Effective date: 12/01/18

Buckeye Health Plan
Medicaid Criteria Updates – Q4 2018

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 1-800-750-0750) or visit the Buckeye Health Plan website at www.buckeyehealthplan.com

Coverage Criteria Guideline	Status	Applicable Business	Revision Summary Description
Clinically Significant Change(s)			
CP.PHAR.24 fostamatinib (Tavalisse)	Clinically Significant Change(s)		Removed requirement related to splenectomy based on specialist feedback
CP.PHAR.27 tolvaptan (Jynarque, Samsca)	Clinically Significant Change(s)		Added Samsca and hyponatremia criteria to policy; references reviewed and updated
CP.PHAR.63 everolimus (Afinitor, Afinitor Disperz, Zortress)	Clinically Significant Change(s)		Zortress added to the policy; added that requested agent is for each FDA-approved agent for that indication; references reviewed and updated.
CP.PHAR.93 bevacizumab (Avastin, Mvasi)	Clinically Significant Change(s)		4Q 2018 annual review: added Mvasi to the policy; added NCCN Category 2A recommended off-label uses: AIDs-related Kaposi sarcoma, anaplastic gliomas, intracranial and spinal ependymoma, infilrative supratentorial astrocytoma/oligodendroglioma, medulloblastoma; references reviewed and updated.

Key: PDL=Preferred Drug List AL=Age Limit QL=Quantity Limit ST=Step Therapy POS=Point Of Sale message

CP.PHAR.128 erenumab-aaoe (Aimovig)	Clinically Significant Change(s)	Added requirement that member has not received Botox within the previous 12 weeks per clinical trial exclusion criteria and Botox dosing frequency.
CP.PHAR.129 venetoclax (Venclexta)	Clinically Significant Change(s)	4Q 2018 annual review: added off-label coverage criteria for mantle cell lymphoma (NCCN category 2A recommendation); references reviewed and updated.
CP.PHAR.149 intra baclofen (Gablofen)	Clinically Significant Change(s)	4Q 2018 annual review: removed requirement for physical therapy due to inability to objectively verify; removed specialist requirement by a "physician adequately trained for baclofen infusion"; references reviewed and updated.
CP.PHAR.151 levoleucovorin (Fusilev)	Clinically Significant Change(s)	4Q 2018 annual review: added new line of business - specialist requirement added for combo use with 5-FU; added NCCN off-label recommended uses; summarized NCCN- and FDA-approved uses for improved clarity; added COC for 5-FU chemo combo use; references reviewed and updated.
CP.PHAR.168 corticotropin (H.P. Acthar)	Clinically Significant Change(s)	Nephrotic syndrome: clarified associated conditions; added redirection to cyclophosphamide for IMD and MCD per KDIGO guidelines and prescribing information.
CP.PHAR.179 romiplostim (Nplate)	Clinically Significant Change(s)	Removed requirement related to splenectomy based on specialist feedback
CP.PHAR.180 eltrombopag (Promacta)	Clinically Significant Change(s)	Chronic ITP: removed requirement related to splenectomy based on specialist feedback
CP.PHAR.201 belatacept (Nulojix)	Clinically Significant Change(s)	4Q 2018 annual review: added that member is EBV seropositive; references reviewed and updated.
CP.PHAR.214 desmopressin (DDAVP, Stimate, Noctiva)	Clinically Significant Change(s)	4Q 2018 annual review: no significant changes; summarized NCCN and FDA-approved uses for improved clarity; added specialist involvement in care; added age; added COC; references reviewed and updated.
CP.PHAR.241 abatacept (Orencia)	Clinically Significant Change(s)	4Q 2018 annual review: allowed bypassing conventional DMARDs for axial PsA and required trial of NSAIDs; references reviewed and updated.
CP.PHAR.242 adalimumab (Humira)	Clinically Significant Change(s)	4Q 2018 annual review: modified prescriber specialist from GI specialist to gastroenterologist for CD, UC, and HS; added trial and failure of immunosuppressants, or medical necessity for use of biologics in CD;

		allowed bypassing conventional DMARDs for axial PsA and required trial of NSAIDs; references reviewed and updated
CP.PHAR.245 apremilast (Otezla)	Clinically Significant Change(s)	4Q 2018 annual review: allowed bypassing conventional DMARDs for axial PsA and required trial of NSAIDs; references reviewed and updated.
CP.PHAR.250 etanercept (Enbrel)	Clinically Significant Change(s)	4Q 2018 annual review: allowed bypassing conventional DMARDs for axial PsA and required trial of NSAIDs; references reviewed and updated.
CP.PHAR.253 golimumab (Simponi, Simponi Aria)	Clinically Significant Change(s)	4Q 2018 annual review: allowed bypassing conventional DMARDs for axial PsA and required trial of NSAIDs; references reviewed and updated.
CP.PHAR.254 infliximab (Remicade, Renflexis, Inflectra)	Clinically Significant Change(s)	4Q 2018 annual review: modified prescriber specialist from GI specialist to gastroenterologist for CD and UC; added trial and failure of immunosuppressants, or medical necessity for use of biologics in CD; allowed bypassing conventional DMARDs for axial PsA and required trial of NSAIDs; references reviewed and updated
CP.PHAR.257 ixekizumab (Taltz)	Clinically Significant Change(s)	4Q 2018 annual review: allowed bypassing conventional DMARDs for axial PsA and required trial of NSAIDs; references reviewed and updated.
CP.PHAR.259 natalizumab (Tysabri)	Clinically Significant Change(s)	4Q 2018 annual review: modified prescriber specialist from GI specialist to gastroenterologist for CD; added trial and failure of immunosuppressants, or medical necessity for use of biologics in CD; references reviewed and updated.
CP.PHAR.261 secukinumab (Cosentyx)	Clinically Significant Change(s)	4Q 2018 annual review: allowed bypassing conventional DMARDs for axial PsA and required trial of NSAIDs; references reviewed and updated.
CP.PHAR.264 ustekinumab (Stelara)	Clinically Significant Change(s)	4Q 2018 annual review: modified prescriber specialist from GI specialist to gastroenterologist for CD; added trial and failure of immunosuppressants, or medical necessity for use of biologics in CD; allowed bypassing conventional DMARDs for axial PsA and required trial of NSAIDs; references reviewed and updated.
CP.PHAR.265 vedolizumab (Entyvio)	Clinically Significant Change(s)	4Q 2018 annual review: modified prescriber specialist from GI specialist to gastroenterologist for CD and UC; added trial and failure of immunosuppressants, or medical necessity for use of biologics in CD; references reviewed and updated.

CP.PHAR.304 irinotecan Liposome (Onivyde)	Clinically Significant Change(s)	4Q 2018 annual review: removed requirement to check for contraindication bowel obstruction; added COC; summarized NCCN and FDA-approved uses for improved clarity; added specialist involvement in care; references reviewed and updated.
CP.PHAR.305 obinutuzumab (Gazyva)	Clinically Significant Change(s)	4Q 2018 annual review: summarized NCCN and FDA-approved uses for improved clarity; added specialist involvement in care; separated FL and off-label MZL into individual criteria sets; removed primary cutaneous B-cell lymphomas as a covered off-label indication (not listed in the NCCN compendium for Gazyva); updated continued therapy section to include language for continuity of care; references reviewed and updated
CP.PHAR.307 bendamustine (Bendeka, Treanda)	Clinically Significant Change(s)	4Q 2018 annual review: summarized NCCN and FDA-approved uses for improved clarity; added age requirement and specialist involvement in care; added PTLD (category 2A recommendation) as a covered indication per NCCN compendium; updated continued therapy section to include language for continuity of care; references reviewed and updated.
CP.PHAR.309 carfilzomib (Kyprolis)	Clinically Significant Change(s)	4Q 2018 annual review: NCCN and FDA-approved uses summarized for improved clarity; specialist involvement in care and continuation of care added; MM prior therapy regimens consolidated into primary or subsequent therapy; dexamethasone and cyclophosphamide added as an MM regimen; references reviewed and updated.
CP.PHAR.314 romidepsin (Istodax)	Clinically Significant Change(s)	4Q 2018 annual review: summarized NCCN and FDA-approved uses for improved clarity; added age requirement and specialist involvement in care; PTCL: extended initial approval duration from 3 to 6 months; updated continued therapy section to include language for continuity of care; references reviewed and updated.
CP.PHAR.316 cabazitaxel (Jevtana)	Clinically Significant Change(s)	4Q 2018 annual review: added COC; removed “prescribed in combination with prednisone” per NCCN prostate cancer guidelines ver 3.2018; references reviewed and updated.
CP.PHAR.332 pasireotide (Signifor LAR)	Clinically Significant Change(s)	4Q 2018 annual review: Signifor added to policy; criteria added for new FDA indication for Signifor LAR: Cushing’s disease; new strengths of Signifor LAR added; specialist requirement was added for commercial; age requirement was added for commercial; trial of octreotide or lanreotide for acromegaly removed for Medicaid; requirement for inadequate response to surgery or pituitary irradiation added for acromegaly; specific requirements for positive response to therapy for acromegaly moved to appendix for

		Medicaid; simplified max dose requirement for Signifor LAR for Medicaid; references reviewed and updated.
CP.PHAR.353 pegaspargase (Oncaspar)	Clinically Significant Change(s)	4Q 2018 annual review: added age requirements; summarized NCCN and FDA-approved uses for improved clarity; added specialist involvement in care; added off-label use for Ph+ ALL following tyrosine kinase inhibitor therapy; references reviewed and updated.
CP.PHAR.358 gemtuzumab ozogamicin (Mylotarg)	Clinically Significant Change(s)	4Q 2018 annual review: added prescriber requirement; added COC language; for acute promyelocytic leukemia, added age limit and removed requirement for use only for relapse as NCCN compendia include use for induction and consolidation; references reviewed and updated
CP.PHAR.363 enasidenib (Idhifa)	Clinically Significant Change(s)	4Q 2018 annual review: specialist requirement was added; added NCCN Compendium supported use in patients age ≥ 60 years who are not candidates for intensive remission induction therapy or declines intensive therapy; references reviewed and updated.
CP.PHAR.365 neratinib (Nerlynx)	Clinically Significant Change(s)	4Q 2018 annual review: added NCCN off-label uses; added specialist involvement in care; removed restriction for only 1 year of total therapy as NCCN does not recommend a specific duration of use; references reviewed and updated.
CP.PHAR.372 voretigene neparvovec-rzyl (Luxturna)	Clinically Significant Change(s)	Added FST score for blue and red light baseline score of > -2.00 [log10 ($cd.s/m^2$)] as an alternative to MLMT score for initial approval.
CP.PMN.16 Request for Medically Necessary Drug not on the PDL	Clinically Significant Change(s)	4Q 2018 annual review: added requirement that request is for an FDA-approved indication or supported by standard pharmacopeias; moved continuation of care language requirements from Section I to Section II; added criteria for combinations products and alternative dosage forms or strengths of existing drugs.
CP.PMN.17 droxidopa (Northera)	Clinically Significant Change(s)	4Q 2018 annual review: Medicaid: added the Continued Therapy requirement to provide documentation that the member has responded positively to therapy; removed the requirement to wait 365 days before reauthorizing Northera even in cases where efficacy at 14 days has been demonstrated; changed Continued Therapy approval duration from 14 days to 12 months; references reviewed and updated.
CP.PMN.53 Off Label Use	Clinically Significant Change(s)	4Q 2018 annual review: added criteria for combinations products and alternative dosage forms or strengths of existing drugs; added the following statement "Request is for a medical benefit drug without custom coverage

		criteria"; removed criteria requirements for non-formulary drugs as CP.PMN.16 would apply; references reviewed and updated.
CP.PMN.59 Quantity Limit Overrides	Clinically Significant Change(s)	4Q 2018 annual review: converted to new template; combined criteria sets for rare conditions and off-label use to apply more broadly; added oncology to list of possible continuation of care eligible conditions; referred off-label dosing to the off-label use policy; references reviewed and updated.
CP.PMN.74 Granisetron (Kytril, Sancuso, Sustol)	Clinically Significant Change(s)	Added Sustol to the policy; references reviewed and updated.
CP.PMN.75 tazarotene (Tazorac)	Clinically Significant Change(s)	4Q 2018 annual review: added specialist requirement; removed pregnancy as contraindication from initial approval criteria; changed dose limit from 1 package per claim to 1 tube per month; references reviewed and updated.
CP.PMN.114 betrixaban (Bevyxxa)	Clinically Significant Change(s)	4Q 2018 annual review: criteria removed requiring VTE risk reevaluation on discharge and VTE as positive response (VTE risk was established in hospital, continuing risk/response involves clinical judgment, the total treatment course is limited to 42 days, and premature discontinuation may pose risk); continuation or care added; references reviewed and updated.
CP.PMN.143 isotretinoin (Claravi, Absorica, Myorisan, Zenatane)	Clinically Significant Change(s)	Modified approval duration for Medicaid to 6 months to allow adequate time to achieve the cumulative dose of 120mg/kg-150mg/kg as this cumulative dose is associated with lower rate of relapse and need for retreatment.
Clinically Significant Change(s)		
CP.PHAR.130 avatrombopag (Doptelet)	New	Policy created.
CP.PHAR.131 Infertility and Fertility Preservation	New	Policy created: Medicaid lines of business added; two additional products added - Gonal-f and Gonal-f RFF Redi-ject; criteria updated and organized around three criteria sets for female infertility, male fertility, and prepubertal cryptorchidism; references reviewed and updated.
CP.PHAR.132 nitisinone (Orfadin, Nityr)	New	Policy created.
CP.PHAR.133 idelalisib (Zydelig)	New	Policy created: adapted from previously approved HIM.PA.SP49 and CP.CPA.278 Idelalisib (Zydelig) (both to be retired); new policy for Centene Medicaid; summarized NCCN and FDA-approved uses for improved clarity; added age requirement and specialist involvement in care; removed primary cutaneous B-cell lymphoma as a covered off-label

		indication (disease not listed in the NCCN compendium for Zydelig); updated continued therapy section to include language for continuity of care; references reviewed and updated.
CP.PHAR.134 Methotrexate (Otrexup, Rasuvo, Xatmep)	New	Policy created: adapted from CP.CPA.193 added Medicaid; Xatmep to policy; added specialist requirement; added age limits; references reviewed and updated.
CP.PHAR.135 Baricitinib (Olumiant)	New	Policy created.
CP.PHAR.136 Elagolix (Orilissa)	New	Policy created.
CP.PHAR.137 Ivosidenib (Tibsovo)	New	Policy created.
CP.PHAR.138 Lenvatinib (Lenvima)	New	Policy created.
CP.PHAR.139 Mogamulizumab-kpkc (Poteligeo)	New	Policy created.
CP.PHAR.140 Pegvaliase-pqpz (Palynziq)	New	Policy created.
CP.PHAR.141 Ribavirin (Copegus, Moderiba, Rebetol, Ribasphere)	New	Policy created: adapted from CP.CPA.252 policy; added Daklinza combination use to the policy; simplified policy to state "member must meet prior authorization criteria for" HCV agents as existing criteria were repetitive of approval criteria for an HCV agent; added age limit; references reviewed and updated.
CP.PHAR.142 adefovir (Hepsera)	New	Policy created.
CP.PHAR.143 betaine (Cystadane)	New	Policy created.
CP.PHAR.387 azacitidine (Vidaza)	New	Policy created: adapted from previously approved policy CP.CPA.295 (retired); specialist requirement added; age requirement added; for MDS, added option for member to have serum EPO > 500 mU/mL without 5q cytogenetic abnormality or received/not a candidate for stem cell transplant; initial max dosing added; updated NCCN-compendium supported uses for AML; modified approval duration from length of benefit to 6 months or to member's renewal date for commercial; references reviewed and updated.
CP.PHAR.388 Chloramphenicol	New	Policy created.
CP.PHAR.389 pegvisomant (Somavert)	New	Policy created - adapted from previously approved policy CP.CPA.154; specialist requirement added; age requirement added; modified trial and failure to a somatostatin analog; references reviewed and updated.

CP.PHAR.390 cholic Acid (Cholbam)	New	Policy created: adapted from previously approved policy CP.CPA.243; added specialist requirement; no significant change from previously approved corporate policy; references reviewed and updated.
CP.PHAR.391 Lanreotide (Somatuline Depot)	New	Policy created
CP.PHAR.392 pegademase Bovine (Adagen)	New	Policy created
CP.PHAR.393 Leucovorin Injection	New	Policy created: extended approval duration to standard for megaloblastic anemia; modified and adapted approval durations per standard for commercial and Medicaid lines of business; updated to include NCCN off-label recommended uses; references reviewed and updated.
CP.PMN.161 methadone (Dolophine)	New	Policy created. Adapted from CP.PPA.20; no significant changes; references reviewed and updated.
CP.PMN.162 moxidectin	New	Policy created.
CP.PMN.163 sodium zirconium cyclosilicate (Lokelma)	New	Policy created.
CP.PMN.165 fluorouracil Cream (Tolak)	New	Policy created: adapted from previously approved policy CP.CPA.163 (retired); Medicaid added; references reviewed and updated.
CP.PMN.166 luliconazole cream (Luzu)	New	Policy created
CP.PMN.167 neomycin-fluocinolone cream (Neo-Synalar)	New	Policy created
CP.PMN.168 ospemifene (Osphena)	New	Policy created
CP.PMN.169 methylnaltrexone Bromide (Relistor)	New	Policy created.
CP.PMN.170 eluxadoline (Viberzi)	New	Policy created: adapted from previously approved policy CP.CPA.167 (to be retired); added Medicaid line of business; removed trial/failure option of bulk forming agent to align with other existing IBS-D policies; references reviewed and updated.
CP.PMN.171 naloxegol (Movantik)	New	Policy created
CP.PMN.172 zolpidem (Edluar, Intermezzo, Zolpimist)	New	Policy created: policy split from and retired CP.CPA.265 non-benzodiazepine insomnia medications; added Medicaid line of business; added age limit; references reviewed and updated.
CP.PMN.173 ramelteon (Rozerem)	New	Policy created: split from and retired CP.CPA.265 non-benzodiazepine insomnia medications; added Medicaid line of business; added age limit;

		allowed zolpidem CR redirection as alternative to IR; references reviewed and updated.
CP.PMN.174 perindopril-amlodipine (Prestalia)	New	Policy created: adapted from CP.CPA.140 (to be retired); no significant changes; references reviewed and updated.
CP.PMN.175 doxepin (Silenor)	New	Policy created: split from and retired CP.CPA.265 non-benzodiazepine insomnia medications; added Medicaid line of business; added age limit; references reviewed and updated.
CP.PMN.176 amlodipine-atorvastatin (Caduet)	New	Policy created: adapted from CP.CPA.237 (to be retired); no significant changes; references reviewed and updated.
CP.PMN.177 Glycopyrronium (Qbrexza)	New	Policy created.
CP.PMN.178 Tafenoquine (Krintafel)	New	Policy created.
CP.PMN.179 megestrol Acetate Oral Suspension (Megace ES)	New	Policy created: adapted from previously approved policy HIM.PA.128; no significant changes; references reviewed and updated.
CP.PMN.180 halobetasol Propionate Lotion (Ultravate)	New	Policy created: adapted from previously approved policy CP.CPA.293 (retired); Medicaid line of business added; age requirement added; modified approval duration to 6 and 12 months; no significant changes; references reviewed and updated.
CP.PMN.181 calcipotriene-Betamethasone Dipropionate Foam (Enstilar)	New	Policy created: adapted from previously approved policy CP.CPA.255 (retired) and Medicaid line of business added; age requirement added; no significant changes; references reviewed and updated.
CP.PMN.182 betamethasone dipropionate (Sernivo)	New	Policy created: adapted from previously approved policy CP.CPA.255 (retired); age requirement added; no significant changes; references reviewed and updated.
CP.PHAR.68 gefitinib (Iressa)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; sensitizing EGFR mutations restated as examples per NCCN with related appendix information; references reviewed and updated.
CP.PHAR.79 lapatinib (Tykerb)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; summarized NCCN and FDA-approved uses for improved clarity; added specialist involvement in care; added age; added COC; references reviewed and updated.
CP.PHAR.125 palbociclib (Ibrance)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; summarized NCCN and FDA-approved uses for improved clarity; added specialist involvement in care; added age; added COC; references reviewed and updated.

CP.PHAR.170 degarelix acetate (Firmagon)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes, for oncology, summarized NCCN and FDA-approved uses for improved clarity (limited to diagnosis); specialist involvement in care and continuation of care added; references reviewed and updated.
CP.PHAR.171 goserelin acetate (Zoladex)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; for oncology, summarized NCCN and FDA-approved uses for improved clarity (limited to diagnosis); specialist involvement in care and continuation of care added; references reviewed and updated.
CP.PHAR.172 histrelin acetate (Vantas, Supprelin LA)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; for oncology, summarized NCCN and FDA-approved uses for improved clarity (limited to diagnosis); specialist involvement in care and continuation of care added; references reviewed and updated.
CP.PHAR.173 leuprolide acetate (Eligard, Lupaneta Pack, Lupron Depot, Lupron Depot-Ped)	No Sig Clinical Change(s)	4Q 2018 annual review; policies combined for Centene Medicaid; no significant changes; for oncology, summarized NCCN and FDA-approved uses for improved clarity (limited to diagnosis); specialist involvement in care and continuation of care added; references reviewed and updated.
CP.PHAR.174 nafarelin acetate (Synarel)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; references reviewed and updated.
CP.PHAR.175 triptorelin pamoate (Trelstar, Triptodur)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; policies combined for Centene Medicaid; for oncology, summarized NCCN and FDA-approved uses for improved clarity (limited to diagnosis); specialist involvement in care and continuation of care added; no significant changes; references reviewed and updated.
CP.PHAR.244 anakinra (Kineret)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; references reviewed and updated.
CP.PHAR.246 canakinumab (Ilaris)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; references reviewed and updated.
CP.PHAR.260 rituximab (Rituxan), Rituximab-Hyaluronidase (Rituxan Hycela)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; references reviewed and updated.
CP.PHAR.263 tocilizumab (Actemra)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; references reviewed and updated.

CP.PHAR.266 rilonacept (Arcalyst)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; references reviewed and updated.
CP.PHAR.294 Osimertinib (Tagrisso)	No Sig Clinical Change(s)	4Q 2018 annual review; no significant changes; references reviewed and updated.
CP.PHAR.306 ofatumumab (Arzerra)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; summarized NCCN and FDA-approved uses for improved clarity; added age requirement and specialist involvement in care; updated continued therapy section to include language for continuity of care; references reviewed and updated.
CP.PHAR.308 elotuzumab (Empliciti)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; NCCN and FDA-approved uses summarized for improved clarity; specialist involvement in care and continuation of care added; references reviewed and updated.
CP.PHAR.311 belinostat (Beleodaq)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; summarized NCCN and FDA-approved uses for improved clarity; added specialist involvement in care; references reviewed and updated.
CP.PHAR.313 pralatrexate (Folotyn)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; summarized NCCN and FDA-approved uses for improved clarity; added specialist involvement in care; added COC; references reviewed and updated
CP.PHAR.315 vincristine sulfate liposome injection (Marqibo)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; added age and prescriber restrictions; references reviewed and updated.
CP.PHAR.317 cetuximab (Erbitux)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes;; summarized NCCN and FDA-approved uses for improved clarity; added specialist involvement in care; references reviewed and updated
CP.PHAR.318 eribulin Mesylate (Halaven)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; summarized NCCN and FDA-approved uses for improved clarity; added specialist involvement in care; added COC; references reviewed and updated.
CP.PHAR.320 necitumumab (Portrazza)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; age, specialist involvement in care, continuation of care added; therapeutics alternatives table added; from previously approved corporate policy; references reviewed and updated.
CP.PHAR.321 panitumumab (Vectibix)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; summarized NCCN and FDA-approved uses for improved clarity; added specialist involvement in care; references reviewed and updated.

CP.PHAR.322 pembrolizumab (Keytruda)	No Sig Clinical Change(s	4Q 2018 annual review: no significant changes; references reviewed and updated.
CP.PHAR.324 temsirolimus (Torisel)	No Sig Clinical Change(s	4Q 2018 annual review: no significant changes; specialist involvement in care and continuation of care added; references reviewed and updated.
CP.PHAR.325 ziv-aflibercept (Zaltrap)	No Sig Clinical Change(s	4Q 2018 annual review: no significant changes; summarized NCCN and FDA-approved uses for improved clarity; added specialist involvement in care; references reviewed and updated
CP.PHAR.326 olaratumab (Lartruvo)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; NCCN and FDA-approved uses summarized for improved clarity; specialist involvement in care and continuation of care added; references reviewed and updated.
CP.PHAR.328 asfotase alfa (Strensiq)	No Sig Clinical Change(s)	4Q 2018 annual review: policies combined for Medicaid line of business; no significant changes from previously approved corporate policy;
CP.PHAR.346 sarilumab (Kevzara)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; references reviewed and updated.
CP.PHAR.352 daunorubicin/cytarabine (Vyxeos)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; added specialist prescriber requirement; added continuation of therapy language to Section II; references reviewed and updated.
CP.PHAR.357 copanlisib (Aliqopa)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; prescriber requirement; references reviewed and updated.
CP.PHAR.359 inotuzumab ozogamicin (Besponsa)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; added hematologist prescriber option, added continuity of care language to Section II; references reviewed and updated.
CP.PHAR.361 Tisagenlecleucel (Kymriah)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; for LBCL, clarified requirement of one anthracycline-containing regimen among the two lines

		of systemic therapy; added hematologist prescriber option; references reviewed and updated.
CP.PHAR.362 axicabtagene ciloleucel (Yescarta)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; added hematologist prescriber option; references reviewed and updated
CP.PHAR.364 guselkumab (Tremfya)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; references reviewed and updated.
CP.PHAR.375 brodalumab (Siliq)	No Sig Clinical Change(s)	4Q2018 annual review: no significant changes; references reviewed and updated.
CP.PMN.47 rifaximin (Xifaxan)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; references reviewed and updated.
CP.PMN.71 linaclotide (Linzess)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes from previously approved corporate policy; references reviewed and updated.
CP.PMN.73 lifitegrast (Xiidra)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; initial approval duration increased to 12 months; references reviewed and updated.
CP.PMN.87 plecanatide (Trulance)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes from previously approved corporate policy; references reviewed and updated.
CP.PMN.109 Suvorexant (Belsomra)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; references reviewed and updated.
CP.PMN.112 naldemedine (Symproic)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes from previously approved corporate policy; references reviewed and updated.
CP.PMN.115 delafloxacin (Baxdela)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; references reviewed and updated.
CP.PMN.116 l-glutamine (Endari)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; added continued therapy approval duration for commercial; references reviewed and updated.

CP.PMN.142 lubiprostone (Amitiza)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; references reviewed and updated.
CP.PMN.153 alosetron (Lotronex)	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes; references reviewed and updated.
CP.PST.01 Step Therapy	No Sig Clinical Change(s)	4Q2018 annual review: CP.PST.05 added; no significant changes from previously approved corporate criteria; references reviewed and updated.
OH.PHAR.PPA.02 Opioid Rx Limits	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes.
OH.PHAR.PPA.01 Stribild	No Sig Clinical Change(s)	4Q 2018 annual review: no significant changes.
CP.PHAR.299 gefitinib (Iressa)	Retire	Replace by CP.PHAR.68
CP.PHAR.356 bevacizumab-awwb (Mvasi)	Retire	Replaced by CP.PHAR.93 bevacizumab (Avastin, Mvasi)
CP.PPA.20 methadone (Dolophine®)	Retire	CP.PMN.161 Methadone (Dolophine)
CP.PST.05 Exemestane Step Therapy	Retire	Replaced by CP.PST.01
CP.PST.20 rosuvastatin (Crestor)	Retire	Replaced by CP.PST.01 Step Therapy

Based on Q4 P&T 2018