology generic redirection language added; references reviewed and updated.
CP.PHAR.72 Dasatinib (Sprycel)	Commercial, HIM, Medicaid	2Q 2021 annual review: added off-label indication myeloid/lymphoid neoplasms with eosinophilia and ABL1 rearrangement in chronic phase; added generic redirection language to “must use” since oral oncology product; added standard oral oncology generic redirection language; references reviewed and updated.



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CP.PHAR.73 Sunitinib (Sutent)	Commercial, HIM, Medicaid	2Q 2021 annual review: clarified Sutent use in PNET be as a single agent per NCCN; added NCCN-supported indications of myeloid/lymphoid neoplasms with eosinophilia and alveolar soft part sarcoma; removed “second line therapy” from off-label thymic carcinoma indication per NCCN
CP.PHAR.74 Erlotinib (Tarceva)	Commercial, HIM, Medicaid	2Q 2021 annual review: oral oncology generic redirection language added
CP.PHAR.75 Bexarotene (Targretin Capsules, Gel)	Commercial, HIM, Medicaid	2Q 2021 annual review: added off-label indication for Mycosis Fungoides/Sezary Syndrome
CP.PHAR.77 Temozolomide (Temodar)	HIM, Medicaid	2Q 2021 annual review: added anaplastic glioma as an off-label NCCN-supported category 2A indication; modified the following off-label indications to align with NCCN recommended category 1 or 2A ratings: brain metastases, small cell lung cancer, pleomorphic rhabdomyosarcoma, solitary fibrous tumor, uterine sarcoma, and uveal melanoma; removed off-label indication of primary cutaneous anaplastic large cell lymphoma as this is no longer supported by NCCN; revised requirement of medical justification for inability to use generic temozolomide to “must use” language and added it to continued therapy criteria; contraindications added in Appendix C
CP.PHAR.78 Thalidomide (Thalomid)	Commercial, HIM, Medicaid	2Q 2021 annual review: added hematology specialist option to MM and myeloproliferative neoplasm indications; removed “hyaline vascular histology” requirement from MCD to align with NCCN removal; added criteria for corticosteroid-refractory immune reconstitution inflammatory syndrome in Kaposi sarcoma per NCCN



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CP.PHAR.88 Belimumab (Benlysta)	Commercial, HIM, Medicaid	RT4: added criteria to reflect new indication for lupus nephritis in adults and aligned with Lupkynis (voclosporin)
CP.PHAR.90 Crizotinib (Xalkori)	Commercial, HIM, Medicaid	2Q 2021 annual review: RT4: updated with FDA-approved indication for ALCL (previously included as an NCCN supported off-label use) with age 1 year or older and dosing limits per label; oral oncology generic redirection language added
CP.PHAR.105 Bosutinib (Bosulif)	Commercial, HIM, Medicaid	2Q 2021 annual review: added that member does not have any of the following mutations: T315I, V299L, G250E, or F317L per NCCN; added generic redirection language to “must use” since oral oncology product; added approval criteria for myeloid/lymphoid neoplasm with eosinophilia and tyrosine kinase fusion genes; added that member has contraindication, intolerance, or disease progression on imatinib
CP.PHAR.107 Regorafenib (Stivarga)	Commercial, HIM, Medicaid	2Q 2021 annual review: added NCCN-supported uses to indications, such as regorafenib use as a single agent for most indications, advanced or metastatic disease distinction for CRC, expanded past treatment options for HCC in Appendix B, Child-Pugh class A disease for HCC, and off-label soft-tissue sarcoma additions; added off-label policy references to initial criteria section; references reviewed and updated.
CP.PHAR.108 Omecetaxine (Synribo)	Commercial, HIM, Medicaid	2Q 2021 annual review: added, Member has experienced resistance, toxicity, or intolerance to prior therapy with two or more TKIs (e.g., imatinib, bosutinib, dasatinib, nilotinib, ponatinib); references reviewed and updated.



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CP.PHAR.112.Ponatinib (Iclusig)	Commercial, HIM, Medicaid	2Q 2021 annual review: added, Member has experienced resistance, toxicity, or intolerance to prior therapy with two or more TKIs (e.g., imatinib, bosutinib, dasatinib, nilotinib, ponatinib) for CML and ALL; allowed option for T315I mutation to bypass prior TKIs for CML; (replaces HIM.PHAR.21); references reviewed and updated.
CP.PHAR.116 Pomalidomide (Pomalyst)	Commercial, HIM, Medicaid	2Q 2021 annual review: added hematology specialist option to MM and amyloidosis indications; for systemic light chain amyloidosis, added requirement for combination with dexamethasone per NCCN; references reviewed and updated.
CP.PHAR.120 Sipuleucel-T (Provenge)	Commercial, Medicaid	2Q 2021 annual review: added that member has no or minimal symptoms without visceral metastases with greater than 6 months of life expectancy and an ECOG status of 0 to 1 per NCCN; references reviewed and updated.
CP.PHAR.127 Encorafenib (Braftovi)	Commercial, HIM, Medicaid	2Q 2021 annual review: oral oncology generic redirection language added; references reviewed and updated.
CP.PHAR.152 Laronidase (Aldurazyme)	Commercial, HIM, Medicaid	2Q 2021 annual review: clarified the covered subtypes of MPS I, to align with the FDA-approved indication; references reviewed and updated.
CP.PHAR.158 Agalsidase beta (Fabrazyme)	Commercial, HIM, Medicaid	2Q 2021 annual review: added a requirement for a clinical geneticist specialist and no concomitant use with Galafold, in line with the previously P&T-approved approach for Fabry disease for Galafold; references reviewed and updated.



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CP.PHAR.176 Paclitaxel protein-bound (Abraxane)	Commercial, HIM, Medicaid	2Q 2021 annual review: clarified NSCLC to be recurrent, advanced or metastatic per NCCN and revised requirement of medical justification for inability to use paclitaxel to “must use” language; clarified hepatic cholangiocarcinoma as “cholangiocarcinoma,” unresectable or metastatic and Abraxane prescribed in combination with gemcitabine per NCCN; references reviewed and updated.
CP.PHAR.206 Carglumic acid (Carbaglu)	Commercial, HIM, Medicaid	RT4: added new indication as adjunctive therapy for acute hyperammonemia due to PA or MMA.
CP.PHAR.227 Pertuzumab (Perjeta)	Commercial, HIM, Medicaid	2Q 2021 annual review: added requirement for BRAF wild-type disease for off-label indication of colorectal cancer per NCCN; added NCCN compendium-supported indication of salivary gland tumors and combined with colorectal cancer criteria; references reviewed and updated.
CP.PHAR.228 Trastuzumab Biosimilars Trastuzumab-Hyaluronidase	Commercial, HIM, Medicaid	2Q 2021 annual review: revised requirement of medical justification for inability to use preferred Ogivri or Trazimera to “must use” language; added choice of oxaliplatin, in addition to cisplatin, for combination treatment of gastric cancers per NCCN; updated product availability for Herceptin and Kanjinti; updated appendix E to include Ohio; references reviewed and updated.
CP.PHAR.229 Ado-trastuzumab (Kadcyla)	Commercial, HIM, Medicaid	2Q 2021 annual review: combined NSCLC and new off-label salivary gland tumor indications supported by NCCN into one off-label section under I.B.; references reviewed and updated.
CP.PHAR.230 AbobotulinumtoxinA (Dysport)	Commercial, HIM, Medicaid	2Q 2021 annual review: treatment plan requirement detailing number of Units per site and treatment session is changed to per indication and treatment session; treatment of multiple indications restriction removed and replaced with total treatment dose limitation (Section III); off-label uses added as follows per previously approved clinical guidance: adults (OAB/urinary incontinence,



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		migraine, AH, blepharospasm, strabismus, sialorrhea, LD, OMD, UE dystonia, UE essential tremor; EA, HD, IAS achalasia, CAF; references reviewed and updated.
CP.PHAR.231 IncobotulinumtoxinA (Xeomin)	Commercial, HIM, Medicaid	2Q 2021 annual review: chronic sialorrhea age updated to include pediatrics per FDA label; treatment plan requirement detailing number of Units per site and treatment session is changed to per indication and treatment session; treatment of multiple indications restriction removed and replaced with total treatment dose limitation (Section III); off-label uses added as follows per previously approved clinical guidance: adults (lower limb spasticity, OAB/urinary incontinence, migraine, AH, OMD, UE dystonia, UE essential tremor; references reviewed and updated.
CP.PHAR.232 OnabotulinumtoxinA (Botox)	Commercial, HIM, Medicaid	2Q 2021 annual review: spasticity step therapy criteria updated; treatment plan requirement detailing number of Units per site and treatment session is changed to per indication and treatment session; treatment of multiple indications restriction removed and replaced with total treatment dose limitation (Section III); RT4: added newly FDA-approved diagnosis of pediatric detrusor overactivity; references reviewed and updated.
CP.PHAR.239 Dabrafenib (Tafinlar)	Commercial, HIM, Medicaid	2Q 2021 annual review: removed colorectal cancer off-label use as it is no longer included in the NCCN Compendium; oral oncology generic redirection language added references reviewed and updated.
CP.PHAR.240 Trametinib (Mekinist)	Commercial, HIM, Medicaid	2Q 2021 annual review: removed colorectal cancer off-label use as it is no longer included in the NCCN Compendium; oral oncology generic redirection language added; references reviewed and updated.



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CP.PHAR.246 Canakinumab (Ilaris)	Commercial, HIM, Medicaid	2Q 2021 annual review: added requirements to confirm diagnosis/severity for periodic fever syndromes; added combination of bDMARDs under Section III; references reviewed and updated.
CP.PHAR.254 Infliximab (Avsola, Inflectra, Remicade, Renflexis)	Medicaid	2Q 2021 annual review: added additional criteria related to diagnosis of chronic severe PsO per 2019 AAD/NPF guidelines specifying at least 10% BSA involvement or involvement of areas that severely impact daily function; added combination of bDMARDs under Section III; updated CDAI table with “>” to prevent overlap in classification of severity; references reviewed and updated.
CP.PHAR.258 Mitoxantrone (Novantrone)	Commercial, HIM, Medicaid	2Q 2021 annual review: lymphoma: updated use in Hodgkin lymphoma and T-cell prolymphocytic leukemia per NCCN; references reviewed and updated.
CP.PHAR.260 Rituximab (Rituxan, Riabni, Ruxience, Truxima, Rituxan Hycela)	HIM, Medicaid	2Q 2021 annual review: added GVHD (2A) to NCCN Compendium (off-label) section; ensured alignment of biosimilars with Rituxan throughout policy; RT4: added recently FDA-approved biosimilar Riabni to all policy criteria applicable to Rituxan; added combination of bDMARDs under Section III (less rebate risk than embedding in criteria); updated CDAI table with “>” to prevent overlap in classification of severity; references reviewed and updated.
CP.PHAR.264 Ustekinumab (Stelara)	Medicaid	2Q 2021 annual review: added additional criteria related to diagnosis of moderate-to-severe PsO per 2019 AAD/NPF guidelines specifying at least 3% BSA involvement or involvement of areas that severely impact daily function; added combination of bDMARDs under Section III; references reviewed and updated.
CP.PHAR.265 Vedolizumab (Entyvio)	Medicaid	2Q 2021 annual review: added combination of bDMARDs under Section III; references reviewed and updated.



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CP.PHAR.266 Rilonacept (Arcalyst)	Commercial, HIM, Medicaid	2Q 2021 annual review: RT4: added criteria for new indication of DIRA; added requirements to confirm diagnosis/severity for CAPS; added combination of bDMARDs under Section III (less rebate risk than embedding in criteria); references reviewed and updated.
CP.PHAR.272 Sonidegib (Odomzo)	Commercial, HIM, Medicaid	2Q 2021 annual review: added BCC criteria for diagnosis of locally advanced BCC, previous surgery or radiation therapy if eligible, and use as a single agent, as these criteria are supported by the FDA label and/or NCCN; reference reviewed and updated.
CP.PHAR.273 Vismodegib (Erivedge)	Commercial, HIM, Medicaid	2Q 2021 annual review: added BCC criteria for diagnosis of advanced, recurrent or metastatic BCC, previous surgery or radiation therapy if eligible, and use as a single agent for both BCC and medulloblastoma, as these are all supported by the FDA label and/or NCCN; reference reviewed and updated.
CP.PHAR.294 Osimertinib (Tagrisso)	Commercial, HIM, Medicaid	2Q 2021 annual review: RT4: added new indication for use in the adjuvant setting; oral oncology generic redirection language added; references reviewed and updated.
CP.PHAR.306 Ofatumumab (Arzerra, Kesimpta)	Commercial, HIM, Medicaid	2Q 2021 annual review: CLL/SLL- added specific requirements if request is for use as first-line therapy per NCCN and FDA; references reviewed and updated.
CP.PHAR.316 Cabazitaxel (Jevtana)	HIM, Medicaid	2Q 2021 annual review: allowed bypassing prior docetaxel if not a candidate for or are intolerant of docetaxel per NCCN; added that Jevtana continues to be prescribed with steroids; references reviewed and updated.



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CP.PHAR.319 Ipilimumab (Yervoy)	Commercial, HIM, Medicaid	2Q 2021 annual review: clarified RCC as “advanced or metastatic” per NCCN and prescribing information, removed SCLC from off-label indications as this is no longer supported by NCCN, and removed boxed warning from Appendix C per prescribing information; references reviewed and updated.
CP.PHAR.339 Durvalumab (Imfinzi)	Commercial, HIM, Medicaid	2Q 2021 annual review: removed criteria for bladder cancer as the FDA labeled indication was withdrawn by the manufacturer based on confirmatory trial results; added coverage for stage II NSCLC per NCCN 2A recommendation; revised dosing for all indications per updated FDA label; references reviewed and updated.
CP.PHAR.342 Brigatinib (Alunbrig)	Commercial, HIM, Medicaid	2Q 2021 annual review: added NCCN supported use in ALK positive IMT; oral oncology generic redirection language added; references reviewed and updated.
CP.PHAR.343 Edaravone (Radicava)	Commercial, HIM, Medicaid	2Q 2021 annual review: added Appendix C for contraindications/boxed warnings and hence renamed previous Appendix C to Appendix D; updated section V administration to align with FDA-labeling; references reviewed and updated.
CP.PHAR.344 Midostaurin (Rydapt)	Commercial, HIM, Medicaid	2Q 2021 annual review: added generic redirection language to “must use” since oral oncology product; added off-label indication for myeloid/lymphoid neoplasm with eosinophilia and FGFR1 or FLT3 rearrangements in blast phase; added standard oncology generic redirection language; references reviewed and updated.
CP.PHAR.349 Ceritinib (Zykadia)	Commercial, HIM, Medicaid	2Q 2021 annual review: oral oncology generic redirection language added; references reviewed and updated.



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CP.PHAR.369 Alectinib (Alecensa)	Commercial, HIM, Medicaid	2Q 2021 annual review: oral oncology generic redirection language added; references reviewed and updated.
CP.PHAR.376 Apalutamide (Erleada)	Commercial, HIM, Medicaid	2Q 2021 annual review: added that PSADT $\leq$ 10 months for non-metastatic CRPC; added that member continues to use a gonadotropin-releasing hormone (GnRH) analog concurrently or has had a bilateral orchiectomy; added generic redirection language to "must use" since oral oncology product; references reviewed and updated.
CP.PHAR.380 Cobimetinib (Cotellic)	Commercial, HIM, Medicaid	2Q 2021 annual review: oral oncology generic redirection language added; references reviewed and updated.
CP.PHAR.397 Cemiplimab-rwlc (Libtayo)	Commercial, HIM, Medicaid	RT4: added new indications for BCC and NSCLC
CP.PHAR.406 Lorlatinib (Lorbrena)	Commercial, HIM, Medicaid	2Q 2021 annual review: per NCCN Compendium which supports Lorbrena as first-line therapy in ALK positive NSCLC, removed requirement for use of prior therapies; oral oncology generic redirection language added; references reviewed and updated.
CP.PHAR.418 Dexrazoxane (Zinecard Totect)	Commercial, HIM, Medicaid	2Q 2021 annual review: updated section V dosing to include Totect for the indication of doxorubicin-induced cardiomyopathy; references reviewed and updated.



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CP.PHAR.419 Elapegademase-lvlr (Revcovi)	Commercial, HIM, Medicaid	2Q 2021 annual review: added a requirement for a prior failure or non-candidacy for BMT to align with previously Corporate P&T-approved approach for Adagen for the same indication; revised references reviewed and updated.
CP.PHAR.449 Crizanlizumab-tmca (Adakveo)	Commercial, HIM, Medicaid	Corrected optional criteria that required at least 2 VOC to requiring at least 1 VOC within the past 6 months while on hydroxyurea.
CP.PHAR.468 Aducanumab	Commercial, HIM, Medicaid	2Q 2021 annual review: added requirement for beta-amyloid plaque verification via diagnostic method as aducanumab has only shown efficacy in patients diagnosed with beta amyloid plaques; modified prescriber restriction to remove “in consultation with” and specify “geriatric” psychiatrist; references reviewed and updated.
CP.PHAR.470 Casimersen (Amondys 45) ^	Commercial, HIM, Medicaid	2Q 2021 annual review: drug is now FDA approved; added option for continuation of therapy for patients who have been receiving the medication through another healthcare insurer and/or has been responding positively to therapy with stable disease; modified time frame for positive response parameters from within the last 30 days to within the last 6 months; added requirement for neurologist assessment within the last 6 months; LVEF requirement revised from > to ≥ 40%; references reviewed and updated.
CP.PHAR.474 Remestemcel-L (Prochymal)	Commercial, HIM, Medicaid	2Q 2021 annual review: per published clinical trial, revised lower age limit to 2 months; clarified approval for continued therapy would be for 4 additional doses, up to a total of 12 doses; revised references reviewed and updated.



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CP.PHAR.479 Decitabine-Cedazuridine (Inqovi)	Commercial, HIM, Medicaid	2Q 2021 annual review: revised medical justification language to state ‘member must use’; revised references reviewed and updated.
CP.PHAR.483 Lisocabtagene maraleucel (Breyanzi) ^	Commercial, HIM, Medicaid	Drug is now FDA approved – criteria updated per FDA labeling; removed minimum absolute lymphocyte count requirement; references reviewed and updated.
CP.PHAR.504 Voclosporin (Lupkynis)	Commercial, HIM, Medicaid	Drug is now FDA approved - criteria updated per FDA labeling: eGFR requirement removed, cyclophosphamide as an option for concurrent immunosuppressive therapy w/Lupkynis removed as this is not recommended per the labeling, and concurrently prescribed with “non-biologic” immunosuppressive therapy was changed to “background” immunosuppressive therapy; rheumatology specialist added, criterion for diagnosis of SLE added, clarification of maximum dose as 6 capsules/day added
CP.PHAR.511 Evinacumab-dgnb (Evkeeza) ^	Commercial, HIM, Medicaid	Drug is now FDA approved - criteria updated per FDA labeling: revised age limit from $\geq 18$ years to $\geq 12$ years; added requirement for documentation of body weight; added re-direction to Repatha per SDC and based on clinical guidance; added requirement for adherence to statin therapy on re-auth; references reviewed and updated.
CP.PHAR.514 Pralsetinib (Gavreto)	Commercial, Medicaid	2Q 2021 annual review: added that disease must be advanced or metastatic for thyroid cancer; references reviewed and updated.
CP.PMN.35 Armodafinil (Nuvigil)	Commercial, HIM, Medicaid	2Q 2021 annual review: added redirection to generic armodafinil; references reviewed and updated.



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CP.PMN.39 Modafinil (Provigil)	HIM, Medicaid	2Q 2021 annual review: added redirection to generic modafinil if request is for brand; references reviewed and updated.
CP.PMN.42 Sodium Oxybate (Xyrem) and Calcium, Magnesium, Potassium, Sodium Oxybate (Xywav)	Commercial, HIM, Medicaid	2Q 2021 annual review: added diagnostic criteria for narcolepsy with cataplexy and narcolepsy associated with excessive daytime sleepiness; added prescriber requirements for neurologist or sleep medicine specialist for all indications; references reviewed and updated.
CP.PMN.86 Oxymetazoline (Rhofade, Upneeq)	Commercial, HIM, Medicaid	2Q 2021 annual review: added ivermectin 1% cream as an option for failure; references reviewed and updated.
CP.PMN.126 Toremifene (Fareston)	Medicaid	2Q 2021 annual review: removed soft tissue sarcoma off-label criteria as this indication is no longer supported by NCCN; references reviewed and updated.
CP.PMN.130 Cysteamine ophthalmic (Cystaran, Cystadrops)	Commercial, HIM, Medicaid	2Q 2021 annual review: revised Cystadrops dosing in approval criteria from a maximum of 3 bottles/month to a maximum of 1 bottle/week to align with the prescribing information; references reviewed and updated.
CP.PMN.192 Brimonidine (Mirvaso)	Commercial, HIM, Medicaid	2Q 2021 annual review: added ivermectin 1% cream as an option for failure; references reviewed and updated.
CP.PMN.193 Hydroxyurea (Siklos)	Commercial, HIM, Medicaid	2Q 2021 annual review: myelodysplastic syndromes added as option for off-label oncology indication per NCCN-supported category 2A recommendation; references reviewed and updated.



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CP.PMN.199 Esketamine (Spravato)	Commercial, HIM, Medicaid	2Q 2021 annual review: corrected upper age limit to less than 65 years; references reviewed and updated.
CP.PMN.212 Bedaquiline (Sirturo)	Commercial, HIM, Medicaid	Clarified expert in the treatment of tuberculosis to include state or county public health department, specialists affiliated with any of the four TB Centers of Excellence as designated by the CDC, or ID specialists managing TB clinics.
CP.PMN.221 Pitolisant (Wakix)	Commercial, HIM, Medicaid	2Q 2021 annual review: added diagnostic criteria for narcolepsy with cataplexy and narcolepsy associated with excessive daytime sleepiness; references reviewed and updated.
CP.PMN.222 Pretomanid	Commercial, HIM, Medicaid	Clarified expert in the treatment of tuberculosis to include state or county public health department, specialists affiliated with any of the four TB Centers of Excellence as designated by the CDC, or ID specialists managing TB clinics.
<b>New</b>		
CP.PHAR.526 Fibrinogen concentrate (human) (Fibryga, RiaSTAP)	Commercial, HIM, Medicaid	Policy created.
CP.PHAR.527 Narsoplimab (OMS721)	Commercial, HIM, Medicaid	Policy created.



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# Buckeye Health Plan

## Medicaid Criteria Updates –Q2 2021

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CP.PHAR.528 Odevixibat (A4250)	Commercial, HIM, Medicaid	Policy created.
CP.PHAR.529 Relugolix (Orgovyx)	Commercial, HIM, Medicaid	Policy created.
CP.PHAR.530 Tepotinib (Tepmetko)	Commercial, HIM, Medicaid	Policy created.
CP.PHAR.531 Umbralisib (Ukoniq)	Commercial, HIM, Medicaid	Policy created.
CP.PMN.262 Quinine Sulfate (Qualaquin)	Commercial, HIM, Medicaid	Policy created.
<b>No Significant Change(s)</b>		
CP.PHAR.64 Topotecan (Hycamtin)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; updated reference for HIM off-label use to HIM.PA.154 (replaces HIM.PHAR.21); references reviewed and updated.



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## Buckeye Health Plan Medicaid Criteria Updates –Q2 2021

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CP.PHAR.76 Nilotinib (Tasigna)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; updated reference for HIM off-label use to HIM.PA.154 (replaces HIM.PHAR.21); references reviewed and updated.
CP.PHAR.153 Eliglustat (Cerdelga)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.154 Imiglucerase (Cerezyme)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.155 Cysteamine oral (Cystagon, Procsybi)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; revised Procsybi's Cystagon requirement to "must use" language; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.156 Idursulfase (Elaprase)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; revised HIM.PHAR.21 to HIM.PA.154; referenced reviewed and updated.
CP.PHAR.157 Taliglucerase alfa (Elelyso)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.159 Sebelipase alfa (Kanuma)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.



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CP.PHAR.160 Alglucosidase (Lumizyme)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.161 Galsulfase (Naglazyme)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.162 Elosulfase alfa (Vimizim)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.163 Velaglucerase alfa (VPRIV)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.164 Miglustat (Zavesca)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.233 RimabotulinumtoxinB (Myobloc)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; treatment plan requirement detailing number of Units per site and treatment session is changed to per indication and treatment session; revised HIM-Medical Benefit to HIM line of business; references reviewed and updated.
CP.PHAR.243 Alemtuzumab (Lemtrada)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; references to HIM.PHAR.21 revised to HIM.PA.154; updated Appendix C with additional contraindications per revised PI; references reviewed and updated.



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CP.PHAR.259 Natalizumab (Tysabri)	Medicaid	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.298 Afatinib (Gilotrif)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; oral oncology generic redirection language added; revised reference to HIM off-label use policy from HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.335 Ocrelizumab (Ocrevus)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.
CP.PHAR.337 Telotristat ethyl (Xermelo)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; references for HIM line of business off-label use revised from HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.374 Vestronidase alfa-vjbk (Mepsevii)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.378 Ibalizumab-uiyk (Trogarzo)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; references to HIM.PHAR.21 revised to HIM.PA.154; updated Appendix C with hypersensitivity contraindication per updated FDA label; references reviewed and updated.
CP.PHAR.416 Caplacizumab-yhdp (Cabliivi)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; references for HIM line of business off-label use revised from HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.



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CP.PHAR.417 Brexanolone (Zulresso)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.421 Onasemnogene abeparvovec (Zolgensma)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; updated reference for HIM off-label use to HIM.PA.154 (replaces HIM.PHAR.21); references reviewed and updated.
CP.PHAR.447 Mercaptopurine (Purixan)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; added HIM line of business; references reviewed and updated.
CP.PHAR.462 Ozanimod (Zeposia)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.469 Belantamab mafodotin (Blenrep)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; references to HIM.PHAR.21 revised to HIM.PA.154; added non-specific HCPCS code as no drug-specific codes are currently available; references reviewed and updated.
CP.PHAR.471 Fosdenopterin	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; clarified that age restriction applies to therapy initiation, not necessarily the time of the current request; references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.
CP.PHAR.475 Sacituzumab govitecan-hziy (Trodelvy)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; updated JCode; references for HIM line of business off-label use revised from HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.



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CP.PHAR.476 Ubrogapant (Ubrovelvy)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; revised reference to HIM off-label use policy from HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.477 Risdiplam (Evrysdi)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; updated reference for HIM off-label use to HIM.PA.154 (replaces HIM.PHAR.21); references reviewed and updated.
CP.PHAR.478 Selpercatinib (Retevmo)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; added generic redirection language to “must use” since oral oncology product; updated reference for HIM off-label use to HIM.PA.154 (replaces HIM.PHAR.21); references reviewed and updated.
CP.PHAR.480 Ferric Derisomaltose (Monoferric)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; updated max dosing per PI; references reviewed and updated.
CP.PHAR.481 Idecabtagene vicleucel (BB2121)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; revised reference to HIM off-label use policy from HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.482 Isatuximab-irfc (Sarclisa)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; added HCPCS code; references reviewed and updated.
CP.PHAR.486 Bimatoprost Implant (Durysta)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; references to HIM.PHAR.21 revised to HIM.PA.154; added Coding Implications section; references reviewed and updated.



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CP.PMN.58 Propranolol (Hemangeol)	HIM, Medicaid	2Q 2021 annual review: no significant changes; references for HIM line of business off-label use revised from HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PMN.61 ACEI and ARB duplicate therapy	Medicaid	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.118 Netarsudil (Rhopressa), Netarsudil-Latanoprost (Rocklatan)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; revised reference to HIM off-label use policy from HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PMN.119 Ozenoxacin (Xepi)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PMN.136 Mecamylamine (Vecamyl)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; updated reference for HIM off-label use to HIM.PA.154 (replaces HIM.PHAR.21); references reviewed and updated.
CP.PMN.137 Carbamazepine ER (Equetro)	Commercial, Medicaid	2Q 2021 annual review: no significant changes; revised prior trial requirement to “must use” language; references reviewed and updated.
CP.PMN.138 Age Limit Override (Codeine, Tramadol, Hydrocodone)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; for section III. Diagnoses/Indications for which coverage is NOT authorized, replaced “Not applicable” with template language for that section; references reviewed and updated.
CP.PMN.196 Rifamycin (Aemcolo)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; revised reference to HIM off-label use policy from HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.



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CP.PMN.209 Solriamfetol (Sunosi)	Commercial, HIM, Medicaid	2Q 2021 annual review: no significant changes; updated reference for HIM off-label use to HIM.PA.154 (replaces HIM.PHAR.21); references reviewed and updated.
CP.PMN.234 EPSDT Benefit for Pediatric Members	Medicaid	2Q 2021 annual review: no significant changes; references reviewed and updated.
<b>Retired</b>		
CP.PHAR.460 Monomethyl fumarate (Bafiertam)	Commerical, HIM, Medicaid	Retired, added to CP.PHAR.249 Tecfidera/Vumerity.
CP.PMN.233 Lemborexant (Dayvigo)	Commerical, HIM, Medicaid	Retired, replaced by CP.PMN.53 No Coverage Criteria/Off Label Use Policy

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