



Effective date: 03/01/20

Buckeye Health Plan

Medicaid Criteria Updates –Q12020

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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Coverage Criteria Guideline	Applicable Business	Revision Summary Description
Clinically Significant Change(s)		
CP.PHAR.65 Imatinib (Gleevec)	Medicaid	PVNS/TGCT: added requirement that disease is not amenable to improvement with surgery to align with Turalio since both drugs have the same recommendations for use per NCCN.
CP.PHAR.79 Lapatinib (Tykerb)	Medicaid	4Q 2019 annual review: added bone cancer off-label use criteria per NCCN 2A recommendation; references reviewed and updated.
CP.PHAR.93 Bevacizumab (Avastin, Mvasi, Zirabev)	Medicaid	4Q 2019 annual review: added NCCN category 2A recommended off-label uses: meningioma, small bowel adenocarcinoma; references reviewed and updated; added redirection to Mvasi for Avastin.
CP.PHAR.97 Eculizumab (Soliris)	Medicaid	Criteria added for new FDA indication: neuromyelitis optica spectrum disorder; references reviewed and updated.
CP.PHAR.98 Ruxolitinib (Jakafi)	Medicaid	Criteria added for new FDA indication: steroid-refractory acute graft-versus-host disease; references reviewed and updated.
CP.PHAR.129 Venetoclax (Venclexta)	Medicaid	4Q 2019 annual review: CLL/SLL monotherapy or combination therapy with rituximab added in the subsequent therapy setting; AML NCCN alternative uses for relapse/refractory disease and remission added; Appendix B updated to reconcile with similar policies; FDA/NCCN dosing limitation added; references reviewed and updated.
CP.PHAR.130 Avatrombopag (Doptelet)	Medicaid	4Q 2019 annual review: criteria added for new FDA indication: chronic immune thrombocytopenia; references reviewed and updated.
CP.PHAR.131 Infertility and Fertility Preservation	Medicaid	4Q 2019 annual review: references reviewed and updated.



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CP.PHAR.24 Fostamatinib (Tavalisse)	Commercial, HIM, Medicaid	1Q 2020 annual review: updated failure of corticosteroids and immune globulins to be at up to maximally indicated dose; references reviewed and updated.
CP.PHAR.40 Octreotide (Sandostatin, Sandostatin LAR)	Commercial, HIM*, Medicaid	1Q 2020 annual review: specialist added for acromegaly indication for alignment with other somatostatin analogs; changed Sandostatin LAR to be reviewed by HIM formulary exception policy; references reviewed and updated.
CP.PHAR.52 Interferon Gamma- 1b (Actimmune)	Commercial, HIM, Medicaid	1Q 2020 annual review: off-label age increased to 18 years; rheumatologist added as specialist for SMO; continuity of care added for oncology; references reviewed and updated
CP.PHAR.58 Denosumab (Prolia Xgeva)	Commercial, HIM, Medicaid	1Q 2020 annual review: Prolia: very high fracture risk or 3-year bisphosphonate trial added with required contraindication to both PO/IV formulations; specialists removed; age 18 or closed epiphyses added per PI; nonmetastatic limitation removed from prostate cancer per NCCN; breast cancer expanded to include men; Xgeva: examples of skeletal related event and solid tumor added; oncologist added; lower age limit and weight restriction removed from giant cell tumor to include NCCN recommended localized disease; NCCN recommended use for systemic mastocytosis added with Zometa trial; hypercalcemia continuation of therapy criteria removed given response fluidity; references reviewed and updated.
CP.PHAR.59 Zoledronic Acid (Reclast, Zometa)	Commercial, HIM, Medicaid	1Q 2020 annual review: Reclast: closed epiphyses added if less than 18 years; Paget disease - continuation criteria removed for individualization of therapy; Zometa: oncology - examples of skeletal related event and solid tumor added; oncologist and age added; NCCN recommended breast/prostate cancer and systemic mastocytosis uses added; hypercalcemia continuation of therapy criteria removed given response fluidity; references reviewed and updated.
CP.PHAR.61 Cinacalcet (Sensipar)	HIM, Medicaid	Revised positive response to therapy criterion to allow continuation of therapy if request is for dose increase.



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CP.PHAR.63 Everolimus (Afinitor, Afinitor Disperz, Zortress)	Commercial, HIM*, Medicaid	1Q 2020 annual review: TSC association seizures - neurologist added; meningioma removed NCCN 2B; NET bronchopulmonary disease added NCCN 2A; specified max dose requirement in continued therapy applies to all diagnoses except partial-onset seizures associated with TSC and organ rejection prophylaxis; references reviewed and updated.
CP.PHAR.84 Abiraterone (Zytiga, Yonsa)	Commercial, HIM, Medicaid	1Q 2020 annual review: modified to require that a GnRH analog should always be prescribed concurrently with abiraterone unless member has had a bilateral orchiectomy (regardless of CRPC or CSPC) per FDA labeling and NCCN guidelines; references reviewed and updated.
CP.PHAR.91 Vemurafenib (Zelboraf)	Commercial, HIM, Medicaid	1Q 2020 annual review: melanoma CNS metastasis no longer an alternative to the required mutation per NCCN 2B rating; references reviewed and updated.
CP.PHAR.97 Eculizumab (Soliris)	Commercial, HIM-Medical Benefit, Medicaid	1Q 2020 annual review: aHUS initial criteria and PNH/aHUS continued criteria updated to align with Ultomiris criteria; references reviewed and updated.
CP.PHAR.98 Ruxolitinib (Jakafi)	Commercial, HIM, Medicaid	1Q 2020 annual review: NCCN recommended use for chronic GVHD added with new NCCN guideline update to steroid refractory definitions at Appendix D; additional NCCN uses added for chronic myelomonocytic leukemia, chronic myeloid leukemia, acute lymphoblastic leukemia; references reviewed and updated; continuation approval duration increased to 12 months; references reviewed and updated.
CP.PHAR.100 Axitinib (Inlyta)	Commercial, HIM, Medicaid	1Q 2020 annual review: for RCC with clear cell histology added additional approval pathway for concurrent use with Keytruda or Bavencio consistent with NCCN Compendium; references reviewed and updated.
CP.PHAR.103 Immune Globulins	Commercial, HIM*, HIM-	Added hematologist as a prescriber option for primary immunodeficiencies. Added note that coverage exclusion of PANDAS does not apply to New Hampshire per state law NH SB 244.



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	Medical Benefit, Medicaid	
CP.PHAR.106 Enzalutamide (Xtandi)	HIM, Medicaid	1Q 2020 annual review: added coverage for metastatic castration-naïve prostate cancer per NCCN guidelines category 1 recommendation; modified to require that a GnRH analog should always be prescribed concurrently with Xtandi unless member has had a bilateral orchiectomy (regardless of metastatic or non-metastatic disease) per FDA labeling and NCCN guidelines; references reviewed and updated.
CP.PHAR.121 Nivolumab (Opdivo)	Commercial, HIM-Medical Benefit, Medicaid	1Q 2020 annual review: added off-label use in malignant pleural mesothelioma per NCCN recommendation update from category 2B to category 2A; added requirement for use in anal carcinoma as second line or subsequent therapy; added requirement for use in gestational trophoblastic neoplasia following a platinum/etoposide-containing regimen or in methotrexate-resistant, high-risk disease; references reviewed and updated.
CP.PHAR.179 Romiplostim (Nplate)	Commercial, HIM, Medicaid	1Q 2020 annual review: revised criteria to allow use in non-chronic ITP per revised prescribing information; revised systemic corticosteroid <i>and</i> immune globulin trial to tiered re-direction with immune globulin trial only if corticosteroid cannot be used; removed MDS from excluded diagnoses and added criteria set as NCCN supported category 2A recommendation for use; references reviewed and updated.
CP.PHAR.180 Eltrombopag (Promacta)	Commercial, HIM, Medicaid	1Q 2020 annual review: added MDS criteria set as NCCN supported category 2A recommendation for use; updated failure of corticosteroids and immune globulins to be at up to maximally indicated dose; references reviewed and updated.
CP.PHAR.184 Aflibercept (Eylea)	Commercial, HIM-Medical	1Q 2020 annual review: added requirement of less frequent dosing; references reviewed and updated.



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	Benefit, Medicaid	
CP.PHAR.188 Teriparatide (Forteo)	Commercial, HIM, Medicaid	1Q 2020 annual review: very high fracture risk or 3-year bisphosphonate trial added with required contraindication to both PO/IV formulations; specialists removed; age 18 or closed epiphyses added per PI; references reviewed and updated
CP.PHAR.189 Ibandronate injection (Boniva)	Commercial, HIM, Medicaid	1Q20 annual review: age - added closed epiphyses if younger than 18; references reviewed and updated.
CP.PHAR.233 RimabotulinumtoxinB (Myobloc)	Commercial, HIM-Medical Benefit, Medicaid	Criteria added for new FDA indication: chronic sialorrhea; added in Section III that for Ambetter, hyperhidrosis is a benefit exclusion categorized as a cosmetic service; references reviewed and updated.
CP.PHAR.235 Atezolizumab (Tecentriq)	HIM-Medical Benefit, Medicaid	1Q 2020 annual review: For NSCLC, added indication as subsequent therapy if no progression on other PD-1/PDL-1 inhibitors; references reviewed and updated.
CP.PHAR.283 Lomitapide (Juxtapid)	Commercial, Medicaid	1Q 2020 annual review: increased the timeframe for LDL-C lab draws from 30 days to 60 days; concomitant statin usage section modified to more clearly delineate between patients who are currently on statin therapy vs. those who are not, and for the latter, to require documentation of a prior trial of two statins with documentation of statin risk factors or intolerance; criteria for statin-rechallenge in the setting of SAMS are added; Appendix D updated based on 2018 ACC/AHA guidelines; references reviewed and updated.
CP.PHAR.284 Mipomersen (Kynamro)	Commercial, Medicaid	1Q 2020 annual review: increased the timeframe for LDL-C lab draws from 30 days to 60 days; concomitant statin usage section modified to more clearly delineate between patients who are currently on statin therapy vs. those who are not, and for the latter, to require documentation of



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		a prior trial of two statins with documentation of statin risk factors or intolerance; criteria for statin-rechallenge in the setting of SAMS are added; Appendix D updated based on 2018 ACC/AHA guidelines; references reviewed and updated.
CP.PHAR.285 Nintedanib (Ofev)	Commercial, HIM, Medicaid	Criteria added for new FDA indication: SSc-ILD; diagnostic criteria added for IPF; references reviewed and updated.
CP.PHAR.301 Erwinia Asparaginase (Erwinaze)	HIM, Medicaid	1Q 2020 annual review: induction therapy added per NCCN for members 65 or older; references reviewed and updated.
CP.PHAR.333 Avelumab (Bavencio)	HIM-Medical Benefits, Medicaid	1Q 2020 annual review: examples added per NCCN for advanced RCC, limited to first-line therapy per PI and NCCN; references reviewed and updated.
CP.PHAR.360 Olaparib (Lynparza)	Commercial, HIM, Medicaid	1Q 2020 annual review: added off-label NCCN Compendium supported use in pancreatic adenocarcinoma; references reviewed and updated.
CP.PHAR.367 Letemovir (Prevymis)	Commercial, HIM-Medical Benefit, Medicaid	1Q 2020 annual review: added pathway to approval to bypass valacyclovir or ganciclovir trial for members who are high risk for CMV infection; added information for defining high risk in Appendix D; references reviewed and updated.
CP.PHAR.408 Niraparib (Zejula)	Commercial, Medicaid	1Q 2020 annual review: criteria added for expanded FDA-indication in advanced ovarian, fallopian tube, or primary peritoneal cancer after treated with three or more prior chemotherapy regimens and whose cancer is associated with HRD positive status; references reviewed and updated.



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CP.PHAR.412 Gilteritinib (Xospata)	Commercial, HIM, Medicaid	1Q 2020 annual review: Nexavar added as a prior therapy option given unique place in FLT3 therapy per NCCN; references reviewed and updated.
CP.PHAR.413 Glasdegib (Daurismo)	Commercial, HIM, Medicaid	1Q 2020 annual review: AML NCCN recommended use added for relapsed disease; references reviewed and updated.
CP.PHAR.414 Larotrectinib (Vitrakvi)	Commercial, HIM, Medicaid	1Q 2020 annual review: criteria adjusted to accommodate NCCN recommended uses; references reviewed and updated.
CP.PHAR.415 Ravulizumab-cwvz (Ultomiris)	Commercial, HIM*, Medicaid	1Q 2020 annual review: criteria added for new FDA indication: aHUS; references reviewed and updated.
CP.PHAR.428 Romosozumab-aqqg (Evenity)	Commercial, HIM*, Medicaid	1Q 2020 annual review: very high fracture risk or 3-year bisphosphonate trial added with required contraindication to both PO/IV formulations; specialists removed; age 18 or closed epiphyses added per PI; references reviewed and updated.
CP.PHAR.434 Bremelanotide (Vyleesi)	Commercial, Medicaid	Removed TBD HIM* line of business; added 3-month trial and failure of bupropion; added Vyleesi is not prescribed concurrently with Addyi; references reviewed and updated.
CP.PMN.21 Becaplermin (Regranex)	Medicaid	1Q 2020 annual review: based on new clinical data demonstrating no increase in cancer mortality risk and the FDA's subsequent removal of the boxed warning, modified quantity restriction from 2 tubes/lifetime to 1 tube/30 days and modified approval durations from 1 tube to 6 months; references reviewed and updated.



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CP.PMN.22 Brand Name Override	Medicaid	1Q 2020 annual review: revised to limit indications to FDA-approved uses and added reference to off-label use policy; removed 'for the relevant off-label use' from dosing limits; references reviewed and updated.
CP.PMN.27 Linezolid (Zyvox)	HIM*, Medicaid	1Q 2020 annual review: Criteria added for treatment of multi-drug resistant and extensively drug resistant TB with pretomanid; Added general information regarding all oral combination regimen of pretomanid, bedaquiline, and linezolid based on FDA briefing document; removed that linezolid should be prescribed by or in consultation with an ID specialist; references reviewed and updated.
CP.PMN.62 Tedizolid (Sivextro)	HIM*, Medicaid	1Q 2020 annual review: Removed the requirement that tedizolid be prescribed by or in consultation with an ID specialist, for consistency with policies of related drugs; references reviewed and updated.
CP.PMN.212 Bedaquiline (Sirturo)	HIM, Medicaid	Criteria added for treatment of multi-drug resistant and extensively drug resistant TB with pretomanid; Added general information regarding all oral combination regimen of pretomanid, bedaquiline, and linezolid based on FDA briefing document; references reviewed and updated.
New Policies		
CP.PHAR.444 Afamelanotide (Scenesse)	Commercial, TBD HIM*, Medicaid	Policy Created
CP.PHAR.445 Brolucizumab (Beovu)	Commercial, TBD HIM*, Medicaid	Policy Created
CP.PHAR.446 Flibanserin (Addyi)	Commercial, Medicaid	Policy Created



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CP.PHAR.447 Mercaptopurine (Purixan)	Commercial, Medicaid	Policy Created
CP.PHAR.448 Mometasone furoate (Sinuva)	Commercial, HIM-Medical Benefit, Medicaid	Policy Created
CP.PMN.217 Istradefylline (Nourianz)	Commercial, TBD HIM*, Medicaid	Policy Created
CP.PMN.218 Lasmiditan (Reyvow)	Commercial, TBD HIM*, Medicaid	Policy Created
CP.PMN.219 Lefamulin (Xenleta)	Commercial, TBD HIM*, Medicaid	Policy Created
CP.PMN.220 Peanut allergen powder (Palforzia)	Commercial, TBD HIM*, Medicaid	Policy Created
CP.PMN.221 Pitolisant (Wakix)	Commercial, TBD HIM*, Medicaid	Policy Created



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CP.PMN.222 Pretomanid	Commercial, TBD HIM*, Medicaid	Policy Created
CP.PMN.223 Rifabutin (Mycobutin), Rifabutin, omeprazole, amoxicillin (Taliaia)	HIM*, Medicaid	Policy Created
CP.PMN.224 Tenapanor (Ibsrela)	Commercial, HIM*, Medicaid	Policy Created
CP.PMN.225 Trifarotene (Aklief)	Commercial, TBD HIM*, Medicaid	Policy Created
OH.PHAR.PPA.21 Analgesic Agents – NSAIDs	Medicaid	Policy Created
OH.PHAR.PPA.22 Gout	Medicaid	Policy Created
OH.PHAR.PPA.23 Opioids	Medicaid	Policy Created
OH.PHAR.PPA.24 Hematopoietic Agents	Medicaid	Policy Created
OH.PHAR.PPA.25 Colony Stimulating Factors	Medicaid	Policy Created
OH.PHAR.PPA.26 Hemophilia Factors	Medicaid	Policy Created
OH.PHAR.PPA.27 Heparin Related Preparations	Medicaid	Policy Created



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OH.PHAR.PPA.28 Oral Anticoagulants and Antiplatelet Agents	Medicaid	Policy Created
OH.PHAR.PPA.29 Angina, Hypertension and Heart Failure	Medicaid	Policy Created
OH.PHAR.PPA.30 Antiarrhythmics	Medicaid	Policy Created
OH.PHAR.PPA.31 Cardiovascular Agents Lipotropics	Medicaid	Policy Created
OH.PHAR.PPA.32 Pulmonary Arterial Hypertension	Medicaid	Policy Created
OH.PHAR.PPA.33 Alzheimers Agents	Medicaid	Policy Created
OH.PHAR.PPA.34 Anti-Migraine Agents	Medicaid	Policy Created
OH.PHAR.PPA.35 Anticonvulsants	Medicaid	Policy Created
OH.PHAR.PPA.36 Antidepressants	Medicaid	Policy Created
OH.PHAR.PPA.37 Atypical Antipsychotics	Medicaid	Policy Created
OH.PHAR.PPA.38 Attention Deficit Hyperactivity Disorder Agents	Medicaid	Policy Created
OH.PHAR.PPA.39 Fibromyalgia Agents	Medicaid	Policy Created
OH.PHAR.PPA.40 Medication Assisted Treatment of Opioid Addiction	Medicaid	Policy Created
OH.PHAR.PPA.41 Multiple Sclerosis	Medicaid	Policy Created



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OH.PHAR.PPA.42 Neuropathic Pain	Medicaid	Policy Created
OH.PHAR.PPA.43 Parkinson's Agents	Medicaid	Policy Created
OH.PHAR.PPA.44 Restless Legs Syndrome Agents	Medicaid	Policy Created
OH.PHAR.PPA.45 Sedative Hypnotic, Non-Barbiturate Agents	Medicaid	Policy Created
OH.PHAR.PPA.46 Skeletal Muscle Relaxants, Non-Benzodiazepine	Medicaid	Policy Created
OH.PHAR.PPA.48 Androgens	Medicaid	Policy Created
OH.PHAR.PPA.49 Diabetes-insulin	Medicaid	Policy Created
OH.PHAR.PPA.50 Diabetes-non-insulin	Medicaid	Policy Created
OH.PHAR.PPA.51 Estrogenic agents	Medicaid	Policy Created
OH.PHAR.PPA.53 Endocrine agents Growth Hormone	Medicaid	Policy Created
OH.PHAR.PPA.54 Osteoporosis-Bone Ossification Enhancers	Medicaid	Policy Created
OH.PHAR.PPA.55 Anti-Emetics	Medicaid	Policy Created
OH.PHAR.PPA.56 Irritable Bowel Syndrome (IBS) - Selected GI	Medicaid	Policy Created
OH.PHAR.PPA.57 Opioid-Induced Constipation	Medicaid	Policy Created
OH.PHAR.PPA.58 Pancreatic Enzymes	Medicaid	Policy Created



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OH.PHAR.PPA.59 Proton Pump Inhibitors	Medicaid	Policy Created
OH.PHAR.PPA.60 Ulcerative Colitis Agents	Medicaid	Policy Created
OH.PHAR.PPA.61 Benign Prostatic Hyperplasia Agents	Medicaid	Policy Created
OH.PHAR.PPA.62 Electrolyte Depleter Agents	Medicaid	Policy Created
OH.PHAR.PPA.63 Urinary Antispasmodic Agents	Medicaid	Policy Created
OH.PHAR.PPA.64 Immunomodulator Agents for Systemic Inflammatory Disease	Medicaid	Policy Created
OH.PHAR.PPA.65 Infectious Disease Agents - Antibiotics – Cephalosporins	Medicaid	Policy Created
OH.PHAR.PPA.66 Infectious Disease Agents - Antibiotics - Macrolides	Medicaid	Policy Created
OH.PHAR.PPA.67 Infectious Disease Agents - Antibiotics - Quinolones	Medicaid	Policy Created
OH.PHAR.PPA.68 Infectious Disease Agents - Antibiotics - Inhaled	Medicaid	Policy Created
OH.PHAR.PPA.69 Infectious Disease Agents - Antibiotics - Tetracyclines	Medicaid	Policy Created



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OH.PHAR.PPA.70 Infectious Disease Agents - Antifungals for Onychomycosis & Systemic Infections	Medicaid	Policy Created
OH.PHAR.PPA.71 Infectious Disease Agents - Antivirals - Hepatitis C Agents	Medicaid	Policy Created
OH.PHAR.PPA.72 Infectious Disease Agents - Antivirals - Herpes	Medicaid	Policy Created
OH.PHAR.PPA.73 Infectious Disease Agents - Antivirals - HIV	Medicaid	Policy Created
OH.PHAR.PPA.74 Ophthalmic Agents Antibiotic and Antibiotic-Steroid Combination Drops and Ointments	Medicaid	Policy Created
OH.PHAR.PPA.75 Ophthalmic Agents Antihistamines & Mast Cell Stabilizers	Medicaid	Policy Created
OH.PHAR.PPA.76 Ophthalmic Agents Dry Eye Treatments	Medicaid	Policy Created
OH.PHAR.PPA.77 Ophthalmic Agents Glaucoma Agents	Medicaid	Policy Created
OH.PHAR.PPA.78 Ophthalmic Agents NSAIDS	Medicaid	Policy Created
OH.PHAR.PPA.79 Otic Agents Antibacterial and Antibacterial Steroid Combinations	Medicaid	Policy Created



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OH.PHAR.PPA.80 Respiratory Agents - Antihistamines - Second Generation	Medicaid	Policy Created
OH.PHAR.PPA.81 Respiratoy Agents - Beta-Adrenergic Agonists - Inhaled, Short Acting	Medicaid	Policy Created
OH.PHAR.PPA.82 Respiratoy Agents - Beta-Adrenergic Agonists - Inhaled, Long Acting	Medicaid	Policy Created
OH.PHAR.PPA.83 Respiratory Agents - Chronic Obstructive Pulmonary Disease	Medicaid	Policy Created
OH.PHAR.PPA.84 Respiratory Agents - Epinephrine Auto-Injectors	Medicaid	Policy Created
OH.PHAR.PPA.85 Respiratory Agents - Glucocorticoids – Inhaled	Medicaid	Policy Created
OH.PHAR.PPA.86 Respiratory Agents - Hereditary Angioedema	Medicaid	Policy Created
OH.PHAR.PPA.87 Respiratory Agents - Leukotriene Recepto Modifiers and Inhibitors	Medicaid	Policy Created
OH.PHAR.PPA.88 Respiratory Agents - Nasal Preparations	Medicaid	Policy Created
OH.PHAR.PPA.89 Topical Agents Acne Preparations	Medicaid	Policy Created



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OH.PHAR.PPA.90 Topical Agents Anti Fungals	Medicaid	Policy Created
OH.PHAR.PPA.91 Topical Agents Anti-Parasitics	Medicaid	Policy Created
OH.PHAR.PPA.92 Topical Agents Corticosteroids	Medicaid	Policy Created
OH.PHAR.PPA.93 Topical Agents Immunomodulators	Medicaid	Policy Created
OH.PHAR.PPA.94 Dupilumab (Dupixent)	Medicaid	Policy Created
No Significant Clinical Changes		
CP.PHAR.01 Omalizumab (Xolair)	Commercial, HIM, Medicaid	1Q 2020 annual review: no significant changes; added requirement that Xolair is not prescribed concurrently with other biologic therapies for asthma; references reviewed and updated.
CP.PHAR.05 Hyaluronate derivatives	Commercial, HIM-Medical Benefits, Medicaid	1Q 2020 annual review: no significant changes; added examples of positive but inadequate response to intra-articular glucocorticoids to Appendix D; moved examples of positive response to therapy from Appendix D to criterion 2 in section IIA; references reviewed and updated.
CP.PHAR.14 Hydroxyprogesterone caproate (Makena)	Commercial, HIM-Medical Benefits, Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.



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Buckeye Health Plan

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CP.PHAR.43 Sapropterin (Kuvan)	Commercial, HIM, Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.80 Vandetanib (Caprelsa)	HIM, Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.93 Bevacizumab (Avastin, Mvasi, Zirabev)	Commercial, HIM*, Medicaid	1Q 2020 annual review: added HIM-Medical Benefit line of business; added redirection to Mvasvi for Avastin.
CP.PHAR.94 Alpha1-Proteinase Inhibitors	Commercial, HIM*, Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.96 Naltrexone (Vivitrol)	Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.101 Mifepristone (Korlym)	Commercial, Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.111 Cabozantinib (Cabometyx, Cometriq)	Commercial, HIM*, Medicaid	1Q 2020 annual review: no significant changes; updated Cabometyx FDA approved indications to include HCC and removed off-label designation; references reviewed and updated.
CP.PHAR.115 Pegloticase (Krystexxa)	Commercial, HIM, Medicaid	1Q 2020 annual review: no significant changes; added HIM line of business; references reviewed and updated.
CP.PHAR.119 Ramucirumab (Cyramza)	HIM-Medical Benefits, Medicaid	1Q 2020 annual review: no significant changes; added HIM line of business; references reviewed and updated.



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CP.PHAR.126 Ibrutinib (Imbruvica)	Commercial, HIM, Medicaid	1Q 2020 annual review: no significant changes; added HIM line of business; references reviewed and updated.
CP.PHAR.165 Ferumoxytol (Feraheme)	Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.166 Ferric Gluconate (Ferrlecit)	Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.167 Iron Sucrose (Venofer)	Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.168 Corticotropin (H.P. Acthar)	Commercial, HIM, Medicaid	1Q 2020 annual review: no significant changes; added mL quantity limits for multiple sclerosis and nephrotic syndrome indications; references reviewed and updated.
CP.PHAR.181 Hemin (Panhematin)	Commercial, Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.185 Pegaptanib (Macugen)	Commercial, Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.186 Ranibizumab (Lucentis)	Commercial, HIM-Medical Benefits, Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.187 Verteporfin (Visudyne)	Commercial, Medicaid	1Q 2020 annual review: no significant changes; added Avastin biosimilar to therapeutic alternatives; references reviewed and updated.
CP.PHAR.200 Mepolizumab (Nucala)	Commercial, HIM, Medicaid	1Q 2020 annual review: no significant changes; criteria updated to include asthma pediatric expansion for age 6-11 years; added requirement that Nucala is not prescribed concurrently with other biologic therapies for asthma; references reviewed and updated.



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CP.PHAR.203 Cosyntropin (Cortrosyn)	Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.204 Trabectedin (Yondelis)	HIM-Medical Benefits, Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.206 Carglumic acid (Carbaglu)	Commercial, HIM, Medicaid	1Q 2020 annual review: no significant changes; added dosing for maintenance hyperammonemia; references reviewed and updated.
CP.PHAR.207 Glycerol phenylbutyrate (Ravicti)	Commercial, Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.208 Sodium phenylbutyrate (Buphenyl)	Commercial, Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.212 Dornase alfa (Pulmozyme)	HIM, Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.214 Desmopressin (DDAVP, Stimate, Nocturna, Noctiva)	Commercial, HIM*, HIM-Medical Benefits, Medicaid	1Q 2020 annual review: no significant changes; added HIM-Medical Benefit line of business; references reviewed and updated.
CP.PHAR.223 Reslizumab (Cinqair)	Commercial, HIM-Medical Benefits, Medicaid	1Q 2020 annual review: no significant changes; added HIM-Medical Benefit; added requirement that Cinqair is not prescribed concurrently with other biologic therapies for asthma; references reviewed and updated.



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CP.PHAR.234 Ferric Carboxymaltose (Injectafer)	Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.282 Parathyroid hormone (Natpara)	Commercial, Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.288 Eteplirsen (Exondys 51)	Commercial, HIM, Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.289 Buprenorphine (Probuphine, Sublocade)	Commercial, HIM-Medical Benefits, Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.300 Bezlotoxumab (Zinplava)	Commercial, HIM-Medical Benefits, Medicaid	1Q20 annual review: no significant changes; added HIM-Medical Benefit line of business; references reviewed and updated.
CP.PHAR.327 Nusinersen (Spinraza)	Commercial, HIM-Medical Benefits, Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.329 Siltuximab (Sylvant)	Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.330 Protein C Concentrate Human (Ceprotrin)	Commercial, HIM-Medical	1Q 2020 annual review: added commercial line of business; references reviewed and updated.



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	Benefits, Medicaid	
CP.PHAR.331 Deflazacort (Emflaza)	Commercial, HIM, Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.350 Rucaparib (Rubraca)	Commercial, Medicaid	1Q 2020 annual review: no significant changes; added quantity limit of 4 tablets for max dosing; references reviewed and updated.
CP.PHAR.361 Tisagenlecleucel (Kymriah)	Commercial, HIM-Medical Benefits, Medicaid	1Q 2020 annual review: no significant changes; updated therapeutic alternatives to include regimens for Ph-negative ALL; added HCPCS codes; references reviewed and updated.
CP.PHAR.362 Axicabtagene ciloleucel (Yescarta)	Commercial, HIM-Medical Benefits, Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.366 Acalabrutinib (Calquence)	Commercial, Medicaid	1Q 2020 annual review: no clinically significant changes; references reviewed and updated.
CP.PHAR.368 Pemetrexed (Alimta)	HIM-Medical Benefits, Medicaid	1Q 2020 annual review: no clinically significant changes; references reviewed and updated.
CP.PHAR.371 Triamcinolone ER Injection (Zilretta)	Commercial, HIM-Medical	1Q 2020 annual review: no significant changes; modified NSAID trial duration to 4 weeks to align with existing requirements for hyaluronates; references reviewed and updated.



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	Benefits, Medicaid	
CP.PHAR.372 Voretigene neparvovec-rzyl (Luxturna)	Commercial, HIM-Medical Benefits, Medicaid	1Q 2020 annual review; no significant changes; removed baseline MLMT test requirement due to absence of available test sites; references reviewed and updated.
CP.PHAR.373 Benralizumab (Fasenra)	Commercial, HIM-Medical Benefits, Medicaid	1Q 2020 annual review: no significant changes; added requirement that Fasenra is not prescribed concurrently with other biologic therapies for asthma; added new autoinjector formulation; references reviewed and updated.
CP.PHAR.388 Chloramphenicol	Commercial, HIM, Medicaid	1Q 2020 annual review: no significant changes; added renewal criteria to allow for continuity of care upon hospital discharge; references reviewed and updated.
CP.PHAR.402 Emapalumab-lzsg (Gamifant)	Commercial, HIM-Medical Benefits, Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.405 Inotersen (Tegsedi)	Commercial, HIM, Medicaid	1Q 2020 annual review: no significant clinical changes; references reviewed and updated.
CP.PHAR.407 Lusutrombopag (Mulpleta)	Commercial, HIM, Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.



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CP.PHAR.409 Talazoparib (Talzenna)	Commercial, HIM, Medicaid	1Q 2020 annual review: no significant changes; added recurrent or locally advanced breast cancer to align with NCCN and FDA-approved indication; references reviewed and updated.
CP.PHAR.410 Bortezomib (Velcade)	Commercial, HIM, Medicaid	1Q 2020 annual review: no clinically significant changes; references reviewed and updated.
CP.PHAR.411 Amifampridine (Firdapse, Ruzurgi)	Commercial, HIM*, Medicaid	1Q 2020 annual review: no significant changes; added quantities associated with dosing requirements; for Ruzurgi requests added reference to HIM non-formulary policy in approval durations for each criteria set; references reviewed and updated.
CP.PMN.05 Rifapentine (Priftin)	Medicaid	1Q 2020 annual review: no significant changes; latent tuberculosis infection dosing regimen updated to include self-administration as per updated CDC recommendations; references reviewed and updated.
CP.PMN.20 Aspirin-dipyridamole (Aggrenox)	HIM*, Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.52 Omega-3-Acid Ethyl Esters (Lovaza)	Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.90 Benznidazole	Commercial, Medicaid	1Q 2020 annual review; no significant changes, removed HIM line of business; aligned the maximum auth duration for Other diagnoses/indications to 60 days; references reviewed and updated.
CP.PMN.93 Dextromethorphan-Quinidine (Nuedexta)	Commercial, HIM, Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.



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CP.PMN.99 Prasterone (Intrarosa)	Commercial, Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.103 Secnidazole (Solosec)	Commercial, HIM, Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.104 Tasimelteon (Hetlioz)	Commercial, HIM, Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.151 QL of Blood Glucose Test Strips Not Receiving insulin	Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.158 Netupitant and Palonosetron (Akynzeo)	HIM*, HIM-Medical Benefit, Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.159 Dronabinol (Marinol, Syndros)	Commercial, Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.160 Nabilone (Cesamet)	Commercial, Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.178 Tafenoquine (Arakoda)	Commercial, Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.186 Cenegermin-bkbj (Oxervate)	Commercial, HIM, Medicaid	1Q 2020 annual review: no significant changes; references reviewed and updated.



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CP.PMN.190 Segesterone-Ethinyl Estradiol (Annovera)	Commercial, Medicaid	1Q 2020 annual review: no significant changes; removed TBD HIM from line of business; references reviewed and updated
OH.PHAR.PPA.19 Omnipod	Medicaid	1Q 2020 annual review: no significant changes
UM ONC_1028 Avastin (bevacizumab)/Mvasi (bevacizumab-awwb)/ Zirabev (bevacizumab-bvzr)	Medicaid	Added redirection to Mvasi for Avastin.

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