



Effective Date: 09/27/21

## Buckeye Health Plan

### Medicaid Criteria Updates –Q3 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
<b>Clinically Significant Change(s)</b>		
CP.PHAR.81 Pazopanib (Votrient)	Commercial, HIM, Medicaid	3Q 2021 annual review: added NCCN-recommended off-label uses for metastatic chondrosarcoma and use as single-agent therapy; updated reference for HIM off-label use to HIM.PA.154 (replaces HIM.PHAR.21); references reviewed and updated.
CP.PHAR.89 Peginterferon Alfa-2a,b (Pegasys, PegIntron, Sylatron)	Commercial, HIM, Medicaid	3Q 2021 annual review: Pegasys autoinjector discontinued and removed from section V; approval duration for melanoma and NCCN-supported off-label uses standardized to 6 months initial duration and 12 months continued duration; added off-label indications of hairy cell leukemia and Erdheim-Chester disease and corrected essential thrombocytopenia to essential thrombocythemia per NCCN; references for HIM line of business off-label use revised from HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.103 Immune Globulins	Commercial, HIM, Medicaid	3Q 2021 annual review: for myasthenia gravis/LEMS, revised requirement for steroid or alternative immunosuppressant to a requirement for both; for multiple myeloma infection prevention, updated IgG level to < 400 mg/dL per NCCN guidelines; updated reference for HIM off-label use to HIM.PA.154 (replaces HIM.PHAR.21); references reviewed and updated.
CP.PHAR.147 Deferiprone (Ferriprox)	Commercial, Medicaid	3Q 2021 annual review: RT4: added new indication for sickle cell and other anemias transfusional iron overload with pediatric expansions; references reviewed and updated.
CP.PHAR.266 Rilonacept (Arcalyst)	Commercial, HIM, Medicaid	RT4: Criteria added for new FDA indication: treatment of RP and reduction in risk of recurrence in adults and pediatric patients 12 years and older; references reviewed and updated.



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CP.PHAR.285 Nintedanib (Ofev)	Commercial, HIM, Medicaid	3Q 2021 annual review: for SSc-ILD added redirection to cyclophosphamide or mycophenolate mofetil; modified HIM.PHAR.21 to HIM.PA.154; added legacy WellCare initial 12 month approval duration; retire WCG.CP.PHAR.285; references reviewed and updated.
CP.PHAR.322 Pembrolizumab (Keytruda)	Commercial, HIM, Medicaid	3Q 2021 annual review/RT4 update: Newly approved indication of esophageal/GEJ junction carcinoma and new indication for combo use for 1st line gastric or GEJ adenocarcinoma were added AND removal of SCLC indication; updated reference for HIM off-label use to HIM.PA.154 (replaces HIM.PHAR.21); references reviewed and updated.
CP.PHAR.383 Trifluridine-tipiracil (Lonsurf)	Commercial, HIM, Medicaid	3Q 2021 annual review: for GC/GEJ adenocarcinoma clarified two prior lines of chemotherapy required per label and NCCN compendium; for CRC clarified per label and NCCN compendium that member has progressed through all available regimens; for CRC removed coverage for unresectable disease per NCCN compendium; modified HIM.PHAR.21 to HIM.PA.154; added oral oncology generic redirection if available; references reviewed and updated.
CP.PHAR.385 Corticosteroid Intravitreal Implants (Iluvien, Ozurdex, Retisert, Yutiq)	Commercial, HIM, Medicaid	3Q 2021 annual review: revised approval durations from 4 weeks to 3 months to allow for staggered dosing of bilateral implants; references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.
CP.PHAR.423 Erdafitinib (Balversa)	Commercial, HIM, Medicaid	3Q 2021 annual review: added gemcitabine-containing chemotherapy as a prior therapy option per NCCN; references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.
CP.PHAR.496 Pemigatinib (Pemazyre)	Commercial, HIM, Medicaid	3Q 2021 annual review: added NCCN compendium supported off-label use in myeloid/lymphoid neoplasms with eosinophilia and tyrosine kinase fusion genes; for cholangiocarcinoma remove language allowing for first-line use if other alternatives are not suitable, as Pemazyre is only indicated as second-line therapy; modified HIM.PHAR.21 to reference HIM.PA.154; references reviewed and updated.



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CP.PHAR.502 Ripretinib (Qinlock)	Commercial, HIM, Medicaid	3Q 2021 annual review: added option for recurrent GIST per NCCN; modified HIM.PHAR.21 to reference HIM.PA.154; added legacy WellCare initial 12 month approval duration; retired WCG.CP.PHAR.502; references reviewed and updated.
CP.PHAR.524 Pegcetacoplan (Empaveli)	Commercial, HIM, Medicaid	Drug is now FDA-approved – criteria updated per FDA labeling; modified restriction against concomitant use of Empaveli with Soliris by making an exception for the initial 4-week cross-titration phase; references reviewed and updated.
CP.PMN.44 Pyrimethamine (Daraprim)	Commercial, HIM, Medicaid	3Q 2021 annual review: added initial approval duration of 12 months for treatment of congenital toxoplasmosis in newborns per CDC guidelines; revised “medical justification” to “must use” language; added requirement for use of generic to continued criteria; references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated
CP.PMN.163 Sodium zirconium cyclosilicate (Lokelma)	Commercial, HIM, Medicaid	3Q 2021 annual review: removed redirection to preferred sodium polystyrene sulfonate (SPS) due to SPS toxicity and current standard of practice; added HIM line of business; references reviewed and updated.
CP.PMN.205 Patiromer (Veltassa)	Commercial, HIM, Medicaid	3Q 2021 annual review: removed redirection to preferred sodium polystyrene sulfonate (SPS) due to SPS toxicity and current standard of practice; added HIM line of business; references reviewed and updated.
CP.PMN.236 Amisulpride (Barhemsys)	Commercial, HIM, Medicaid	3Q 2021 annual review: revised initial approval duration from 3 days to 1 month to allow for sufficient time to obtain medication; updated reference for HIM off-label use to HIM.PA.154 (replaces HIM.PHAR.21); references reviewed and updated.
<b>New</b>		
CP.PHAR.539 Loncastuximab tesirine-lpyl (Zynlonta)	Commercial, HIM, Medicaid	Policy created.

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CP.PHAR.540 Dostarlimab-gxly (Jemperli)	Commercial, HIM, Medicaid	Policy created.
CP.PHAR.541 Sotrovimab (VIR-7831)	Commercial, HIM, Medicaid	Policy created.
CP.PHAR.542 Talimogene laherparepvec (Imlygic)	Commercial, HIM, Medicaid	Policy created.
CP.PHAR.543 Maralixibat (LUM001)	Commercial, HIM, Medicaid	Policy created.
CP.PMN.265 Olanzapine-samidorpham (Lybalvi)	Commercial, HIM, Medicaid	Policy created.
<b>No Significant Change(s)</b>		
CP.PHAR.11 Burosumab-twza (Crysvita)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.27 Tolvaptan (Jynarque, Samsca)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; revised “medical justification” to “must use”; updated reference for HIM off-label use to HIM.PA.154 (replaces HIM.PHAR.21); references reviewed and updated.
CP.PHAR.28 Immunization coverage	Medicaid	3Q 2021 annual review: no significant changes; references reviewed and updated.

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CP.PHAR.61 Cinacalcet (Sensipar)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.
CP.PHAR.82 Collagenase (Xiaflex)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; references to HIM.PHAR.21 revised to HIM.PA.154; retire WCG.CP.PHAR.82; references reviewed and updated.
CP.PHAR.83 Vorinostat (Zolinza)	Commercial, HIM, Medicaid	3Q 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.95 Thyrotropin alfa (Thyrogen)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; added Commercial line of business; updated reference for HIM off-label use to HIM.PA.154 (replaces HIM.PHAR.21); references reviewed and updated.
CP.PHAR.109 Tesamorelin (Egrifta SV)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.
CP.PHAR.145 Deferasirox (Exjade, Jaden)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; revised medical justification language for not using generic deferasirox to “must use” language; references for HIM line of business off-label use revised from HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.146 Deferoxamine (Desferal)	Commercial, HIM, Medicaid	3Q 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.150 Mecasermin (Increlex)	Commercial, HIM, Medicaid	3Q 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.169 Vigabatrin (Sabril)	HIM, Medicaid	3Q 2021 annual review: no significant changes; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.270 Paricalcitol Injection (Zemlar)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; added redirection for brand Zemlar requests to generic paricalcitol to both initial and continued therapy sections; references reviewed and updated.
CP.PHAR.277 Cytomegalovirus Immune Globulin (Cytogam)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.286 Pirfenidone (Esbriet)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; modified HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.287 Obeticholic acid (Ocaliva)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.
CP.PHAR.290 Aripiprazole LA injections (Abilify Maintena Aristada)	HIM, Medicaid	3Q 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.291 Paliperidone inj (Invega Sustenna, Invega Trinza)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; for Invega Sustenna, clarified language for established tolerability and no known hypersensitivity to paliperidone or risperidone; added HCPCS codes; updated reference for HIM off-label use to HIM.PA.154 (replaces HIM.PHAR.21); references reviewed and updated.

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CP.PHAR.292 Olanzapine LA inj (Zyprexa Relprevv)	HIM, Medicaid	3Q 2021 annual review: no significant changes; added HCPCS codes; updated reference for HIM off-label use to HIM.PA.154 (replaces HIM.PHAR.21); references reviewed and updated.
CP.PHAR.293 Risperidone LA inj (Risperdal Consta, Perseris)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; added HCPCS codes; updated reference for HIM off-label use to HIM.PA.154 (replaces HIM.PHAR.21); references reviewed and updated.
CP.PHAR.302 Ixazomib (Ninlaro)	Commercial, HIM, Medicaid	3Q 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.303 Brentuximab (Adcetris)	Commercial, HIM, Medicaid	3Q 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.310 Daratumumab, Daratumumab-Hyaluronidase-fihj (Darzalex, Darzalex Faspro)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.312 Blinatumomab (Blinicyto)	Commercial, HIM, Medicaid	3Q 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.323 Plerixafor (Mozobil)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; modified HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.338 Cerliponase alfa (Brineura)	Commercial, HIM, Medicaid	3Q 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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CP.PHAR.351 Daptomycin (Cubicin, Cubicin RF)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.379 Etelcalcetide (Parsabiv)	HIM, Medicaid	3Q 2021 annual review: no significant changes; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.381 Mechlorethamine (Valchlor)	Commercial, HIM, Medicaid	3Q 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.382 Panobinostat (Farydak)	Commercial, HIM, Medicaid	3Q 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.384 Lutetium Lu 177 dotatate (Lutathera)	Commercial, HIM, Medicaid	3Q 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.424 Fulvestrant (Faslodex Injection)	Commercial, HIM, Medicaid	3Q 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.425 Metreleptin (Myalept)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.
CP.PHAR.429 Valproate (Depacon)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; references reviewed and updated.

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	Benefit, Medicaid	
CP.PHAR.430 Alpelisib (Piqray)	Commercial, HIM, Medicaid	3Q 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.431 Selinexor (Xpovio)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; new 40 mg, 50 mg, 60 mg dosage forms added; references reviewed and updated.
CP.PHAR.432 Tafamidis (Vyndaqel, Vyndamax)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; modified HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.433 Polatuzumab vedotin-piiq (Polivy)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; HCPCS code updated; updated reference for HIM off-label use to HIM.PA.154 (replaces HIM.PHAR.21); references reviewed and updated.
CP.PHAR.487 Osilodrostat (Isturisa)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; modified HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.492 Teplizumab	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes as drug is not yet FDA-approved; references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.
CP.PHAR.494 Capmatinib (Tabrecta)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; added in Section III: Positive MET amplification WITHOUT an Exon 14 skipping mutation; added legacy WellCare line of business with a separate

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		approval duration (WCG.CP.PHAR.494 to be retired); updated reference for HIM off-label use to HIM.PA.154 (replaces HIM.PHAR.21); references reviewed and updated.
CP.PHAR.495 Mitomycin for Pyelocalyceal Solution (Jelmyto)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; references to HIM.PHAR.21 revised to HIM.PA.154; added HCPCS codes; references reviewed and updated.
CP.PHAR.497 Tucatinib (Tukysa)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; added requirement for use in combination with trastuzumab and capecitabine per labeling; updated reference for HIM off-label use to HIM.PA.154 (replaces HIM.PHAR.21); references reviewed and updated.
CP.PHAR.498 Burprenorphine (Brixadi)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; product is still waiting for final FDA approval; replaced HIM.PHAR.21 with HIM.PA.154; references reviewed and updated.
CP.PHAR.500 Lurbinectedin (Zepzelca)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.501 Pertuzumab-trastuzumab-hyaluronidase-zzxf (Phesgo)	Commercial, HIM, Medicaid	3Q 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.503 Sutimlimab	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes as drug is not yet FDA-approved; references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.
CP.PMN.09 Lindane shampoo	Medicaid	3Q 2021 annual review; no significant changes; references reviewed and updated.



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CP.PMN.40 Acitretin (Soriatane)	Medicaid	3Q 2021 annual review: no significant changes; added legacy WellCare line of business with a separate approval duration (WCG.CP.PMN.40 to be retired); required use of generic formulation; references reviewed and updated.
CP.PMN.60 SSRI SNRI Duplicate Therapy	Medicaid	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.76 Calcifediol (Rayaldee)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PMN.83 Short ragweed pollen allergen extract (Ragwitek)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; RT4: revised age restriction from 18-65 years to 5-65 years per updated FDA indication; references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.
CP.PMN.84 Timothy grass pollen allergen extract (Grastek)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.
CP.PMN.85 Mixed pollens allergen extract (Oralair)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; added HIM line of business; references reviewed and updated.
CP.PMN.111 House dust mite allergen extract (Odactra)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.
CP.PMN.139 Naloxone (Evzio)	Commercial, Medicaid	3Q 2021 annual review: no significant changes; added Legacy WCG LOB with initial auth duration of 12 months, retired WCG.CP.PMN.139 Naloxone (Evzio) 12.10.20; updated “Medical justification” language to “Member must use”; references reviewed and updated.

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CP.PMN.144 Epinephrine (Auvi-Q, Epipen, Epipen Jr) Quantity Limit	Medicaid	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.152 Lofexidine (Lucemyra)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; moved requirement for total number of tablets per duration per course of treatment from the approval duration section to the criteria contents; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PMN.202 Benzyl alcohol (Ulesfia)	Medicaid	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.207 Triclabendazole (Egaten)	Commercial, HIM, Medicaid	3Q 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.208 Halobetasol-Tazarotene (Duobrii)	Commercial, HIM, Medicaid	3Q 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.211 Midazolam (Nayzilam)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PMN.239 Chenodiol (Chenodal)	Commercial, HIM, Medicaid	3Q 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.240 Gabapentin ER (Gralise, Horizant)	Commercial, HIM, Medicaid	3Q 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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CP.PMN.241 Lactitol (Pizensy)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; revised medical justification why lactulose cannot be used to must use lactulose; updated reference for HIM off-label use to HIM.PA.154 (replaces HIM.PHAR.21); references reviewed and updated.
CP.PMN.243 Progesterone (Crinone, Endometrin, Milprosa)	Commercial, HIM, Medicaid	3Q 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.245 Opicapone (Ongentys)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; references revised from HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PMN.246 Fenfluramine (Fintepla)	Commercial, HIM, Medicaid	3Q 2021 annual review: no significant changes; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PMN.247 Rivaroxaban (Xarelto)	Medicaid	3Q 2021 annual review: no significant changes; references reviewed and updated.
<b>Strategy Development Committee (SDC) Criteria changes based on SDC decisions</b>		
CP.PHAR.188 Teriparatide (Forteo)	Commercial, HIM, Medicaid	Per June SDC and prior clinical guidance, added Prolia in addition to Tymlos as redirect options for PMO; retire CP.CPA.199 as strategy aligns for Commercial Exchange and non-Exchange plans.
CP.PHAR.254 Infliximab (Avsola, Inflectra, Remicade, Renflexis)	Medicaid	Per June SDC and prior clinical guidance, added Avsola to list of biosimilar infliximab products that must be used prior to Remicade.
CP.PHAR.259 Natalizumab (Tysabri)	Medicaid	Per June SDC and prior clinical guidance, modified Avsola to parity status with Inflectra and Renflexis.



Effective Date: 09/27/21

## Buckeye Health Plan

### Medicaid Criteria Updates –Q3 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.

*For the most current program description you may call Provider Services at 1-866-296-8731 (TTY/TTD)*

CP.PHAR.260 Rituximab (Rituxan, Riabni, Ruxience, Truxima, Rituxan Hycela)	HIM, Medicaid	Per June SDC and prior clinical guidance, modified Avsola to parity status with Inflectra and Renflexis; clarified age threshold for redirection to Ruxience for NHL and continued therapy for all other indications in section I.
CP.PHAR.265 Vedolizumab (Entyvio)	Medicaid	Per June SDC and prior clinical guidance, modified Avsola to parity status with Inflectra and Renflexis.
CP.PHAR.485 Berotralstat (Orladeyo)	Commercial, HIM, Medicaid	Per June SDC and prior clinical guidance, added redirection to Haegarda.
<b>Retired</b>		
CP.PMN.149 Umeclidinium/Vilanterol (Anoro Ellipta)	Medicaid	Retired, replaced by class policy (CP.PMN.259 Inhaled agents for asthma and COPD) in 1Q21

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