

Effective date: 09/07/19



Buckeye Health Plan

Medicaid Criteria Updates – Q3 2019

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.11 Burosumab-twza (Crysvita)	Medicaid	3Q 2019 annual review: removed the requirement for a prior trial of calcitriol plus oral phosphates based on updated clinical trial data demonstrating superiority of Crysvita over calcitriol plus oral phosphates; references reviewed and updated.
CP.PHAR.61 Cinacalcet (Sensipar)	Medicaid	3Q 2019 annual review: added the requirement that Sensipar not be used concomitantly with any other calcimimetic agents for consistency with other policies addressing secondary HPT; references reviewed and updated.
CP.PHAR.81 Pazopanib (Votrient)	Medicaid	3Q 2019 annual review: off-label ovarian ca removed given 2B NCCN recommendation; solitary fibrous tumor/hemangiopericytoma and alveolar soft part sarcoma added per NCCN; references reviewed and updated.
CP.PHAR.88 Belimumab (Benlysta)	Medicaid	3Q 2019 annual review: labeled age updated from adults down to age 5 and older; antiphospholipid antibody added to examples of SLE antibodies; added separate approval duration for commercial line of business to the continued therapy section; references reviewed and updated.
CP.PHAR.89 Peginterferon Alfa-2a,b (Pegasys, PegIntron, Sylatron)	Medicaid	3Q 2019 annual review: added NCCN Compendium supported use in systemic mastocytosis; modified ALT requirements for CHB from 60/38 IU/L to 70/50 IU/L for men/women to align with AASLD recommendations for the upper limit of



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		normal value used to guide treatment management decisions; references reviewed and updated.
CP.PHAR.103 Immune Globulins	Medicaid	3Q 2019 annual review: added HIM-Medical Benefit line of business for NF products; added newly approved products Asceniv, Cutaquig, and Panzyga; for B-cell CLL, MM, and PI: revised classification of high risk patients to require history of recent (within past 12 months) recurrent serious bacterial infections; for FNAIT: removed oncologist and added perinatologist and neonatologist as specialist requirement options, removed requirement that father is homozygous for HPA genotype if previous pregnancy was affected by FNAIT, removed requirement of cordocentesis, removed requirement for symptomatic neonates to have both platelet count and high risk of developing intracranial hemorrhage, added option for nadir platelet count less than 100,000/microliter, added option for fetal intracranial hemorrhage; for kidney transplant: removed oncologist as a prescriber option; for MM infection prophylaxis: removed option for one infection requiring consultation by an ID specialist and consolidated it with the requirement for two or more infections requiring IV antibiotics; for MG/LEMS: added option for trial and failure of amifampridine for LEMS; for parvovirus, removed oncologist and HIV specialist as prescriber options; for pediatric HIV infection prophylaxis: revised to require all members to exhibit hypogammaglobulinemia, expanded dosing requirement to

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		every 4 weeks; for pemphigus: removed immunologist as a specialist requirement, added requirement for trial and failure of Rituxan; for PI: added requirement for ADA-SCID for trial and failure of first line agents, added option for member to have SCID (non-ADA type), removed option for one infection requiring consultation by an ID specialist and consolidated it with the requirement for two or more infections requiring IV antibiotics; added additional specific dosing requirements for B-cell CLL, IDP, ITP, MG/LEMS, Stiff Person Syndrome, PI; removed cicatricial pemphigoid from the list of not medically necessary conditions since this has been previously covered under pemphigus criteria; removed preferencing of IVIG products; references reviewed and updated.
CP.PHAR.123 Evolocumab (Repatha)	Medicaid	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 four statins (vs. just two) with documentation of statin risk factors or intolerance; criteria for statin-rechallenge in the setting of SAMS are added. Policy updated to include coverage criteria for primary hyperlipidemia (including but not limited to HeFH); references reviewed and updated.
CP.PHAR.124 Alirocumab (Praluent)	Medicaid	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,

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		to require documentation of a prior trial of four statins (vs. just two) with documentation of statin risk factors or intolerance; criteria for statin-rechallenge in the setting of SAMS are added. Criteria updated to include new FDA indication: primary hyperlipidemia (including but not limited to HeFH); FDA indication section updated to include new indication to reduce the risk of myocardial infarction, stroke, and unstable angina requiring hospitalization in adults with established cardiovascular disease (note: no change to existing policy for this patient population); references reviewed and updated.
CP.PHAR.129 Venetoclax (Venclexta)	Medicaid	CLL/SLL criteria updated to allow use as first-line therapy in combination with Gazyva consistent with the expanded FDA indication; references reviewed and updated.
CP.PHAR.137 Ivosidenib (Tibsovo)	Medicaid	Added new FDA labeled indication for newly diagnosed AML (was previously presented as an NCCN recommended use); criteria revised to include patient or disease state characteristics that may preclude intensive induction therapy; added NCCN recommended uses for relapsed disease or disease in remission post-Tibsovo therapy; removed requirement for FDA-approved testing; references reviewed and updated.

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CP.PHAR.145 Deferasirox (Exjade, Jadenu)	Medicaid	3Q 2019 annual review: contraindications caveat added to required Jadenu trial; the following contraindications are added: platelets, GFR; Child Pugh C restriction is removed; references reviewed and updated.
CP.PHAR.147 Deferiprone (Ferriprox)	Medicaid	3Q 2019 annual review: HIM line of business removed as does not require PA; references reviewed and updated.
CP.PHAR.169 Vigabatrin (Sabril)	Medicaid	3Q 2019 annual review: For Complex partial onset seizures: changed criteria verbiage from “inadequate response” to “failure of”, clarified to require failure of two alternatives; moved BBW and REMS info from Appendix D to Appendix C; references reviewed and updated.
CP.PHAR.229 Ado-trastuzumab (Kadcyla)	Medicaid	Criteria added for new FDA indication: adjuvant therapy in early breast cancer with residual disease; references reviewed and updated.
CP.PHAR.247 Certolizumab (Cimzia)	Medicaid	Criteria added for new FDA indication: non-radiographic axial spondyloarthritis; references reviewed and updated.
CP.PHAR.250 Etanercept (Enbrel)	Medicaid	Criteria for hidradenitis suppurativa removed per 2019 North American guidelines for HS.
CP.PHAR.270 Paricalcitol Injection (Zemlar)	Medicaid	3Q 2019 annual review: added requirement for baseline iPTH levels for initial approval, and for documentation of improvement in iPTH levels for reauthorization, in line with the previously approved approach for other therapies for secondary hyperparathyroidism in CKD on dialysis; references reviewed and updated.

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CP.PHAR.291 Paliperidone inj (Invega Sustenna, Invega Trinza)	Medicaid	3Q 2019 annual review: added commercial and HIM-Medical Benefit lines of businesses; added contraindications; references reviewed and updated.
CP.PHAR.296 Pegfilgrastim (Neulasta, Fulphila, Udenyca)	Medicaid	3Q 2019 annual review: added Nivestym to list of filgrastim products required for bone marrow transplant indication, updated HCPCS coding table to include biosimilar products; references reviewed and updated.
CP.PHAR.297 Filgrastim (Neupogen, Zarxio, Granix, Nivestym)	Medicaid	3Q 2019 annual review: added Nivestym to criteria; added HIM-Medical Benefit line of business, references reviewed and updated.
CP.PHAR.302 Ixazomib (Ninlaro)	Medicaid	3Q 2019 annual review: NCCN recommended off-label use added for systemic light chain amyloidosis; references reviewed and updated.
	Medicaid	
CP.PHAR.303 Brentuximab (Adcetris)	Medicaid	3Q 2019 annual review; NCCN and FDA-approved uses summarized for clarity; NCCN recommended uses added - B-cell lymphomas, additional T-cell lymphomas; references reviewed and updated.
CP.PHAR.310 Daratumumab (Darzalex)	Medicaid	3Q 2019 annual review: continuity of care added; references reviewed and updated.
CP.PHAR.312 Blinatumomab (Blinicyto)	Medicaid	3Q 2019 annual review: induction cycle 1 dosing updated per PI for MDR-positive ALL (lower dose on days 1 through 7 is replaced by same dose as days 8 through 28); references reviewed and updated.

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CP.PHAR.323 Plerixafor (Mozobil)	Medicaid	3Q 2019 annual review: added biosimilar Nivestym to list of G-CSF products which should be prescribed in combination with Mozobil; references reviewed and updated.
CP.PHAR.327 Nusinersen (Spinraza)	Medicaid	Added criteria preventing concurrent prescribing of Zolgensma; added criteria requiring medical justification, attestation, and evidence of clinical deterioration in members with a history of Zolgensma administration.
CP.PHAR.354 Testosterone (Testopel)	Medicaid	4Q 2018 annual review: split hypogonadism and delayed puberty into two criteria sets; hypogonadism: added requirement for documentation of testosterone levels per PI and guidelines; delayed puberty: added requirement for specialist involvement in care; Testopel: clarified language from failure of other testosterone formulations to inability to use other testosterone formulations; references reviewed and updated.
CP.PHAR.379 Etelcalcetide (Parsabiv)	Medicaid	3Q 2019 annual review: added the requirement to the Continued Therapy section that Parsabiv not be used concomitantly with any other calcimimetic agents for consistency with the Initial Approval Criteria section; references reviewed and updated.
CP.PHAR.381 Mechloroethamine (Valchlor)	Medicaid	3Q 2019 annual review: NCCN recommended uses expand MS from stage IA to IB to stage IA to III; other NCCN recommended uses added to section I.A and as a new section I.B.; references reviewed and updated.

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CP.PHAR.382 Panobinostat (Farydak)	Medicaid	3Q 2019 annual review: limited number of cycles to 16 per PI; references reviewed and updated.
CP.PHAR.383 Trifluridine-tipiracil (Lonsurf)	Medicaid	3Q 2019 annual review: recurrent added to GC/GEJ per NCCN; references reviewed and updated.
CP.PHAR.385 Corticosteroid Intravitreal Implants (Iluvien, Ozurdex, Retisert, Yutiq)	Medicaid	3Q 2019 annual review: added description, initial and continuation criteria, administration, and HCPCS codes for Yutiq; consolidated contraindications; references reviewed and updated
CP.PMN.35 Armodafinil (Nuvigil)	Medicaid	Per specialist feedback, updated the initial approval criteria for narcolepsy to require a prescription/consultation by a neurologist.
CP.PMN.39 Modafinil (Provigil)	Medicaid	Per specialist feedback, updated the initial approval criteria for narcolepsy to require a prescription/consultation by a neurologist.
CP.PMN.46 Roflumilast (Daliresp)	Medicaid	3Q 2019 annual review: added an additional pathway to approval for members failing LABA/LAMA with blood eosinophil count < 100 cells/uL per GOLD 2019 guideline; removed trial duration and instead required that preferred drugs be tried at up to maximally indicated doses to align with approach for other COPD agents; references reviewed and updated.
	Medicaid	
CP.PMN.104 Tasimelteon (Hetlioz)	Medicaid	Added trial and failure of Rozerem including therapeutic alternatives table information; references reviewed and updated.

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CP.PMN.115 Delafloxacin (Baxdela)	Medicaid	HIM line of business added.
CP.PMN.144 Epinephrine (Auvi-Q, EpiPen, EpiPen Jr) Quantity Limit	Medicaid	3Q 2019 annual review: added Auvi-Q to the policy since it has the same quantity limit on Medicaid as EpiPen and EpiPen Jr.; references reviewed and updated.
CP.PMN.150 Lesinurad (Zurampic), Lesinurad-allopurinol (Duzallo)	Medicaid	HIM line of business added.
CP.PMN.186 Cenegermin-bkbj (Oxervate)	Medicaid	Added requirement for stage 2 and 3 disease to initial approval criteria; references reviewed and updated.
OH.PHAR.PPA.10 Harvoni	Medicaid	3Q 2019 annual review: revised redirection to new approved Mavyret age (12 years old) and weight limitations (45 kg) in initial criteria; references reviewed and updated.
OH.PHAR.PPA.14 Mavyret	Medicaid	3Q 2019 annual review: updated age ≥ 12 or weight ≥ 45 kg to be consistent with updated FDA approved indication; references reviewed and updated.
New Policies		
CP.PHAR.421 Onasemnogene abeparvovec (Zolgensma)	Medicaid	Policy created.
CP.PHAR.422 Cladribine (Mavenclad)	Medicaid	Policy created.
CP.PHAR.423 Erdafitinib (Balversa)	Medicaid	Policy created.
CP.PHAR.424 Fulvestrant (Faslodex Injection)	Medicaid	Policy created.

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CP.PHAR.425 Metreleptin (Myalept)	Medicaid	Policy created.
CP.PHAR.426 Risankizumab-rzaa (Skyrizi)	Medicaid	Policy created.
CP.PHAR.427 Siponimod (Mayzent)	Medicaid	Policy created.
CP.PHAR.428 Romosozumab-aqqg (Evenity)	Medicaid	Policy created.
CP.PHAR.429 Valproate (Depacon)	Medicaid	Policy created.
CP.PMN.200 Aclidinium-formoterol (Duaklir Pressair)	Medicaid	Policy created.
CP.PMN.201 Arformoterol tartrate (Brovana)	Medicaid	Policy created.
CP.PMN.202 Benzyl alcohol (Ulesfia)	Medicaid	Policy created.
CP.PMN.203 Indacaterol (Arcapta Neohaler)	Medicaid	Policy created.
CP.PMN.204 Olodaterol (Striverdi Respimat)	Medicaid	Policy created.
CP.PMN.205 Patiromer (Veltassa)	Medicaid	Policy created.
CP.PMN.206 Tegaserod (Zelnorm)	Medicaid	Policy created.
CP.PMN.207 Triclabendazole (Egaten)	Medicaid	Policy created.

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CP.PMN.208 Halobetasol-Tazarotene (Duobrii)	Medicaid	Policy created.
CP.PMN.209 Solriamfetol (Sunosi)	Medicaid	Policy created.
CP.PMN.210 Acyclovir buccal tab (Sitavig) ophthalmic ointment (Avaclyr)	Medicaid	Policy created.
OH.PHAR.PPA.20 Continuous Glucose Monitors	Medicaid	Policy created.
OH.PHAR.254 Infliximab (Remicade, Inflectra, Renflexis)	Medicaid	Policy created.
No Significant Clinical Changes		
CP.PHAR.27 Tolvaptan (Jynarque, Samsca)	Medicaid	3Q 2019 annual review: No significant changes; references reviewed and updated.
CP.PHAR.28 Immunization coverage	Medicaid	3Q 2019 annual review: No significant changes; references reviewed and updated.
CP.PHAR.41 Enfuvirtide (Fuzeon)	Medicaid	3Q 2019 annual review: No significant changes; references reviewed and updated.
CP.PHAR.82 Collagenase (Xiaflex)	Medicaid	3Q 2019 annual review: No significant changes; references reviewed and updated.
CP.PHAR.83 Vorinostat (Zolinza)	Medicaid	3Q 2019 annual review: HIM line of business added; no significant changes; references reviewed and updated.

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CP.PHAR.95 Thyrotropin alfa (Thyrogen)	Medicaid	3Q 2019 annual review: No significant changes; references reviewed and updated.
CP.PHAR.109 Tesamorelin (Egrifta)	Medicaid	3Q 2019 annual review: no significant changes; removed pregnancy contraindication from criteria as separate edits are in place to address these risks; references reviewed and updated.
CP.PHAR.146 Deferoxamine (Desferal)	Medicaid	3Q 2019 annual review: no significant changes; added HIM-Medical Benefit line of business; references reviewed and updated.
CP.PHAR.150 Mecasermin (Increlex)	Medicaid	3Q 2019 annual review: No significant changes; references reviewed and updated.
CP.PHAR.268 Sofosbuvir-Velpatasvir (Epclusa)	Medicaid	3Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.274 Daclatasvir (Daklinza)	Medicaid	3Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.275 Elbasvir-Grazoprevir (Zepatier)	Medicaid	3Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.276 Ombitasvir-Paritaprevir-Ritonavir (Technivie)	Medicaid	3Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.277 Cytomegalovirus Immune Globulin (Cytogam)	Medicaid	3Q 2019 annual review: added commercial and HIM-Medical Benefit lines of business; no significant changes; references reviewed and updated.

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CP.PHAR.278 Dasabuvir-Ombitasvir-Paritaprevir-Ritonavir (Viekira XR, Pak)	Medicaid	3Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.280 Simeprevir (Olysio)	Medicaid	3Q 2019 annual review: No significant changes; references reviewed and updated.
CP.PHAR.281 Sofosbuvir (Sovaldi)	Medicaid	3Q 2019 annual review: No significant changes; references reviewed and updated.
CP.PHAR.282 Parathyroid hormone (Natpara)	Medicaid	3Q 2019 annual review: No significant changes; references reviewed and updated.
CP.PHAR.285 Nintedanib (Ofev)	Medicaid	3Q 2019 annual review: No significant changes; references reviewed and updated.
CP.PHAR.286 Pirfenidone (Esbriet)	Medicaid	3Q 2019 annual review: No significant changes; references reviewed and updated.
	Medicaid	
CP.PHAR.287 Obeticholic (Ocaliva)	Medicaid	3Q 2019 annual review: no significant changes; modified gastrointestinal specialist to gastroenterologist; references reviewed and updated.
CP.PHAR.290 Aripiprazole LA injections (Abilify Maintena Aristada)	Medicaid	3Q 2019 annual review: no significant changes; added HIM-Medical Benefit lines of business; added boxed warning; updated dosage and administration in accordance with label changes; references reviewed and updated.
CP.PHAR.292 Olanzapine LA inj (Zyprexa Relprevv)	Medicaid	3Q 2019 annual review: no significant changes; added HIM-Medical Benefit line of business; added boxed warning; references reviewed and updated.
CP.PHAR.293 Risperidone LA inj (Risperdal Consta, Perseris)	Medicaid	3Q 2019 annual review: no significant changes; added black box warnings; references reviewed and updated.

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CP.PHAR.295 Sargramostim (Leukine)	Medicaid	3Q 2019 annual review: No significant changes; references reviewed and updated.
CP.PHAR.338 Cerliponase alfa (Brineura)	Medicaid	3Q 2019 annual review: no significant changes; added new contraindications; references reviewed and updated
CP.PHAR.347 Sofosbuvir-Velpatasvir-Voxilaprevir (Vosevi)	Medicaid	3Q 2019 annual review: no clinically significant changes; references reviewed and updated.
CP.PHAR.351 Daptomycin (Cubicin, Cubicin RF)	Medicaid	3Q 2019 annual review: added commercial and HIM-Medical Benefit lines of business; no significant changes; references reviewed and updated.
	Medicaid	
CP.PHAR.384 Lutetium Lu 177 dotatate (Lutathera)	Medicaid	3Q 2019 annual review: no significant changes; removed “Member has not received ≥ 4 doses of Lutathera” from the Initial Approval Criteria section since it doesn’t apply when a request is for initial therapy; references reviewed and updated.
CP.PMN.08 Lidocaine transdermal (Lidoderm, ZTlido)	Medicaid	3Q 2019 annual review: no significant clinical changes; added requirement of a trial of generic lidocaine patches prior to brand name patches as generic patches are the formulary preferred product; references reviewed and updated.
CP.PMN.09 Lindane shampoo	Medicaid	3Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.31 Fluticasone-salmeterol (Advair Diskus, Advair HFA)	Medicaid	3Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.40 Acitretin (Soriatane)	Medicaid	3Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.44 Pyrimethamine (Darapim)	Medicaid	3Q 2019 annual review: no significant changes; references reviewed and updated.

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CP.PMN.60 SSRI SNRI Duplicate Therapy	Medicaid	3Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.65 Vortioxetine (Trintellix)	Medicaid	3Q 2019 annual review: no significant changes; added contraindications and boxed warnings; references reviewed and updated.
CP.PMN.76 Calcifediol (Rayaldee)	Medicaid	3Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.83 Short ragweed pollen allergen extract (Ragwitek)	Medicaid	3Q 2019 annual review: no significant changes; corrected age restriction from < 65 years to ≤ 65 years per PI; references reviewed and updated.
CP.PMN.84 Timothy grass pollen allergen extract (Grastek)	Medicaid	3Q 2019 annual review: no significant changes; corrected age restriction from < 65 years to ≤ 65 years per PI; references reviewed and updated.
	Medicaid	
CP.PMN.85 Mixed pollens allergen extract (Oralair)	Medicaid	3Q 2019 annual review: no significant changes; corrected age restriction from < 65 years to ≤ 65 years per PI; references reviewed and updated.
CP.PMN.111 House dust mite allergen extract (Odactra)	Medicaid	3Q 2019 annual review: no significant changes; corrected age restriction from < 65 years to ≤ 65 years per PI; references reviewed and updated.
CP.PMN.132 Tadalafil BPH - ED (Cialis)	Medicaid	3Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.139 Naloxone (Evzio)	Medicaid	3Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.140 Pimavanserin (Nuplazid)	Medicaid	3Q 2019 annual review: no significant changes; references reviewed and updated.

Effective date: 09/07/19



Buckeye Health Plan

Medicaid Criteria Updates – Q3 2019

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CP.PMN.145 Vilazodone (Viibryd)	Medicaid	3Q 2019 annual review: no significant changes; added contraindications and boxed warnings; references reviewed and updated.
CP.PMN.146 Fluticasone-umeclidinium-vilanterol (Trelegy Ellipta)	Medicaid	3Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.147 Indacaterol-glycopyrrolate (Utibron Neohaler)	Medicaid	3Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.148 Tiotropium-olodaterol (Stiolto Respimat)	Medicaid	3Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.149 Umeclidinium-vilanterol (Anoro Ellipta)	Medicaid	3Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.152 Lofexidine (Lucemyra)	Medicaid	3Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.154 Isavuconazonium (Cresemba)	Medicaid	3Q 2019 annual review: no significant changes; revised approval duration for commercial to 3/6 months for initial/continuation to align with Medicaid; references reviewed and updated.
CP.PMN.155 lacosamide (Vimpat)	Medicaid	3Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.156 Perampanel (Fycompa)	Medicaid	3Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.157 Rufinamide (Banzel)	Medicaid	3Q 2019 annual review: no significant changes; references reviewed and updated.

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CP.PMN.163 Sodium zirconium cyclosilicate (Lokelma)	Medicaid	3Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.164 Cannabidiol (Epidiolex)	Medicaid	3Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PST.17 Atomoxetine (Strattera)	Medicaid	3Q 2019 annual review: no significant changes; added boxed warning; references reviewed and updated.
OH.PHAR.PPA.02 Opioid Rx Limits	Medicaid	3Q 2019 annual Review – re-formatted sections I. Initial Approval Criteria and II. Continued Therapy. No significant changes made.
OH.PHAR.PPA.03 Pharmacy Compounds	Medicaid	3Q 2019 annual review: no significant changes

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