Effective Date: 12/27/21

Buckeye Health Plan
Medicaid Criteria Updates –Q4 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	4Q 2021 annual review: added allowable treatment number per duration to initial and continued criteria; references reviewed and updated.
CP.PHAR.79 Lapatinib (Tykerb)	Commercial, HIM, Medicaid	4Q 2021 annual review: added redirection to generic formulation; added criterion for ovarian ablation or suppression for premenopausal women being treated with Tykerb for breast cancer per NCCN Compendium; references for HIM line of business off-label use revised from HIM.PHAR.21 to HIM.PA.154; added legacy Wellcare auth durations (WCGCP.PHAR.70 to retire); references reviewed and updated.
CP.PHAR.93 Bevacizumab (Avastin Mvasi Zirabev)	Commercial, HIM, Medicaid	4Q 2021 annual review: added additional NCCN-supported regimens and classifications for colorectal cancer, NSCLC, glioblastoma, cervical cancer, and epithelial ovarian, fallopian tube, or primary peritoneal cancer; added criterion that HCC be classified as Child-Pugh class A disease per NCCN; added low-grade WHO grade I glioma to NCCN-supported off-label indication; added Nevada to Appendix E; references reviewed and updated.
CP.PHAR.98 Ruxolitinib (Jakafi)	Commercial, HIM, Medicaid	Added language for Imbruvica, Rezurock and Jafaki not to be used concurrently since all are used for cGVHD; added legacy WCG auth durations (WCG.CP.PHAR.98 to retire).
CP.PHAR.126 Ibrutinib (Imbruvica)	Commercial, HIM, Medicaid	Added language for Imbruvica, Rezurock and Jafaki not to be used concurrently since all are used for cGVHD. Updated Appendix B alternatives for cGVHD.
CP.PHAR.129 Venetoclax (Venclexta)	Commercial, HIM, Medicaid	4Q 2021 annual review: revised mantle cell lymphoma to require use as a single agent or in combination with rituximab or ibrutinib per NCCN; added off-label coverage for

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		BPDCN and multiple myeloma per NCCN; references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.
CP.PHAR.132 Nitisinone (Orfadin, Nityr)	Commercial, HIM, Medicaid	4Q 2021 annual review: added requirement for diagnosis confirmation by either genetic or biochemical testing; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.133 Idelalisib (Zydelig)	Commercial, HIM, Medicaid	4Q 2021 annual review: for CLL/SLL, added requirement for use as a single agent or in combination with rituximab per NCCN; references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.
CP.PHAR.137 Ivosidenib (Tibsovo)	Commercial, HIM, Medicaid	4Q 2021 annual review: added coverage for age ≥ 60 with either not candidate for induction therapy or used for post-induction therapy with previous lower intensity therapy per NCCN; updated Appendix D: General Information; modified reference from HIM.PHAR.21 to HIM.PA.154; added legacy WCG auth durations (WCG.CP.PHAR.137 to be retired); added requirement for use of generic if available; references reviewed and updated.
CP.PHAR.151 Levoleucovorin (Fusilev, Khapzory)	Commercial, HIM, Medicaid	4Q 2021 annual review: contraindications updated to include leucovorin products; change the language to be consistent with FDA labeling (change patients to adults): the treatment of adults with metastatic colorectal cancer in combination with 5-fluorouracil (5-FU); updated redirections to off-label policies to current policy names; references reviewed and updated.
CP.PHAR.158 Agalsidase beta (Fabrazyme)	Commercial, HIM, Medicaid	Added other specialist types who might be involved in a Fabry patient's care, in line with the previously P&T-approved approach to specialists in Fabry disease.
CP.PHAR.168 Corticotropin (H.P. Acthar)	Commercial, HIM, Medicaid	Added experimental uses previously stated in Appendix D to Section III.

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CP.PHAR.175 Triptorelin pamoate (Trelstar, Triptodur)	Commercial, HIM, Medicaid	4Q 2021 annual review: added gender transition to gender dysphoria criteria set; references to HIM.PHAR.21 revised to HIM.PA.154; retire WCG.CP.PHAR.175; references reviewed and updated.
CP.PHAR.301 Erwinia Asparaginase (Erwinaze, Rylaze)	HIM, Medicaid	RT4: added Rylaze to policy with new criteria set for LBL indication; added legacy WellCare to policy maintaining current authorization limits; retire WCG.CP.PHAR.301.
CP.PHAR.305 Obinutuzumab (Gazyva)	HIM, Medicaid	4Q 2021 annual review: replaced HIM-Medical Benefit with HIM; for CLL/SLL, added additional requirements if used as second-line or subsequent therapy per NCCN; for nodal marginal zone lymphoma, added option for use as first line therapy per NCCN; for B-cell lymphomas, clarified that I.B.5 does not apply to marginal zone lymphoma; references reviewed and updated.
CP.PHAR.307 Bendamustine (Belrapzo, Bendeka, Treanda)	Commercial, HIM*, Medicaid	4Q 2021 annual review: added Belrapzo; per NCCN category 2A recommendations: added requirements for combination use for CLL, MALT lymphoma, and marginal zone lymphoma; clarified types of PTCLs; removed gamma delta requirement from HSTCL; added off-label indications of breast-implant ALCL, nodular lymphocyte-predominant HL, pediatric HL, and high-grade B-cell lymphomas; for off-label indications, revised age requirement to allow bypass if diagnosis is pediatric HL; references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.
CP.PHAR.308 Elotuzumab (Empliciti)	Commercial, HIM, Medicaid	4Q 2021 annual review: updated Appendix B Therapeutic Alternatives; modified reference from HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.309 Carfilzomib (Kyprolis)	Commercial, HIM, Medicaid	4Q 2021 annual review: added primary therapy and revised therapy for previous treated for relapsed or refractory disease and updated Appendix B Therapeutic Alternatives as per NCCN recommendation; updated Section V Dosage and Administration and Section VI Product Availability; modified reference from HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.

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CP.PHAR.311 Belinostat (Beleodaq)	HIM, Medicaid	4Q 2021 annual review: HIM.PHAR.21 changed to HIM.PA.154; references reviewed and updated.
CP.PHAR.313 Pralatrexate (Folotyn)	Commercial, HIM, Medicaid	4Q 2021 annual review: added option for use as initial palliation for PTCL and clarified use as a single-agent therapy per NCCN; added BI-ALCL indication to criteria per NCCN; updated reference for HIM off-label use to HIM.PA.154 (replaces HIM.PHAR.21); references reviewed and updated.
CP.PHAR.314 Romidepsin (Istodax)	Commercial, HIM, Medicaid	4Q 2021 annual review: added a trial of 1 systemic therapy in CTCL coverage as per FDA approved indication; updated Appendin B Therapeutic Alternatives for CTCL and classification/subtypes in Appendix D and E; modified reference from HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.315 Vincristine Liposome (Marqibo)	Commercial, HIM, Medicaid	4Q 2021 annual review: revised HIM-Medical Benefit to HIM; added requirement for use as a single agent per NCCN and pivotal trial; updated Appendix C to include hypersensitivity contraindication; references reviewed and updated.
CP.PHAR.317 Cetuximab (Erbitux)	Commercial, HIM, Medicaid	4Q 2021 annual review: for CRC simplified requirements for prior and combination therapy to align more closely with New Century Health criteria; updated place in therapy for penile and squamous cell skin cancer per NCCN Compendium; for brand name requests added requirement for trial of generic equivalent if available; revised reference from HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.318 Eribulin mesylate (Halaven)	Commercial, HIM, Medicaid	4Q 2021 annual review: added combination with Margenza and clarified combination with trastuzumab is for 3rd line therapy or beyond for breast cancer per NCCN Compendium; removed off-label indication for use in undifferentiated pleomorphic sarcoma per NCCN Compendium; references for HIM line of business off-label use revised from HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.321 Panitumumab (Vectibix)	Commercial, HIM*, Medicaid	4Q 2021 annual review: added that combination treatment with Vectibix and Braftovi is for advanced or metastatic disease per NCCN Compendium; for Vectibix prescribed as a single

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		agent or in combination with irinotecan, added the option of previous oxaliplatin-based therapy without irinotecan or irinotecan-based therapy without oxaliplatin per NCCN Compendium; references for HIM line of business off-label use revised from HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.324 Temsirolimus (Torisel)	HIM, Medicaid	4Q 2021 annual review: Use as single agent added to Endometrial Carcinoma section; HIM.PHAR.21 changed to HIM.PA.154; references reviewed and updated.
CP.PHAR.352 Daunorubicin-cytarabine (Vyxeos)	HIM, Medicaid	4Q 2021 annual review: updated diagnosis of coverage for t-AML, AML-MRC and antecedent MDS/CMML as per PI and NCCN Compendium; updated appendices; updated section V Dosage and Administration; removed temporary HCPCS code C9024 and added J9153; references reviewed and updated.
CP.PHAR.353 Pegaspargase (Oncaspar), Calaspargase pegol-mknl (Asparlas)	Commercial, HIM, Medicaid	4Q 2021 annual review: for ALL, clarified that age ≤ 21 years for Asparlas and added requirement that the requested agent is prescribed as part of a multi-agent chemotherapeutic regimen per FDA label and NCCN; for T-cell lymphoma, revised to include only nasal type extranodal NK/T-cell lymphoma (removed extranasal type and aggressive NK cell leukemia) and added hepatosplenic T-cell lymphoma per NCCN; added 12 month initial approval duration for Legacy WellCare (WCG.CP.PHAR.353 retired); references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.
CP.PHAR.355 Abemaciclib (Verzenio)	Commercial, HIM, Medicaid	4Q 2021 annual review: added clarification that Verzenio prescribed as a single agent after disease progression should be used after progression on a therapy that is used in the metastatic setting per NCCN Compendium; references for HIM line of business off-label use revised from HIM.PHAR.21 to HIM.PA.154; added legacy Wellcare initial auth durations (WCG.CP.PHAR.355 to retire); references reviewed and updated.
CP.PHAR.358 Gemtuzumab (Mylotarg)	Commercial, HIM, Medicaid	4Q 2021 annual review: updated age limit for acute promyelocytic leukemia as per NCCN; updated section V dosing; modified reference from HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.

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CP.PHAR.359 Inotuzumab Ozogamicin (Besponsa)	Commercial, HIM, Medicaid	4Q 2021 annual review: added additional pathway for use as induction therapy and revised requirement for use as single agent therapy to only apply to pediatric ALL per NCCN; clarified dosing per FDA label; references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.
CP.PHAR.363 Enasidenib (Idhifa)	Commercial, HIM, Medicaid	4Q 2021 annual review: added coverage for age ≥ 60 with either not candidate for induction therapy or used for post-induction therapy with previous lower intensity therapy per NCCN; modified reference from HIM.PHAR.21 to HIM.PA.154; added legacy WCG auth durations (WCG.CP.PHAR.363 to be retired); added requirement for use of generic if available; references reviewed and updated.
CP.PHAR.387 Azacitidine (Vidaza, Onureg)	Commercial, HIM, Medicaid	4Q 2021 annual review: added criteria that Onureg be administered as single-agent therapy and option that member could decline consolidation/curative therapy for Onureg request per NCCN compendium; updated NCCN definition of CR and CRi in General Information and Appendix D; modified reference from HIM.PHAR.21 to HIM.PA.154; for Onureg requests, added requirement for use of generic if available; references reviewed and updated.
CP.PHAR.395 Patisiran (Onpattro)	Commercial, Medicaid, HIM-Medical Benefit	4Q 2021 annual review: added requirement that Onpattro is not prescribed concurrently with Tegsedi; added biopsy requirement to align with previously Corporate P&T-approved approach for this class of medications; references reviewed and updated.
CP.PHAR.400 Duvelisib (Copiktra)	Commercial, HIM, Medicaid	4Q 2021 annual review: for CLL/SLL, added requirement for use as a single agent; modified HIM/Medicaid continued approval duration from 6 months to 12 months per standard approach; references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.
CP.PHAR.405 Inotersen (Tegsedi)	Commercial, HIM, Medicaid	Added requirement that Tegesedi is not prescribed concurrently with Onpattro.
CP.PHAR.434 Bremelanotide (Vyleesi)	Commercial, Medicaid	4Q 2021 annual review: added criterion for symptom persistence of 6 months per DSM-5 diagnostic criteria; removed HIM line of business from continued therapy approval duration; references reviewed and updated.

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CP.PHAR.437 Thioguanine (Tabloid)	HIM, Medicaid	4Q 2021 annual review: moved requirement for use as remission induction/consolidation from ALL to AML per FDA label and NCCN; for ALL, specified that disease should be relapsed/refractory and added requirement for use in combination with imatinib or Sprycel if Ph+ per NCCN; added 12 month approval durations for Legacy WellCare – off-label dosing for ALL not retained per rationale above (WCG.CP.PHAR.437 retired); references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.
CP.PHAR.439 Valrubicin (Valstar)	Medicaid, HIM	4Q 2021 annual review: clarified in initial approval that request not exceed a total of 6 doses in accordance with authorization duration; references for HIM line of business off-label use revised from HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.446 Flibanserin (Addyi)	Commercial, HIM, Medicaid	4Q 2021 annual review: Added criterion for symptom persistence of 6 months per DSM-5 diagnostic criteria.
CP.PHAR.507 Lomustine (Gleostine)	Commercial, HIM, Medicaid	4Q 2021 annual review: for brain tumors, removed temozolomide re-direction per SDC; for Hodgkin's lymphoma, added requirement for combination use per FDA label; references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.
CP.PHAR.513 Plasminogen (Ryplazim)	Commercial, HIM, Medicaid	4Q 2021 annual review: RT4: drug is now FDA-approved; criteria updated per FDA labeling; modified continuation of therapy to require increased trough plasminogen activity; modified examples of positive response to remove qualification of one year on treatment; references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.
CP.PHAR.520 Casirivimab and imdevimab (REGEN-COV)	Commercial, HIM, Medicaid	4Q 2021 annual review: updated policy to reflect recent developments on the EUA including: authorization for post-exposure prophylaxis, inclusion of "death" in the definition of "severe" COVID-19, inclusion of a SC dosing option, new co-formulated vial formulation; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.521 Avalglucosidase alfa-ngpt (Nexviazyme)	Commercial, HIM, Medicaid	Drug is now FDA approved – criteria updated per FDA labeling: updated covered diagnosis to include only late-onset disease; added requirement for biochemical or genetic testing to confirm Pompe diagnosis, removed the requirement for an endocrinologist prescriber (aligns with Lumizyme policy), updated minimum age to 1 year old; references reviewed and updated.

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CP.PHAR.528 Odevixibat (Bylvay)	Commercial, HIM, Medicaid	RT1: added requirement for documentation of current body weight; added appendices D-F; references reviewed and updated.
CP.PMN.180 Halobetasol Propionate Lotion (Bryhali, Lexette, Ultravate)	Commercial, HIM, Medicaid	4Q 2021 annual review: added age limits, revised quantity limit of Bryhali from 100 g per month to per 2 weeks per PI; added HIM line of business; references reviewed and updated.
CP.PMN.248 Ciprofloxacin-Dexamethasone (Ciprodex)	HIM, Medicaid	4Q 2021 annual review: added that member must use generic formulation; updated reference for HIM off-label use to HIM.PA.154 (replaces HIM.PHAR.21); references reviewed and updated.
CP.PMN.255 No Coverage Criteria	Medicaid, HIM-Medical Benefit	4Q 2021 annual review: added requirement for diagnoses; added requirement that request is for a formulary drug; added notation that generic alternatives are preferred; modified dosing requirements to allow off-label dosing; references reviewed and updated.
New		
CP.PHAR.550 Vutrisiran (ALN-TTRsc02)	Commercial, HIM, Medicaid	Policy created pre-emptively
CP.PHAR.551 Anifrolumab-fnia (Saphnelo)	Commercial, HIM, Medicaid	Policy created.
CP.PHAR.552 Belumosudil (Rezurock)	Commercial, HIM, Medicaid	Policy created
CP.PHAR.553 Belzutifan (Welireg)	Commercial, HIM, Medicaid	Policy created.
CP.PHAR.554 Chlorambucil (Leukeran)	HIM, Medicaid	Policy created: adapted from previously approved policies HIM.PA.SP59 and WCG.HIM.PA.SP59 (both to be retired); removed coverage for primary cutaneous CD30+ T-cell lymphoproliferative disorder as it is no longer NCCN supported.
CP.PHAR.555 Efgartigimod (ARGX-113)	Commercial, HIM, Medicaid	Policy created pre-emptively
CP.PHAR.556 Elivaldogene Autotemcel	Commercial, HIM, Medicaid	Policy created pre-emptively

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CP.PHAR.557 Udenafil	Commercial, HIM, Medicaid	Policy created pre-emptively
CP.PMN.266 Finerenone (Kerendia)	Commercial, HIM, Medicaid	Policy created
CP.PMN.267 Levodopa Inhalation Powder (Inbrija)	Commercial, HIM, Medicaid	Policy created
No Significant Change(s)		
CP.PHAR.125 Palbociclib (Ibrance)	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; added generic redirection 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.130 Avatrombopag (Doptelet)	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; modified reference from HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.131 Infertility and Fertility Preservation	Commercial*, HIM*, Medicaid*	4Q 2021 annual review: no significant changes; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.134 Methotrexate (Otrexup, Rasuvo, Xatmep, Reditrex)	Commercial, HIM, Medicaid	4Q 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.138 Lenvatinib (Lenvima)	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; added pralsetinib for ATC, Keytruda for RCC to therapeutic alternatives per NCCN; for brand name requests added requirement for generic alternative if available; HIM.PHAR.21 changed to HIM.PA.154; references reviewed and updated.
CP.PHAR.139 Mogamulizumab-kpkc (Poteligeo)	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; modified reference from HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.140 Pegvaliase-pqpz (Palynziq)	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.

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CP.PHAR.142 Adefovir (Hepsera)	HIM, Medicaid	4Q 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.143 Betaine (Cystadane)	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; modified reference from HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.149 Baclofen (Gablofen, Lioresal, Ozobax)	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; Gablofen/Lioresal requirement for oral baclofen was revised to "Documentation supports inability to use…" language; Ozobax requirement for compounded oral solution was revised to "Member must use…" language; HIM.PHAR.21 changed to HIM.PA.154; references reviewed and updated.
CP.PHAR.170 Degarelix (Firmagon)	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.
CP.PHAR.172 Histrelin (Vantas, Supprelin LA)	Medicaid, HIM-Medical Benefit	4Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.201 Belatacept (Nulojix)	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; added Commercial line of business; references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.
CP.PHAR.304 Irinotecan Liposome (Onivyde)	Medicaid, HIM	4Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.320 Necitumumab (Portrazza)	HIM, Medicaid	4Q 2021 annual review: no significant changes; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.325 Ziv-aflibercept (Zaltrap)	Commercial, HIM, Medicaid	4Q 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.326 Olaratumab (Lartruvo)	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.328 Asfotase Alfa (Strensiq)	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.332 Pasireotide (Signifor, Signifor LAR)	Commercial, HIM*, Medicaid	4Q 2021 annual review: no significant changes; updated J code; modified reference from HIM.PHAR.21 to HIM.PA.154; references reviewed and updated

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CP.PHAR.334 Ribociclib (Kisqali, Kisqali Femara)	Commercial, HIM, Medicaid	4Q 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.357 Copanlisib (Aliqopa)	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; revised HIM-Medical Benefit to HIM; references reviewed and updated.
CP.PHAR.365 Neratinib (Nerlynx)	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; added redirection to generic formulation; references for HIM line of business off-label use revised from HIM.PHAR.21 to HIM.PA.154; added legacy Wellcare initial auth duration (WCG.CP.PHAR.365 to retire); references reviewed and updated.
CP.PHAR.389 Pegvisomant (Somavert)	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; modified reference from HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.390 Cholic Acid (Cholbam)	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.
CP.PHAR.391 Lanreotide (Somatuline Depot)	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; modified reference from HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.393 Leucovorin Injection	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.394 Migalastat (Galafold)	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; added other specialist types who might be involved in a Fabry patient's care, in line with the previously P&T-approved approach to specialists in Fabry disease; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.397 Cemiplimab-rwlc (Libtayo)	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.398 Moxetumomab pasudotox-tdfk (Lumoxiti)	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; modified reference from HIM.PHAR.21 to HIM.PA.154; reference reviewed and updated.
CP.PHAR.399 Dacomitinib (Vizimpro)	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; added redirection to generic dacomitinib once it becomes available; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.

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CP.PHAR.435 Darolutamide (Nubeqa)	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.
CP.PHAR.436 Pexidartinib (Turalio)	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; added language requiring trial of generic equivalent, if available; HIM.PHAR.21 changed to HIM.PA.154; references reviewed and updated.
CP.PHAR.438 Trientine (Syprine)	Commercial, HIM, Medicaid	4Q 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.441 Entrectinib (Rozlytrek)	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; added redirection to generic product once available; revised HIM.PHAR.21 to HIM.PA.154; added legacy WCG auth duration (WCG.CP.PHAR.441 to retire); references reviewed and updated.
CP.PHAR.442 Fedratinib (Inrebic)	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; revised HIM.PHAR.21 to HIM.PA.154; added legacy WCG initial auth duration (WCG.CP.PHAR.442 to be retired); WCG.CP.PHAR.442: removed requirement for failure of HCT, hydroxyurea, and concurrent tx with Jakafi within 14 days; references reviewed and updated.
CP.PHAR.506 Antithymocyte Globulin (Atgam, Thymo	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.508 Tafasitamab-cxix (Monjuvi)	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; modified reference from HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PHAR.509 Triheptanoin (Dojolvi)	Commercial, HIM, Medicaid	4Q 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.510 Arimoclomol	Commercial, HIM, Medicaid	4Q21 annual review: no significant changes as the drug is not yet FDA-approved.
CP.PHAR.512 Pegunigalsidase alfa (PRX-102)	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes, as the FDA issued a Complete Response Letter for this agent in April 2021 – status of BLA resubmission is uncertain; added a specialist prescriber requirement to align with the approach for other Fabry disease treatments; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.

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CP.PMN.13 Dose optimization	Medicaid	4Q 2021 annual review: no significant changes.
CP.PMN.16 Med Neces for Drug not PDL	Medicaid	4Q 2021 annual review: no significant changes; added clarification and reference to off-label use policy.
CP.PMN.17 Droxidopa (Northera)	Commercial, Medicaid	4Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.53 Off-Label Use	Medicaid, HIM-Medical Benefit	4Q 2021 annual review: no significant changes; added Ohio and Nevada to Appendix F; references reviewed and updated.
CP.PMN.59 Quantity Limit Override	Medicaid	4Q 2021 annual review: no significant changes.
CP.PMN.116 L-glutamine (Endari)	Commercial, HIM, Medicaid	4Q 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.143 Isotretinoin (Claravis, Absorica, Absorica LD, Myorisan, Zenatane, Amnesteem)	Commercial, HIM, Medicaid	4Q 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.165 Fluorouracil Cream (Tolak)	Commercial, HIM, Medicaid	4Q 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.167 Neomycin-fluocinolone cream (Neo-Synalar)	Commercial, HIM, Medicaid	4Q 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.168 Ospemifene (Osphena)	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PMN.177 Glycopyrronium (Qbrexza)	Commercial, Medicaid	4Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.179 Megestrol Acetate Oral Suspension (Megace ES)	HIM, Medicaid	4Q 2021 annual review: no significant changes; changed megestrol 40 mg/mL requirement to "Member must use…" language; references reviewed and updated.
CP.PMN.181 Calcipotriene-Betamethasone Dipropionate Foam (Enstilar)	Commercial, HIM, Medicaid	4Q 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.185 Baloxavir Marboxil (Xofluza)	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; revised "medical justification" to "must use" language and moved information in Appendix D to the criteria set; HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.
CP.PMN.213 Ferric maltol (Accrufer)	Commercial, HIM, Medicaid	4Q 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.215 Non-preferred blood glucose monitors and test strips	Medicaid	4Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.216 Diazepam nasal spray (Valtoco)	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; revised "Medical justification" to "Documentation supports inability to use…" language; revised HIM.PHAR.21 to HIM.PA.154; references reviewed and updated.
CP.PMN.251 Lactic acid-citric acid-potassium bitartrate (Phexxi)	Commercial, Medicaid	4Q 2021 annual review: no significant changes; removed HIM LOB as drug is on preventive tier; references reviewed and updated.
CP.PMN.252 Metoclopramide (Gimoti)	Commercial, HIM, Medicaid	4Q 2021 annual review: no significant changes; references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.
CP.PMN.253 Abametapir (Xeglyze)	Commercial, HIM, Medicaid	4Q 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.256 Nifurtimox (Lampit)	Commercial, HIM, Medicaid	4Q 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.
Strategy Development Committee (SDC) Criteria changes based on SDC decisions		
CP.PHAR.157 Taliglucerase alfa (Elelyso) CY2022	Commercial, Medicaid	For CY2022, per March SDC removed HIM line of business to separate policy.
CP.PHAR.163 Velaglucerase alfa (VPRIV) CY2022	Commercial, Medicaid	For CY2022, per March SDC removed HIM line of business to separate policy.
CP.PHAR.228 Trastuzumab Biosimilars Trastuzumab-Hyaluronidase	Commercial, HIM, Medicaid	Per August SDC and prior clinical guidance, modified biosimilar redirection requirements for Herceptin to require use of Ogivri, Trazimera, Kanjinti, Ontruzant and Herzuma in a step-wise manner; for Ontruzant and Herzuma modified redirection to require use of Ogivri, Trazimera,

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		and Kanjinti; for salivary gland tumor indication added redirection to preferred biosimilars per NCCN Compendium; adding legacy Wellcare Medicaid line of business (WCG.CP.PHAR.228 to be retired).
CP.PHAR.260 Rituximab (Rituxan, Riabni, Ruxience, Truxima, Rituxan Hycela)	Commercial, HIM, Medicaid	Per August SDC and prior clinical guidance, modified biosimilar redirection requirements for Rituxan to require use of Ruxience, Truxima, and Riabni in a step-wise manner; modified requirements for Riabni to require use of Ruxience and Truxima; removed age qualification for biosimilar redirection for NHL requests; for continuation of therapy modified age qualification for biosimilar redirection to apply only to GPA or MPA requests; added Commercial line of business (CP.CPA.147 to be retired).
CP.PHAR.264 Ustekinumab (Stelara)	Medicaid	Per August SDC and prior clinical guidance, for PsA removed Simponi as a redirect option and modified to require a trial of all; for UC added requirement for trial of Humira, Simponi, and Zeposia in a step-wise manner. Add coverage for dose escalation with Stelara for CD (per A&G report) and UC (per SDC direction) requiring redirection to preferred agents [Humira, Simponi, Zeposia, infliximab (Avsola, Inflectra and Renflexis are preferred)] per SDC; for Xeljanz redirection requirements added bypass for members with cardiovascular risk and qualified redirection to apply only for member that has not responded or is intolerant to one or more TNF blockers; added Legacy WellCare line of business to policy (WCG.CP.PHAR.264 to be retired) and revised its initial approval duration from 12 months to 6 months.
CP.PHAR.265 Vedolizumab (Entyvio)	Medicaid	Per August SDC and prior clinical guidance, modified from trial of Humira or Simponi to trial of all of the following: Humira, Simponi, and Zeposia, in a step-wise manner.
CP.PHAR.267 Tofacitinib (Xeljanz Xeljanz XR)	Medicaid	Per August SDC, added Legacy WellCare line of business to policy (WCG.CP.PHAR.267 to be retired).
CP.PHAR.462 Ozanimod (Zeposia)	Commercial, HIM, Medicaid	Per August SDC and prior clinical guidance, for UC modified redirection to require Humira and Simponi.
CP.PMN.48 Cyclosporine ophthalmic emulsion (Cequa, Restasis, Verkazia)	Commercial*, HIM, Medicaid	RT4: added Verkazia and corresponding criteria for VKC; for all indications, added that multiple ophthalmic cyclosporine products should not be used in combination; added

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		Commercial line of business for Verkazia with notation that the NF policy should be used for Cequa and no policy is required for Restasis; per August SDC added Legacy WellCare authorization limits (retire WCG.CP.PMN.48).
Retired		
CP.PHAR.392 Pegademase Bovine (Adagen)	Commercial, HIM, Medicaid	Retire.
CP.PHAR.519 Bamlanivimab (LY-CoV555)	Commercial, HIM, Medicaid	Retire.
CP.PMN.254 Budesonide/Glycopyrrolate/Formoterol Fumarate (Breztri Aerosphere)	Commercial, Medicaid	Retire.

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