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## Buckeye Health Plan Medicaid Criteria Updates – Q1 2019

**B**uckeye Health Plan (BHP) routinely reviews their Prior Authorization (PA) and Medical Necessity (MN) criteria. Decisions on PA and MN criteria content are coordinated with input from pharmacy and medical practitioners, Buckeye Health Plan representatives, and review of current available medical literature and professional standards of practice. Below is the list of changes to the Medicaid criteria this quarter.

*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](http://www.buckeyehealthplan.com)*

Coverage Criteria Guideline	Status	Applicable Business	Revision Summary Description
<b>Clinically Significant Change(s)</b>			
CP.PHAR.01 Omalizumab (Xolair)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: modified ICS requirement to include medium dose ICS per GINA 2018 recommendations; added option for immunologist prescribing; removed non-objective examples of positive response for continuation of therapy; 6 month initial approval duration applied to all lines of business for all indications; references reviewed and updated.
CP.PHAR.05 Hyaluronate derivatives	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: added VISCO-3, Supartz, TriVisc; expanded accepted specialists to include physical medicine and rehabilitation specialist, pain management specialist, or sports medicine physician; references reviewed and updated.
CP.PHAR.40 Octreotide (Sandostatin, Sandostatin LAR)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review; off-label NCCN recommended uses added for tumor control of neuroendocrine tumors with or without symptoms; positive octreotide scan added for insulinoma and meningioma per NCCN; references reviewed and updated.

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CP.PHAR.58 Denosumab (Prolia Xgeva)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: Criteria added for new FDA indication for Prolia: glucocorticoid-induced osteoporosis; removed requirement for objective diagnosis of high fracture risk osteoporosis in prostate or breast cancer treatment with induced bone loss; references reviewed and updated.
CP.PHAR.59 Zoledronic Acid (Reclast, Zometa)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: modified Paget's disease to only require diagnosis; added geriatrician prescriber option; removed previous requirement that physiatrist prescriber applies only to postmenopausal osteoporosis; references reviewed and updated.
CP.PHAR.63 Everolimus (Afinitor, Afinitor Disperz, Zortress)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review; age added for oncology indications; breast cancer - prior therapy changed from aromatase inhibitor to endocrine therapy and combination therapy expanded to include fulvestrant or tamoxifen per NCCN; RCC prior therapy broadened to encompass NCCN listed therapies; TSC-seizures limited to Afinitor Disperz per label; section G off-label uses - meningioma added, osteosarcoma removed, prior therapy added for DTC per NCCN; references reviewed and updated.
CP.PHAR.74 Erlotinib (Tarceva)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review; "recurrent" added to NSCLC and pancreatic cancer per NCCN; off-label NSCLC CNS metastases moved under NSCLC; FDA approved therapies removed from off-label RCC criteria as none are specifically labeled for non-clear cell; positive response to therapy for continued coverage added; references reviewed and updated.
CP.PHAR.91 Vemurafenib (Zelboraf)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review; age changed from 15 to 18 years per PI; FDA approved test restriction removed; melanoma brain metastasis moved under melanoma criteria set and mutation changed from BRAF V600E to V600 per NCCN; hematologist added as specialist for hairy cell leukemia and failure of specific drugs replaced with Zelboraf as subsequent therapy given additional NCCN recommended uses; for thyroid carcinoma, required failure of lenvatinib and sorafenib removed as they are not labeled for the BRAF mutation; CRC off-label use added; references reviewed and updated.
CP.PHAR.94 Alpha1-Proteinase Inhibitors	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: per 2018 GOLD and 2003 ATS guidelines, references reviewed and updated.
CP.PHAR.98 Ruxolitinib (Jakafi)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review; intermediate or high-risk MF is removed to accommodate additional NCCN recommendations; interferons are added to PCV as a failed trial choice per NCCN; references reviewed and updated.

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CP.PHAR.100 Axitinib (Inlyta)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review; thyroid carcinoma - DTC is added to diagnosis for clarity, metastatic/iodine refractory is removed and a drug trial is added per NCCN; references reviewed and updated.
CP.PHAR.106 Enzalutamide (Xtandi)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: Criteria added for new FDA indication: non-metastatic CRPC; removed requirement for metastatic disease as Xtandi is now approved for non-metastatic prostate cancer; added requirement for non-metastatic disease that Xtandi be used with a GnRH analog or member has had a bilateral orchiectomy; added urologist prescriber option; references reviewed and updated.
CP.PHAR.111 Cabozantinib (Cabometyx, Cometriq)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review; recurrent or unresectable added to MTC per NCCN; off-label DTC and HCC uses added; references reviewed and updated.
CP.PHAR.115 Pegloticase (Krystexxa)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: removed the requirement for G6PD deficiency testing to align with the previously approved Corporate approach for G6PD deficiency testing; references reviewed and updated.
CP.PHAR.119 Ramucirumab (Cyramza)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review; NCCN and FDA-approved uses summarized for improved clarity - progression on specific therapies removed across indications; for CRC combination therapy with irinotecan is added; references reviewed and updated.
CP.PHAR.121 Nivolumab (Opdivo)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review; ages adjusted per PI to 18 and older for all indications except CRC; melanoma - brain metastasis is deleted and incorporated under a diagnosis of melanoma; for NSCLC, progression on platinum therapy changed to progression on systemic therapy to encompass progression on first-line targeted therapy per PI and NCCN; off-label NCCN recommended trophoblastic tumor is added; dMMR/MSI-H metastatic rectal cancer removed from off-label section as it is represented under the CRC labeled use; for RCC, combination dosing with Yervoy added per PI; references reviewed and updated.
CP.PHAR.126 Ibrutinib (Imbruvica)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: for CLL/SLL, added requirement for single agent use per updated NCCN guidelines since combo use is category 2B; for FL, revised requirement of trial and failure to one prior therapy instead of two per updated NCCN guidelines; for CNS lymphoma, added hematologist prescriber option; consolidated criteria for NCCN compendium off-label uses; references reviewed and updated.

CP.PHAR.165 Ferumoxytol (Feraheme)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review; new indication for members without CKD changed from off-label to FDA-approved coverage; under IDA initial and continuation criteria, a serum ferritin of less than or equal to 500 is edited by deleting the additional requirement of receiving an ESA based on the KDIGO 2012 guidelines which do not include this restriction; under IDA and IDA with CKD continuation criteria, the greater than or equal to 4 week waiting period before retesting after the last IV iron administration is removed per the KDIGO 2012 guidelines which note that only one week need pass before retesting; references reviewed and updated.
CP.PHAR.166 Ferric Gluconate (Ferrlecit)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review; under IDA initial and continuation criteria, a serum ferritin of less than or equal to 500 is edited by deleting the additional requirement of receiving an ESA based on the KDIGO 2012 guidelines which do not include this restriction; under IDA and IDA with CKD continuation criteria, the greater than or equal to 4 week waiting period before retesting after the last IV iron administration is removed per the KDIGO 2012 guidelines which note that only one week need pass before retesting; references reviewed and updated.
CP.PHAR.167 Iron Sucrose (Venofer)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review; under IDA initial and continuation criteria, a serum ferritin of less than or equal to 500 is edited by deleting the additional requirement of receiving an ESA based on the KDIGO 2012 guidelines which do not include this restriction; under IDA and IDA with CKD continuation criteria, the greater than or equal to 4 week waiting period before retesting after the last IV iron administration is removed per the KDIGO 2012 guidelines which note that only one week need pass before retesting; references reviewed and updated.
CP.PHAR.177 Ecallantide (Kalbitor)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: added quantity limit of 4 doses per month for treatment of acute attacks; added requirement that member is not using requested product in combination with other approved treatments for the treatment of acute HAE attacks; references reviewed and updated.
CP.PHAR.178 Icatibant (Firazyr)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: added quantity limit of 6 doses per month for treatment of acute attacks; removed approval duration for HNCA/HNMC as it does not apply to this policy; added requirement that member is not using requested product in combination with other approved treatments for the treatment of acute HAE attacks; references reviewed and updated.

CP.PHAR.184 Aflibercept (Eylea)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: removed section III requirement against concurrent use with VEGF medications; references reviewed and updated.
CP.PHAR.185 Pegaptanib (Macugen)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: removed section III requirement against concomitant use with other VEGF medications; references reviewed and updated.
CP.PHAR.186 Ranibizumab (Lucentis)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: reduced approval durations from length of benefit to 3 months for mCNV and 6 months for all other indications; removed section III: concomitant use with other anti-vascular endothelial growth factor (VEGF) medications; references reviewed and updated.
CP.PHAR.189 Ibandronate injection (Boniva)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: added age requirement; added HCPCS code information; references reviewed and updated.
CP.PHAR.196 Selexipag (Uptravi)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: criteria reviewed and references updated.
CP.PHAR.200 Mepolizumab (Nucala)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: modified ICS requirement to include medium dose ICS per GINA 2018 recommendations; added option for immunologist prescribing for asthma; modified initial approval duration to 6 months for all lines of business; removed non-objective examples of positive response for continuation of therapy; references reviewed and updated.
CP.PHAR.202 C1 Esterase Inhibitors (Berinert, Cinryze, Haegarda, Ruconest)	Clinically Significant Change(s)	Medicaid	1Q19 annual review: added age requirements for all C1 esterase inhibitors; removed trial of danazol for long-term prophylaxis per WHO/EAACI 2017 guidelines; added requirement that member is not using requested product in combination with other approved treatments for the same indication; added quantity limit of 4 doses per month for treatment of acute attacks; added requirement that members requesting continued therapy for short term prophylaxis must meet initial criteria; references reviewed and updated.
CP.PHAR.204 Trabectedin (Yondelis)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review; coverage of STS is expanded to encompass STS subtypes of non-specific histologies per NCCN; references reviewed and updated.
CP.PHAR.208 Sodium phenylbutyrate (Buphenyl)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: references reviewed and updated

CP.PHAR.215 Factor VIII	Clinically Significant Change(s)	Medicaid,	1Q 2019 annual review: added Jivi; removed Monoclote-P since it is no longer available on market; removed requirement for failure of Advate for Xyntha requests as it is not clinically necessary nor contractually driven; allowed use of Kovaltry for routine prophylaxis per FDA indication; moved criterion that member does not have VWD to section III Diagnoses/Indications Not Covered; references reviewed and updated.
CP.PHAR.223 Reslizumab (Cinqair)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: modified ICS requirement to include medium dose ICS per GINA 2018 recommendations; added option for immunologist prescribing; removed non-objective examples of positive response for continuation of therapy; references reviewed and updated.
CP.PHAR.234 Ferric Carboxymaltose (Injectafer)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review; under IDA initial and continuation criteria, a serum ferritin of less than or equal to 500 is edited by deleting the additional requirement of receiving an ESA based on the KDIGO 2012 guidelines which do not include this restriction; under IDA and IDA with CKD continuation criteria, the greater than or equal to 4 week waiting period before retesting after the last IV iron administration is removed per the KDIGO 2012 guidelines which note that only one week need pass before retesting; references reviewed and updated.
CP.PHAR.235 Atezolizumab (Tecentriq)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review; new indication added under UC for patients ineligible for any platinum-containing chemotherapy regardless of PD-L1 status; for UC cisplatin ineligibility, expression of PD-L1 is added per PI and NCCN; for NSCLC, prior therapy requirement is removed given the number of variations in which Tecentriq may be used as both first- and second-line therapy per NCCN; references reviewed and updated.
CP.PHAR.237 Epoetin alfa (Epogen, Procrit), Epoetin alfa-epbx (Retacrit)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: Added Retacrit to criteria; removed myelofibrosis-associated anemia, anemia due to myelodysplastic syndrome, anemia secondary to combination ribavirin and interferon-alfa therapy in patients infected with hepatitis C virus off label uses since DrugDex Iib not covered; references reviewed and updated.
CP.PHAR.247 Certolizumab (Cimzia)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: criteria added for new FDA indication: plaque psoriasis; 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.

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CP.PHAR.260 Rituximab (Rituxan) Rituximab-Hyaluronidase (Rituxan Hycela)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: criteria added for off-label use for pemphigus foliaceus; dosing and approval duration for GPA/MPA updated and added to criteria per package insert; for Rituxan, revised denotation for nodal marginal zone lymphoma as an NCCN off-label use; for Rituxan Hycela, nodal marginal zone lymphoma added as an NCCN 2A-supported off-label use; references reviewed and updated.
CP.PHAR.267 Tofacitinib (Xeljanz Xeljanz XR)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: Criteria added for new indication: ulcerative colitis; allowed bypassing conventional DMARDs for axial PsA and required trial of NSAIDs; references reviewed and updated.
CP.PHAR.289 Buprenorphine (Probuphine Sublocade)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: updated requirement related to medical justification; references reviewed and updated.
CP.PHAR.298 Afatinib (Gilotrif)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review; CNS brain metastasis moved to NSCLC; NSCLC mutations relisted as examples so as not to exclude other sensitizing mutations, and FDA approved test requirement removed; off-label SCCHN added with platinum trial requirement; age added; references reviewed and updated.
CP.PHAR.301 Erwinia Asparaginase (Erwinaze)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review; specialist added; per Recordati Rare Diseases, who acquired Elspar from Lundbeck in January 2013, Elspar was discontinued in 2012, there are currently no plans to reintroduce Elspar, there is no residual Elspar supply remaining on the current market, and Recordati Rare Diseases has not provided Elspar to any other territory within the global market; references reviewed and updated.
CP.PHAR.322 Pembrolizumab (Keytruda)	Clinically Significant Change(s)	Medicaid	1Q 2019 Criteria added for new FDA indications HCC and as first-line therapy for metastatic squamous NSCLC in combination with chemotherapy; re-added criteria for PMBCL as previously approved; referenced reviewed and updated.
CP.PHAR.329 Siluximab (Sylvant)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: added prescriber requirement; allowed COC for continued approval; added option for off-label dosing as supported by guidelines or literature; references reviewed and updated.
CP.PHAR.336 Dupilumab (Dupixent)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: criteria added for new FDA indication: moderate-to-severe asthma; references reviewed and updated.
CP.PHAR.355 Abemaciclib (Verzenio)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: added requirement for an agent that suppresses testicular steroidogenesis if male and using aromatase inhibitors per NCCN; references reviewed and updated.

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CP.PHAR.361 Tisagenlecleucel (Kymriah)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: added minimum ALC requirement per manufacturer and clinical trial exclusion criteria; 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)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: added minimum ALC requirement per clinical trial exclusion criteria; added hematologist prescriber option; references reviewed and updated.
CP.PHAR.366 Acalabrutinib (Calquence)	Clinically Significant Change(s)	Medicaid	1Q19 annual review: added age requirement for MCL; added hematologist as a prescriber option for MCL; criteria added for 2A NCCN-supported off-label use in CLL/SLL; references reviewed and updated.
CP.PHAR.368 Pemetrexed (Alimta)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review; age added; new NSCLC labeled indication added to indication section; bladder cancer relabeled as UC, methotrexate trial removed from CNS lymphoma and FDA approved treatments removed from ovarian cancer to encompass NCCN uses; references reviewed and updated.
CP.PHAR.370 Emicizumab-kxwh (Hemlibra)	Clinically Significant Change(s)	Medicaid	1Q 2019 Criteria updated for new FDA indication: hemophilia A without inhibitors; references reviewed and updated.
CP.PHAR.373 Benralizumab (Fasenra)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: modified ICS requirement to include medium dose ICS per GINA 2018 recommendations; added option for immunologist prescribing; link to blood eosinophil unit conversion calculator added to Appendix D; references reviewed and updated.
CP.PHAR.396 Lanadelumab-fylo (Takhzyro)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: added requirement that member is not using requested product in combination with other approved products for the long-term prophylaxis of HAE attacks; references reviewed and updated.
CP.PMN.22 Brand Name Override	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: added requirement that request is for an FDA-approved indication or supported by standard pharmacopeias; added clarification that copay card or discount card does not constitute medical necessity for use of brand name product; added criteria set for brand name drugs when a generic equivalent is not available; added continuation of care language to section II; references reviewed and updated.
CP.PMN.24 Ciclopirox (Penlac)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: added quantity limit per claim; references reviewed and updated.

CP.PMN.27 Linezolid (Zyvox)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: added criterion line for diagnosis to be an FDA-approved indication; removed 7 day requirement for C&S report and replaced it with requirement that C&S report is for the current infection; clarified that pathogen susceptibility to antibiotics be demonstrated via C&S report; added 'lack of susceptibility' as an alternative to demonstrating resistance on C&S; removed criterion allowing member to meet criteria if formulary antibiotics are not indicated for member's diagnosis, since this is incorporated into other existing criteria already; added criterion to allow member to continue treatment if it was started in an acute care hospital and member was discharged; references reviewed and updated.
CP.PMN.52 Omega-3-Acid Ethyl Esters (Lovaza)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: added redirection to generic Lovaza; references reviewed and updated.
CP.PMN.62 Tedizolid (Sivextro)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: removed 7 day requirement for C&S report and replaced it with requirement that C&S report is for the current infection; added 'lack of susceptibility' as an alternative to demonstrating resistance on C&S; removed criterion allowing member to meet criteria if formulary antibiotics are not indicated for member's diagnosis, since this is incorporated into other existing criteria already; added criterion to allow member to continue treatment if it was started in an acute care hospital and member was discharged; revised cont approval duration to be up to 6 doses (1 month); added requirement for positive response to therapy; references reviewed and updated.
CP.PMN.80 Minocycline ER (Solodyn, Ximino) and Microspheres (Arestin)	Clinically Significant Change(s)	Medicaid	1Q 2019 review to align with the newly approved Seysara policy – for continuation of therapy, removed the limit of one course of therapy per 365 days, leaving just an approval duration of 12 weeks. Removed the requirement that the member has waited for one year between treatment courses.
CP.PMN.92 CNS Stimulants	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: removed 2 week trial duration requirement for alternatives as effects from amphetamine and methylphenidate are expected to be immediate; references reviewed and updated.
CP.PMN.94 Etidronate (Didronel)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: for Paget's disease – removed alkaline phosphate requirement, revised initial approval duration to 3 or 6 months based on requested dose, modified response criteria to "Disease has relapsed or progressed (e.g., increases in or failure to achieve normalization of serum

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			ALP, radiographic progression of disease)”; for hypercalcemia of malignancy modified approval duration to 3 months, clarified in continued approval for maximum 3 months of total treatment; references reviewed and updated.
CP.PMN.97 Opioid Analgesics	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: added ADF-specific criteria to require a prior trial of a generic non-ADF formulation of the same active ingredient; references reviewed and updated.
CP.PMN.100 Risedronate (Actonel, Atelvia)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: Paget’s disease – removed alkaline phosphate requirement, to align with other oral bisphosphonates, modified continuation of therapy requirement to state “Disease has relapsed or progressed (e.g., increases in or failure to achieve normalization of serum ALP, radiographic progression of disease)”; references reviewed and updated.
CP.PMN.102 Rolapitant (Varubi)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: added IV formulation; added requirement that Varubi is being prescribed for chemo-induced N/V; added age requirement; removed granisetron as a preferred agent per formulary; references reviewed and updated.
CP.PMN.105 Tavaborole (Kerydin)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: added quantity limit per claim; updated age requirement from $\geq 18$ years to $\geq 6$ years per PI; references reviewed and updated.
CP.PMN.115 Delafloxacin (Baxdela)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: clarified that requirement for C&S report is for the current infection; clarified that pathogen susceptibility to antibiotics be demonstrated via C&S report; clarified that requirement for failure of antibiotics is contingent upon existence/availability of antibiotics for the susceptible pathogen/member’s indication; added criterion to allow member to continue treatment if it was started in an acute care hospital and member was discharged; references reviewed and updated.
CP.PMN.121 Lisdexamfetamine (Vyvanse)	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: for adult ADHD removed 4 week trial duration requirement for alternatives as effects from amphetamine and methylphenidate are expected to be immediate; combined adult and pediatric ADHD into one criteria set; references reviewed and updated.
CP.PMN.178 Tafenoquine (Arakoda, Krintafel)	Clinically Significant Change(s)	Medicaid	1Q 2019 Criteria added for new FDA indication: prophylaxis of malaria; references reviewed and updated.

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CP.PST.01 Step Therapy	Clinically Significant Change(s)	Medicaid	1Q 2019 annual review: CP.PST.08 added; references reviewed and updated.
<b>New Policies</b>			
CP.PHAR.401 Amikacin (Arikayce)	New	Medicaid	1Q 2019 Policy created.
CP.PHAR.402 Emapalumab-lzsg (Gamifant)	New	Medicaid	1Q 2019 Policy created.
CP.PHAR.403 Fremanezumab-vfrm (Ajoovy)	New	Medicaid	1Q 2019 Policy created.
CP.PHAR.404 Galcanezumab-gnlm (Emgality)	New	Medicaid	1Q 2019 Policy created.
CP.PHAR.405 Inotersen (Tegsedi)	New	Medicaid	1Q 2019 Policy created.
CP.PHAR.406 Lorlatinib (Lorbrena)	New	Medicaid	1Q 2019 Policy created.
CP.PHAR.407 Lusutrombopag (Mulpleta)	New	Medicaid	1Q 2019 Policy created.
CP.PHAR.408 Niraparib (Zejula)	New	Medicaid	1Q 2019 Policy created.
CP.PHAR.409 Talazoparib (Talzenna)	New	Medicaid	1Q 2019 Policy created.
CP.PHAR.410 Bortezomib (Velcade)	New	Medicaid	1Q 2019 Policy created.
CP.PMN.03 DPP-4 inhibitors	New	Medicaid	1Q 2019 Policy created.
CP.PMN.14 SGLT2 inhibitors	New	Medicaid	1Q 2019 Policy created.
CP.PMN.183 GLP-1 receptor agonists	New	Medicaid	1Q 2019 Policy created: adapted from previously approved corporate policy CP.PST.14; modified to reflect that all GLP-1 receptor agonists now require PA (instead of ST) and added diagnosis per SDC chair; removed Tanzeum as GlaxoSmithKline discontinued its manufacturing/sale in July 2018; references reviewed and updated.
CP.PMN.186 Cenegermin-bkbj (Oxervate)	New	Medicaid	1Q 2019 Policy created.
CP.PMN.187 Icosapent ethyl (Vascepa)	New	Medicaid	1Q 2019 Policy created.
CP.PMN.188 Omadacycline (Nuzyra)	New	Medicaid	1Q 2019 Policy created.
CP.PMN.189 Sarecycline (Seysara)	New	Medicaid	1Q 2019 Policy created.
CP.PMN.190 Segesterone-Ethinyl Estradiol (Annovera)	New	Medicaid	1Q 2019 Policy created.
<b>No Significant Clinical Changes</b>			

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CP.PHAR.14 Hydroxyprogesterone caproate (Makena)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.24 Fostamatinib (Tavalisse)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: for platelet count requirement, corrected $\leq$ to $<$ per guidelines; added requirement that initial platelet counts be current (within 30 days); no significant changes; references reviewed and updated.
CP.PHAR.43 Sapropterin (Kuvan)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review; no significant changes; references reviewed and updated.
CP.PHAR.52 Interferon Gamma- 1b (Actimmune)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.80 Vandetanib (Caprelsa)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review; no significant changes from previously approved corporate policy; thyroid cancer diagnoses edited to reflect MTC vs. DTC for clarity and limited designation of advanced cancer to MTC while retaining a failed drug trial for DTC; references reviewed and updated.
CP.PHAR.96 Naltrexone (Vivitrol)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; shortened initial approval duration from 12 months to 6 months; references reviewed and updated.
CP.PHAR.97 Eculizumab (Soliris)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.101 Mifepristone (Korlym)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review; pregnancy removed as a contraindication; no significant changes; references reviewed and updated.
CP.PHAR.114 Teduglutide (Gattex)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review; no significant changes; references reviewed and updated.
CP.PHAR.123 Evolocumab (Repatha)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.124 Alirocumab (Praluent)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.

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CP.PHAR.168 Corticotropin (H.P. Acthar)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.179 Romiplostim (Nplate)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: added requirement that initial platelet counts be current (within 30 days); for cont tx approval, clarified that member must be continuing on interferon-based therapy; added MDS and other causes of thrombocytopenia other than chronic ITP as diagnoses not covered per package insert; no significant changes; references reviewed and updated.
CP.PHAR.180 Eltrombopag (Promacta)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: updated limitations of use per package insert; added requirement that initial platelet counts be current (within 30 days) for all indications; for cont tx approval, clarified that member must be continuing on interferon-based therapy; added MDS as a diagnosis not covered per package insert; no significant changes; references reviewed and updated.
CP.PHAR.181 Hemin (Panhematin)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: continued approval duration updated to “up to” 14 days; no significant changes; references reviewed and updated.
CP.PHAR.187 Verteporfin (Visudyne)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.188 Teriparatide (Forteo)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; added geriatrician prescriber option; removed previous requirement that physiatrist prescriber apply only to postmenopausal osteoporosis; references reviewed and updated.
CP.PHAR.190 Ambrisentan (Letairis)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.191 Bosentan (Tracleer)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.192 Epoprostenol (Flolan, Veletri)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.

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CP.PHAR.193 Iloprost (Ventavis)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.194 Macitentan (Opsumit)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.195 Riociguat (Adempas)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: for platelet count requirement, corrected $\leq$ to $<$ per guidelines; added requirement that initial platelet counts be current (within 30 days); no significant changes; references reviewed and updated.
CP.PHAR.197 Sildenafil (Revatio)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.198 Tadalafil (Adcirca)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.199 Treprostinil (Orenitram, Remodulin, Tyvaso)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.203 Cosyntropin (Cortrosyn)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated
CP.PHAR.207 Glycerol phenylbutyrate (Ravicti)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.209 Aztreonam (Cayston)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.210 Ivacaftor (Kalydeco)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.211 Tobramycin	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.212 Dornase alfa (Pulmozyme)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.

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CP.PHAR.213 Lumacaftor-ivacaftor (Orkambi)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.214 Desmopressin (DDAVP, Stimate, Noctiva)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.216 Factor VIII-von Willebrand_Human (Alphanate, Humate-P, Wilate)	No Sig Clinical Change(s)	Medicaid,	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.217 Anti-inhibitor Coagulant Complex (Feiba)	No Sig Clinical Change(s)	Medicaid,	1Q 2019 annual review: no significant changes; removed “congenital” as this is not specified in the FDA-approved indication and patients with acquired disease were included in clinical trials; references reviewed and updated.
CP.PHAR.218 Factor IX_Human Recombinant	No Sig Clinical Change(s)	Medicaid,	1Q 2019 annual review: no significant changes; added Rebinyn; references reviewed and updated.
CP.PHAR.219 Factor IX Complex, Human (Bebulin, Profiline)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.220 Factor VIIa Recombinant (NovoSeven RT)	No Sig Clinical Change(s)	Medicaid,	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.221 Factor XIII Human (Corifact)	No Sig Clinical Change(s)	Medicaid,	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.222 Factor XIIIa_Recombinant (Tretten)	No Sig Clinical Change(s)	Medicaid,	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.224 Enoxaparin (Lovenox)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review; no significant changes; references reviewed and updated.
CP.PHAR.225 Dalteparin (Fragmin)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review; no significant changes; references reviewed and updated.

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CP.PHAR.226 Fondaparinux (Arixtra)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review; no significant changes; references reviewed and updated.
CP.PHAR.231.IncobotulinumtoxinA (Xeomin)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: No significant clinical changes. Criteria added for new FDA indication: chronic sialorrhea; references reviewed and updated.
CP.PHAR.283 Lomitapide (Juxtapid)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.284 Mipomersen (Kynamro)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.288 Eteplirsen (Exondys 51)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.296 Pegfilgrastim (Neulasta, Fulphila)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: No significant changes. Newly FDA-approved biosimilar added: Fulphila; references
CP.PHAR.300 Bezlotoxumab (Zinplava)	No Sig Clinical Change(s)	Medicaid	1Q19 annual review: no significant changes; references reviewed and updated.
CP.PHAR.327 Nusinersen (Spinraza)	No Sig Clinical Change(s)	Medicaid,	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.330 Protein C Concentrate Human (Ceprotrin).	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.331 Deflazacort (Emflaza)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.333 Avelumab (Bavencio)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review; no significant changes from previously approved corporate policy; age added to UC; reference to bladder cancer as off-label use is removed from the UC criteria set as it and other cancers are included under UC histology; references reviewed and updated.

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CP.PHAR.345 Abaloparatide (Tymlos)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.350 Rucaparib (Rubraca)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.360 Olaparib (Lynparza)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.367 Letemovir (Prevymis)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.371 Triamcinolone ER Injection (Zilretta)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review; no significant changes; references reviewed and updated.
CP.PHAR.372 Voretigene neparvovec-rzyl (Luxturna)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.377 Tezacaftor-Ivacaftor (Symdeko)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.388 Chloramphenicol	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.04 Non-Calcium Phosphate Binders (Auryxia, Fosrenol, Renagel, Renvela, Velphoro)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: age requirement added for all agents; no significant changes; references reviewed and updated.
CP.PMN.05 Rifapentine (Priftin)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.07 Levalbuterol (Xopenex)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes from previously approved policy; references reviewed and updated.
CP.PMN.12 Clozapine (Fazaclo)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.

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CP.PMN.15 Asenapine (Saphris)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.19 Aprepitant (Emend)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: added age requirement for postoperative N/V; no significant changes; references reviewed and updated.
CP.PMN.20 Aspirin-dipyridamole (Aggrenox)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.21 Becaplermin (Regranex)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.25 Efinaconazole (Jublia)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes from previously approved policy; references reviewed and updated.
CP.PMN.29 Olanzapine ODT (Zyprexa Zydis)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.30 Paliperidone (Invega)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.32 Iloperidone (Fanapt)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.34 Ranolazine (Ranexa)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.45 Ondansetron (Zuplenz)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.50 Lurasidone (Latuda)	No Sig Clinical Change(s)	Medicaid	1Q 2019 Annual review: No significant changes: add coverage criteria for monotherapy use in pediatric bipolar depression.

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CP.PMN.57 Febuxostat (Uloric)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: removed requirement for trial within the last 6 months; modified max dose requirement to max dose tolerated; no significant changes from previously approved corporate policy; references reviewed and updated.
CP.PMN.64 Quetiapine ER (Seroquel XR)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.67 Sacubitril-Valsartan (Entresto)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.68 Brexpiprazole (Rexulti)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.70 Ivabradine (Corlanor)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.72 Metformin ER (Glumetza, Fortamet)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.74 Granisetron (Kytril, Sancuso, Sustol)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: added Sustol to policy; no significant changes; references reviewed and updated.
CP.PMN.77 Ezetimibe-Simvastatin (Vytorin)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.78 Ezetimibe (Zetia)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.81 Buprenorphine-naloxone (Suboxone, Bunavail, Zubsolv)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes from previously approved policy; references reviewed and updated.
CP.PMN.82 Buprenorphine (Subutex)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: applied initial approval durations for Medicaid; added clarification to continued therapy that for induction therapy, re-auth is not permitted and members must be initial approval criteria; no significant changes; references reviewed and updated.

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CP.PMN.89 Amantadine ER (Gocovri,Osmolex ER)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review; no significant changes; immediate-release amantadine two-week trial and medical justification requirements are edited to reflect either/or; references reviewed and updated.
CP.PMN.90 Benznidazole	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review; no significant changes, references reviewed and updated.
CP.PMN.91 Cariprazine (Vraylar)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.93 Dextromethorphan-Quinidine (Nuedexta)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.95 Fluticasone propionate (Xhance)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.96 Ibandronate Oral (Boniva)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.99 Prasterone (Intrarosa)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.101 Rivastigmine (Exelon)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review; no significant changes; references reviewed and updated.
CP.PMN.103 Secnidazole (Solosec)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes from previously approved policy; references reviewed and updated.
CP.PMN.104 Tasimelteon (Hetlioz)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.107 Topical Immunomodulators	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: No significant changes from previously approved corporate policy. Medicaid: per previously approved corporate policy CP.PMN.98 – removed “Member is immunocompetent”, added vitiligo with specific coverage criteria, added age limit for Elidel. References reviewed and updated.

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CP.PMN.108 Latanoprostene Bunod (Vyzulta)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes. References reviewed and updated.
CP.PMN.123 Colchicine (Colcris)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review:; revised approval duration for FMF to length of benefit; no significant changes; references reviewed and updated.
CP.PMN.129 Pramlintide (Symlin)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.141 Dolasetron (Anzemet)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.150 Lesinurad (Zurampic), Lesinurad-allopurinol (Duzallo)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.151 QL of Diabetic Test Strips Not Receiving insulin	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.158 Netupitant and Palonosetron (Akynzeo)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.159 Dronabinol (Marinol, Syndros)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.160 Nabilone (Cesamet)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.166 Luliconazole cream (Luzu)	No Sig Clinical Change(s)	Medicaid	1Q 2019 annual review: no significant changes; references reviewed and updated.

Based on Q1 P&T 2019

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