Effective date: 10/01/18

Buckeye Health Plan
Medicaid Criteria Updates – Q3 2018

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

For the most current program description you may call Provider Services at 1-866-296-8731 (TTY/TTD 1-800-750-0750) or visit the Buckeye Health Plan website at www.buckeyehealthplan.com

Coverage Criteria Guideline	Status	Applicable Business	Revision Summary Description
Clinically Significant Change(s)			
CP.PHAR.63 Everolimus (Afinitor, Afinitor Disperz)	Clinically Significant Change(s)	Commercial Medicaid	Criteria added for new FDA indication: TSC-associated partial-onset seizures; references reviewed and updated.
CP.PHAR.81 Pazopanib (Votrient)	Clinically Significant Change(s)	Commercial HIM Medicaid	3Q 2018 annual review: policies combined for Commercial (new), HIM (new), and Medicaid lines of business; off-label uses added for uterine, ovarian and thyroid cancer; NCCN and FDA-approved uses summarized for improved clarity (STS: palliative therapy collapsed under the requirement for prior therapy); specialist involvement in care and continuation of care statement added; references reviewed and updated.
CP.PHAR.89 Peginterferon Alfa-2b (PegIntron, Sylatron)	Clinically Significant Change(s)	Commercial HIM Medicaid	3Q 2018 annual review: combined policy for Commercial and Medicaid lines of business; newly added HIM line of business; summarized NCCN and FDA-approved uses for improved clarity; added age requirement; allowed COC; Medicaid: added specialist involvement in care; removed coverage for CHC; Commercial: removed off-label use for CML, added off-

			label use for myeloproliferative neoplasms; references reviewed and updated.
CP.PHAR.103 Immune Globulins	Clinically Significant Change(s)	Commercial HIM-Medical Benefit Medicaid	3Q 2018 annual review: policies combined for commercial, and Medicaid lines of business; added HIM line of business, including existing policy for HyQvia; added preferencing for Gamunex-C for all indications; For Medicaid, separated CytoGam into an individual policy, added criteria for off-label uses for DM/PM, AIDP/GBS, acute ITP, kidney transplant, MM, MS, MG, NAIT/FAIT, paraneoplastic neurologic syndrome, parvovirus, peds HIV, pemphigus vulgaris, and stiff person syndrome; for Medicaid CLL: added documentation of recurrent bacterial infection; for Medicaid ITP: added criteria for pregnancy or trial and failure of first line agents, added criteria for high risk ITP requiring rapid increase in platelet count (e.g., active bleeding, current platelet count < 30,000/µL, etc.); for Medicaid CIDP: added criteria for high risk (e.g., inability to stand/walk for 30 ft without assistance, ICU admission for aspiration or mechanical ventilation, muscle weakness (various), chronic disease); for Medicaid PI: added hypogammaglobulinemia levels, documentation of recurrent bacterial infection or inadequate antibody response; for Medicaid viral prophylaxis: defined recent varicella exposure, removed requirement that request is for IM GamaSTAN S/D to allow for off-label IV use for measles, modified duration of therapy to up to 6 months for hep A and one time approval for other postexposure prophylaxis; for Medicaid continued therapy, added requirement that member be re-evaluated using initial approval criteria for KS and viral prophylaxis; added specialist requirement for all diagnoses; For commercial, added criteria for viral prophylaxis; For commercial B-Cell CLL: removed diagnostic criteria requirements, added two separate measurements of IgG level, modified IgG level threshold to 500 mg/dL per NCCN; For commercial DM/PM: removed biopsy requirement; Combined commercial criteria for AIDP and CIDP: removed requirement for time frame of acute diagnosis; removed diagnostic criteria requirements for CIDP; Combined commercial criteria for acute and chronic ITP: removed subcriteria requirements for pregnancy, removed “defer or avoid splenectomy,” removed requirement to rule out secondary thrombocytopenia causes, removed diagnostic criteria for chronic ITP; For commercial Kawasaki Syndrome/Incomplete Kawasaki Disease: modified specialist requirement to be met by all members and added immunologist

			and ID specialist, added requirement that aspirin be concurrently prescribed, removed diagnostic criteria requirements; For commercial MMN: removed diagnostic criteria requirements; For commercial MM: removed requirement that member is not undergoing induction chemotherapy or is in relapse, added requirement for two separate measurements of IgG level; For commercial MS: removed diagnostic criteria requirements, added trial and failure of 3 FDA-approved MS therapies; For commercial MG: revised per guidelines situations where IVIG therapy is warranted including acute crisis, thymectomy surgery, and failure of first-line agents; For commercial NAIT/FAIT: revised father's homozygous gene to any HPA genotype, added serological confirmation of NAIT, defined severe thrombocytopenia; For commercial paraneoplastic neurological syndrome opsoclonus myoclonus syndrome, removed ACTH trial; Combined commercial criteria for paraneoplastic neurological syndromes; For commercial Parvovirus: added specification for current labs, removed trial of Epogen/Procrit due to lack of literature support; For commercial Peds HIV: added specification for current labs; For commercial Pemphigus Vulgaris: removed biopsy confirmation requirement, and subjective requirement of condition status; For commercial PI: added specification for current labs; added inadequate antibody response as an alternative to history of recurrent infections; For commercial Stiff Person Syndrome: removed presence of anti-GAD antibody since presence is not required for diagnosis; For continuation approval for all lines of business: required KS and vaccine ppx to be re-evaluated using initial approval criteria; For commercial continuation therapy, removed pemphigus vulgaris positive response to therapy; references reviewed and updated.
CP.PHAR.114 Teduglutide (Gattex)	Clinically Significant Change(s)	Commercial Medicaid	3Q 2018 annual review: broadened redirection to any somatropin product, listing preferred products as examples; references reviewed and updated.
CP.PHAR.121 Nivolumab (Opdivo)	Clinically Significant Change(s)	HIM-Medical Benefit Medicaid	Criteria added for new FDA indication: advanced renal cell carcinoma in combination with ipilimumab; lowered age limit from 18 years to 12 years for all indications; removed distinction between FDA-approved and NCCN-recommended off-label uses since both clear cell and non-clear cell histology are indicated for relapse or surgically unresectable stage IV kidney cancer; summarized NCCN and FDA-approved uses for improved clarity; removed malignant pleural mesothelioma due to NCCN 2B

			recommendation status; for small cell lung cancer, added failure of platinum-containing chemotx, removed requirement for relapse or primary progressive disease, and removed its use as single agent or with Yervoy; for colon cancer, removed requirement for FOLFOX since initial therapy recommended by NCCN with 2A rating for those who are not appropriate for intensive tx; for head and neck cancer, removed requirement for recurrent or metastatic disease since NCCN also recommends tx for newly diagnosed with no metastases with 1/2A; for NSCLC, removed conditional requirement for EGFR/ALK therapies; allowed continuity of care for continued approval; added HIM-medical benefit line of business; references reviewed and updated.
CP.PHAR.169 Vigabatrin (Sabril)	Clinically Significant Change(s)	HIM Medicaid	3Q 2018 annual review: added HIM line of business to existing Medicaid line of business policy; Medicaid: for infantile spasms: removed abnormal EEG requirement to confirm diagnosis and added specialist requirement, extended initial approval duration from 4 weeks to 3 months, added back age requirement on re-auth; added "or up to 2 years of age, whichever is less" to continued approval duration; modified continued therapy to allow for continuity of care for infantile spasms and complex partial seizures; for complex partial seizures: added specialist requirement; references reviewed and updated.
CP.PHAR.239 Dabrafenib (Tafinlar)	Clinically Significant Change(s)	Commercial HIM Medicaid	Updated criteria with new indications for anaplastic thyroid cancer and the adjuvant treatment of melanoma following complete lymph node(s) resection.
CP.PHAR.240 Trametinib (Mekinist)	Clinically Significant Change(s)	Commercial HIM* Medicaid	Updated criteria with new indications for anaplastic thyroid cancer and the adjuvant treatment of melanoma following complete lymph node(s) resection; added off-label use for uveal melanoma; added TBD-HIM line of business.
CP.PHAR.268 Sofosbuvir/Velpatasvir (Epclusa)	Clinically Significant Change(s)	Medicaid	3Q 2018 annual review: removed requirement for HBV verification; added requirement for documentation of treatment and cirrhosis status; expanded duration of tx required for COC from 30 days to 60 days; references reviewed and updated.
CP.PHAR.274 Daclatasvir (Daklinza)	Clinically Significant Change(s)	Medicaid	3Q 2018 annual review: removed requirement for HBV verification; added requirement for documentation of previous treatment and cirrhosis status; expanded duration of tx required for COC from 30 days to 60 days; removed conditional requirement for RBV CI; references reviewed and updated.

CP.PHAR.275 Elbasvir/Grazoprevir (Zepatier)	Clinically Significant Change(s)	Medicaid	3Q 2018 annual review: removed requirement for HBV verification; expanded duration of tx required for COC from 30 days to 60 days; required verification of genotype for COC; removed conditional requirement for RBV CI; references reviewed and updated.
CP.PHAR.276 Ombitasvir/Paritaprevir/Ritonavir (Technivie)	Clinically Significant Change(s)	Medicaid	3Q 2018 annual review: removed requirement for HBV verification; removed requirement to check for ART for HCV/HIV co-infection; added prescribed in combination with RBV; expanded duration of tx required for COC from 30 days to three quarters of the full regimen; required verification of genotype for COC; removed conditional requirement for RBV CI; references reviewed and updated.
CP.PHAR.278 Dasabuvir/Ombitasvir/Paritaprevir/Ritonavir (Viekira XR, Viekira Pak)	Clinically Significant Change(s)	Medicaid	3Q 2018 annual review: removed requirement for HBV verification; removed requirement to check for ART for HCV/HIV co-infection; expanded duration of tx required for COC from 30 days 60 days; required verification of genotype for COC; removed conditional requirement for RBV CI; reduced maximum approval duration from 24 weeks to 12 weeks per AASLD/IDSA September 2017 guidance; references reviewed and updated.
CP.PHAR.279 Ledipasvir/Sofosbuvir (Harvoni)	Clinically Significant Change(s)	Medicaid	3Q 2018 annual review: removed requirement for HBV verification; added baseline viral load requirement for treatment-naïve adult with GT 1 for determination of treatment duration; added requirement for documentation of previous treatment and cirrhosis status; expanded duration of tx required for COC from 30 days to 60 days; required verification of genotype for COC; removed conditional requirement for RBV CI; references reviewed and updated.
CP.PHAR.280 Simeprevir (Olysio)	Clinically Significant Change(s)	Medicaid	3Q 2018 annual review: removed requirement for HBV verification; expanded duration of tx required for COC from 30 days to 60 days; required verification of genotype for COC; removed conditional requirement for RBV CI; reduced maximum approval duration from 24 weeks to 12 weeks per AASLD/IDSA guidance updated September 2017; references reviewed and updated.
CP.PHAR.281 Sofosbuvir (Sovaldi)	Clinically Significant Change(s)	Medicaid	3Q 2018 annual review: removed requirement for HBV verification; added requirement for documentation of previous treatment and cirrhosis status; expanded duration of tx required for COC from 30 days to 60 days; required verification of genotype for COC; removed conditional requirement for RBV CI; references reviewed and updated.

CP.PHAR.294 Osimertinib (Tagrisso)	Clinically Significant Change(s)	Commercial Medicaid	Policies combined for commercial and Medicaid lines of business. Criteria added for new FDA indication: first-line therapy in EGFR sensitizing exon 19 or exon 21 L858R-mutated, metastatic NSCLC; for commercial and Medicaid: added prescriber specialty requirement, removed requirement that mutation must be detected by an FDA approved test, added COC language for continuation criteria; for commercial: added age restriction, added max dosing requirement for use with a strong CYP3A4 inducer; references reviewed and updated.
CP.PHAR.295 Sargramostim (Leukine)	Clinically Significant Change(s)	HIM Medicaid	3Q 2018 annual review: added HIM line of business, added new indication for acute radiation syndrome; removed contraindications that are no longer included in the product label; modified age restrictions consistent with label; references reviewed and updated.
CP.PHAR.296 Pegfilgrastim (Neulasta)	Clinically Significant Change(s)	Commercial HIM Medicaid	3Q 2018 annual review: policies combined for Medicaid and Commercial (CP.CPA.127)lines of business; added HIM line of business; added off-label indications for mobilization of peripheral-blood progenitor cells and supportive care post autologous hematopoietic cell transplantation with redirection to FDA approved treatments Leukine and Neupogen, Granix, or Zarxio; references reviewed and updated.
CP.PHAR.297 Filgrastim (Neupogen), Filgrastim-sndz (Zarxio), Tbo-filgrastim (Granix)	Clinically Significant Change(s)	HIM* Medicaid	3Q 2018 annual review: added HIM line of business; revised max dosing for chemotherapy-induced neutropenia and chronic neutropenia per Clinical Pharmacology; removed radiation exposure requirement; added off-label use in myelodysplastic syndrome per NCCN Compendium; references reviewed and updated.
CP.PHAR.302 Ixazomib (Ninlaro)	Clinically Significant Change(s)	Commercial HIM Medicaid	3Q 2018 annual review: policies combined for Commercial (CP.CPA.103), HIM (new), and Medicaid lines of business; MM off-label uses added as subsequent therapy in combination with dexamethasone and Pomalyst and as primary therapy in combination with dexamethasone and Revlimid; NCCN and FDA-approved uses summarized for improved clarity (prior chemotherapy requirement removed given new off-label uses); references reviewed and updated.
CP.PHAR.303 Brentuximab Vedotin (Adcetris)	Clinically Significant Change(s)	HIM-Medical Benefit Medicaid	3Q18 annual review: Added HIM Medical; added new FDA approved status for pcALCL and MF indications (previously off-label coverage) and previously untreated cHL in combination with chemotherapy; added examples of prerequisite drugs for HL, sALCL, adult T-cell leukemia/ lymphoma, and LyP; references reviewed and updated.

CP.PHAR.310 Daratumumab (Darzalex)	Clinically Significant Change(s)	HIM-Medical Benefit Medicaid	Criteria added for new FDA indication: combination use with bortezomib, mephalan, and prednisone for the treatment of newly diagnosed MM patients ineligible for autologous stem cell transplant; HIM-Medical benefit added; prescriber requirement added; references reviewed and updated.
CP.PHAR.312 Blinatumomab (Blincyto)	Clinically Significant Change(s)	Commercial HIM-Medical Benefit Medicaid	3Q 2018 annual review: policies combined for Commercial (new), HIM - Medical Benefit (new), Medicaid; new indication for MRD+ B-ALL added; summarized NCCN and FDA-approved uses for improved clarity (TKI requirement reduced from 2 to 1 for Ph+ disease); added specialist involvement in care; references reviewed and updated.
CP.PHAR.319 Ipilimumab (Yervoy)	Clinically Significant Change(s)	HIM-Medical Benefit Medicaid	Criteria added for new FDA indication: advanced renal cell carcinoma in combination with nivolumab; removed malignant pleural mesothelioma due to NCCN 2B recommendation status; added oncologist specialist requirement for all covered indications; summarized NCCN and FDA-approved uses for improved clarity; added up to a total tx duration of 3 years for cutaneous melanoma per PI; added failure of platinum-containing chemotx for SCLC per NCCN; allowed continuity of care for continued approval; clarified continued therapy language for unresectable or metastatic melanoma that reauthorization beyond 16 weeks is not permitted from reauthorization is not permitted; references reviewed and updated.
CP.PHAR.327 Nusinersen (Spinraza)	Clinically Significant Change(s)	Commercial HIM-Medical Benefit Medicaid	Added CHOP-INTEND score as an allowable tool to measure motor function for members < 2 years of age; allowed maintenance (in addition to improvement) from baseline CHOP-INTEND, HINE, or HFMSE score for continued approval; removed requirement for documentation of number of categories of improvement for continued approval; added HIM medical benefit line of business; references reviewed and updated.
CP.PHAR.347 Sofosbuvir/Velpatasvir/Voxilaprevir (Vosevi)	Clinically Significant Change(s)	Medicaid	3Q 2018 annual review: removed requirement for HBV verification; expanded duration of tx required for COC from 30 days to 60 days; required verification of genotype for COC; references reviewed and updated.
CP.PHAR.348 Glecaprevir/Pibrentasvir (Mavyret)	Clinically Significant Change(s)	Medicaid	3Q 2018 annual review: removed requirement for HBV verification; expanded duration of tx required for COC from 30 days to 40 days; repeated in initial and continued approval criteria the requirement against treatment-experience with both NS3/4A protease inhibitor AND NS5A inhibitors, as previously only listed in section III. Diagnoses/ indications NOT allowed; references reviewed and updated.

CP.PHAR.350 Rucaparib (Rubraca)	Clinically Significant Change(s)	Commercial Medicaid	1Q18 annual review: No significant clinical changes; added Age ≥18 years per PI; Updated Appendix B with additional acceptable prior treatment regimens based on NCCN Ovarian Cancer guidelines; references reviewed and updated
CP.PHAR.361 Tisagenlecleucel (Kymriah)	Clinically Significant Change(s)	Commercial HIM-Medical Benefit Medicaid	Criteria added for new FDA indication: adult r/r DLBCL; policies combined for Commercial and Medicaid lines of business; added HIM-Medical Benefit; references reviewed and updated.
CP.PMN.132 Tadalafil BHP - ED (Cialis)	Clinically Significant Change(s)	Commercial HIM Medicaid	Added redirection to sildenafil.
New Policies			
CP.PHAR.11 Burosumab-twza (Crysvita)	New	Commercial HIM* Medicaid	Policy created.
CP.PHAR.24 Fostamatinib (Tavalisse)	New	Commercial HIM* Medicaid	Policy created.
CP.PHAR.27 Tolvaptan (Jynarque)	New	Commercial HIM* Medicaid	Policy created.
CP.PHAR.277 Cytomegalovirus Immune Globulin (CytoGam)	New	Medicaid	3Q2018 annual review: new policy created- policy split from CP.PHAR.103 Immune globulins into individual policy for CytoGam; specialist requirement was added; references reviewed and updated.
CP.PHAR.282 Parathyroid hormone (Natpara)	New	Commercial Medicaid	3Q 2018 annual review: replaces existing commercial Natpara policy; added Medicaid LOB; no significant changes; references reviewed and updated.
CP.PHAR.379 etelcalcetide (Parsabiv)	New	HIM-Medical Benefit Medicaid	Policy created.
CP.PHAR.380 cobimetinib (Cotellic)	New	Medicaid	Policy created. 3Q 2018 annual review: no significant changes; policies combined for Centene Medicaid and Commercial (CP.CPA.246) lines of

			business; age and specialist requirements added; continuation of care statement added; references reviewed and updated.
CP.PHAR.381 mechlorethamine (Valchlor)	New	Commercial Medicaid	Policy created. 3Q 2018 annual review: policies combined for Centene Medicaid (new) and Commercial (CP.CPA.11) lines of business; age and specialist requirements added; continuation of care statement added; therapeutic alternatives updated per NCCN (App. B); references reviewed and updated.
CP.PHAR.382 panobinostat (Farydak)	New	Medicaid	Policy created. 3Q 2018 annual review: policies combined for Centene Medicaid (new) and Commercial (CP.CPA.30) lines of business; specialist requirement added; added hematologist; references reviewed and updated.
CP.PHAR.383 trifluridine_Tipiracil (Lonsurf)	New	Commercial Medicaid	Policy created. 3Q 2018 annual review: policies combined for Commercial (CP.CPA.64) and Centene Medicaid (new); off-label unresectable CRC added per NCCN; age and specialist requirements added; KRAS changed to RAS mutation per NCCN encompassing KRAS and NRAS; Cyramza and Stivarga added as anti-VEGF therapies per NCCN; dosing changed from 80 mg per dose to 160 mg per day to encompass BID regimen; continuation of care statement added; references reviewed and updated.
CP.PHAR.384 lutetium Lu 177 dotatate (Lutathera)	New	Medicaid HIM-Medical Benefit	Policy created.
CP.PHAR.385 Corticosteroid Intravitreal Implants (Iluvien, Ozurdex, Retisert)	New	Medicaid	Policy created.
CP.PHAR.386 tildrakizumab-asmn (Ilumya)	New	HIM* Medicaid	Policy created.
CP.PMN.45 Ondansetron (Zuplenz)	New	Medicaid	Policy created. 3Q 2018 annual review: new policy created - policy split from CP.PMN.11 Oral antiemetics into individual policies; added requirement that member is scheduled to receive cancer chemotherapy, radiation therapy or surgery for initial and continued approval; removed requirement for ondansetron trial to occur in the last 60 days; modified trial and failure of ondansetron to require contraindications to excipieints or documented inability to use generic ondansetron products for N/V associated with chemotherapy and radiation therapy; references reviewed and updated.

CP.PMN.139 naloxone (Evzio)	New	Commercial Medicaid	Policy created. 3Q 2018 annual review: combined policy for Medicaid (new) and commerical; removed Narcan from the policy as Narcan is formulary without PA for both Medicaid and Commercial; references reviewed and updated.
CP.PMN.140 Pimavanserin (Nuplazid)	New	Commercial Medicaid	Policy created. 3Q 2018 annual review: policies combined for Centene Medicaid and Commercial lines of business; replaces CP.PPA.19; age added; no significant changes; references reviewed and updated.
CP.PMN.141 Dolasetron (Anzemet)	New	Commercial HIM Medicaid	Policy created. 3Q 2018 annual review: new policy created - policies combined for commercial, HIM, and Medicaid lines of business. For commercial: policy split from CP.CPA.223 Antiemetics – 5-HT3 Receptor Antagonist into individual policies, added age requirement, revised trial and failure to remove option of Aloxi and generalize to any 5-HT3 antagonist (ondansetron is preferred), generalized chemotherapy use (removed specification that member must be receiving highly or moderately emetogenic chemotherapy) due to off-label uses for low emesis risk and breakthrough treatment, added requirement that member is receiving chemotherapy for continuation approval; For HIM: added criteria allowing for off-label use as treatment of chemo-induced N/V, added age requirement, added requirement that member is receiving chemotherapy for initial and continuation approval, generalized trial and failure to any 5-HT3 antagonist (ondansetron is preferred), modified approval duration to duration of chemotherapy up to 72 hours after completion of chemotherapy; For Medicaid: policy split from CP.PMN.11 Oral Antiemetics into individual policies, added requirement that member is scheduled to receive or is receiving chemotherapy for initial and continuation approval, removed requirement that ondansetron must have been tried in the last 60 days; modified commercial approval duration to be projected course of chemotherapy up to 72 hrs after completion; references reviewed and updated.
CP.PMN.142 Lubiprostone (Amitiza)	New	HIM Medicaid	Policy created. 3Q 2018 annual review: replaces HIM. PA.79; added Medicaid line of business to existing HIM policy; added age requirement; CIC/IBS-C: removed duration and timeframe of trial (CIC only) related to laxative use since they are available OTC and may not be verifiable via claims history; OIC: provided clarification of OIC indication based on updated FDA labeling; references reviewed and updated.

CP.PMN.143 isotretinoin (Claravis, Absorica, Myorisan, Zenatane)	New	Commercial HIM* Medicaid	Policy created. 3Q 2018 annual review: policies combined for Medicaid (CP.PPA.26), HIM (HIM.PA.50) and Commercial (CP.CPA.93) lines of business; no significant changes from previously approved corporate policy; Commercial: added trials of topical and PO medication, changed diagnosis from severe recalcitrant nodular acne to nodular acne; references reviewed and updated.
CP.PMN.144 Epinephrine (EpiPen and EpiPen Jr) Quanity Limit Override	New	Medicaid	Policy created. 3Q 2018 annual review: replaced CP.PPA.09; no significant changes; references reviewed and updated.
CP.PMN.145 vilazodone (Viibryd)	New	Medicaid	Policy created. 3Q 2018 annual review: policies combined for Medicaid (CP.PPA.16) and HIM (HIM.PA.135) lines of business; no significant changes; Medicaid: added age; references reviewed and updated.
CP.PMN.146 fluticasone-umeclidinium-vilanterol (Trelegy Ellipta)	New	Medicaid	Policy created.
CP.PMN.147 indacaterol-glycopyrrolate (Utibron Neohaler)	New	Medicaid	Policy created. 3Q 2018 annual review: policy split from CP.PMN.69 Inhaled combination LAA-LABA into individual Utibron Neohaler policy; no significant changes; age added; requirement for one agent to have been used in the last 60 days removed; references reviewed and updated.
CP.PMN.148 tiotropium-olodaterol (Stiolto Respimat)	New	Medicaid	Policy created. 3Q 2018 annual review: policy split from CP.PMN.69 Inhaled combination LAA-LABA into individual Stiolto Respimat policy; no significant changes; age added; requirement for one agent to have been used in the last 60 days removed; references reviewed and updated.
CP.PMN.149 umeclidinium-vilanterol (Anoro Ellipta)	New	Medicaid	Policy created. 3Q 2018 annual review: policy split from CP.PMN.69 Inhaled combination LAA-LABA into individual Anoro Ellipta policy; no significant changes; age added; requirement for one agent to have been used in the last 60 days removed; references reviewed and updated.
CP.PMN.150 lesinurad (Zurampic), lesinurad-allopurinol (Duzallo)	New	Commercial Medicaid	Policy created. 3Q 2018 annual review: replaces commercial policy, CP.CPA.174; no significant changes; Medicaid line of business added; references reviewed and updated.
CP.PMN.151 QL of Diabetic Test Strips not receiving insulin	New	Medicaid	Policy created. 3Q 2018 annual review: Changed from CP.PPA.25 QL of Diabetic Test Strips not receiving insulin; references reviewed and updated.
CP.PMN.153 alosetron (Lotronex)	New	Commercial Medicaid	Policy created. 3Q 2018 annual review: Commerical (CP.CPA.65) policy combined with new policy for Medicaid line of business; added age requirement; removed requirements related to confirmation of diagnosis since they are subjective measures, physician enrollment in the prescribing program for Lotronex and patient acknowledgement form, and exclusion of

			anatomic or biochemical abnormalities of the GI tract; removed conventional therapy (e.g., psyllium (Metamucil) as a requirement; references reviewed and updated.
CP.PMN.154 isavuconazonium (Cresemba)	New	Commercial Medicaid	Policy created. 3Q 2018 annual review: new policy for Medicaid line of business; added age and prescriber requirements; re-auth: added positive response to therapy, modified max dose requirement to reflect dosage regimen for maintenance dose; references reviewed and updated.
CP.PMN.155 lacosamide (Vimpat)	New	HIM Medicaid	Policy created. 3Q 2018 annual review: HIM (HIM.PA.49) policy combined with new policy for Medicaid line of business; modified number of preferred trials from 3 to 2; references reviewed and updated.
CP.PMN.156 perampanel (Fycompa)	New	Commercial HIM Medicaid	Policy created. 3Q 2018 annual review: policies combined for Commercial (CP.CPA.81) and HIM (HIM.PA.132) lines of business; new policy for Medicaid; added requirement related to trial and failure of preferred alternatives; Commercial: added age requirement and updated continued therapy to allow continuation of care for seizures; references reviewed and updated.
CP.PMN.157 rufinamide (Banzel)	New	HIM Medicaid	Policy created. 3Q 2018 annual review: HIM (HIM.PA.90) policy combined with new policy for Medicaid line of business; added age requirement; references reviewed and updated.
CP.PMN.158 netupitant;palonosetron (Akynzeo)	New	HIM Medicaid	Policy created. 3Q 2018 annual review: policies combined for HIM and Medicaid lines of business; For Medicaid, policy split from CP.PMN.11 Oral Antiemetics into individual policies; For HIM and Medicaid: added requirement that member is scheduled to receive moderately to highly emetogenic cancer chemo per NCCN recommendations; modified trial and failure of ondansetron and granisetron to require one 5-HT3 receptor antagonist (ondansetron is preferred for both lines of business); added trial and failure of an NK1 antagonist (aprepitant is preferred); added requirement that Akynzeo must be prescribed in combination with dexamethasone per FDA labeling for initial and continued approval; specified that member must be receiving moderately to highly emetogenic chemotherapy for initial and continued approval; revised max dose requirement to per chemotherapy cycle; For HIM: added age requirement, modified approval duration to up to 72 hrs after chemo completion; For Medicaid: removed requirement that 5-HT3 receptor antagonist must be tried in the last 60 days, modified approval duration for chemotherapy-

			induced N/V to duration of chemotherapy; references reviewed and updated.
CP.PMN.159 dronabinol (Marinol, Syndros)	New	Commercial Medicaid	Policy created. 3Q 2018 annual review: new policy created - policy split from CP.CPA.242 Nabilone (Cesamet), Dronabinol (Marinol, Syndros) into individual policies; added Medicaid line of business; added age requirement for all diagnoses; removed risk requirement for receiving chemo for chemo-induced N/V; added requirement for concurrent chemotherapy use or AIDs for continuation criteria; modified approval durations to course of chemotherapy up to 72 hrs after chemo completion for chemotherapy-induced N/V and 6/12 months for anorexia with AIDS/cancer; references reviewed and updated.
CP.PMN.160 nabilone (Cesamet)	New	Commercial Medicaid	Policy created. 3Q 2018 annual review: new policy created - policy split from CP.CPA.242 Nabilone (Cesamet), Dronabinol (Marinol, Syndros) into individual policies; added Medicaid line of business; added age requirement; removed risk requirement for receiving chemo for chemo-induced N/V; removed requirement for dexamethasone and Emend to be tried with a 5-HT3 antagonist; added requirement for concurrent chemotherapy use for continuation criteria; for commercial: modified approval durations to course of chemotherapy up to 72 hrs after chemo completion for chemotherapy-induced N/V; references reviewed and updated.
No Significant Clinical Changes			
CP.PHAR.28 Immunization Coverage	No Significant Clinical Change(s)	Medicaid	3Q 2018 annual review: no significant changes; references reviewed and updated.
CP.PHAR.41 Enfuvirtide (Fuzeon)	No Significant Clinical Change(s)	Commercial HIM Medicaid	3Q 2018 annual review: policies combined for Centene Medicaid, HIM (new), and Commercial lines of business (CP.CPA.33); no significant change from previously approved corporate policy; Medicaid: HIV specialist added as prescriber option, removed re-auth requirement for drug resistance testing if current HIV RNA is at least 500 copies/mL; Commercial: age and prescriber requirement added, initial: requirement for current HIV RNA at least 200 copies/mL added, continued: requirement for specific decrease in viral load/increase in CD4 count replaced by general positive response statement; continued approval durations modified from length of benefit (Commercial) and 6 months (Medicaid) to 6 months or

			renewal date and 12 months, respectively; continuity of care added; references reviewed and updated.
CP.PHAR.61 Cinacalcet (Sensipar)	No Significant Clinical Change(s)	HIM Medicaid	3Q 2018 annual review: HIM and Medicaid policies combined; removed the requirement of PTH levels >300 pg/ml in the initial approval criteria; updated the initial approval criteria to require that lab results over the previous 3-6 months show trending increase in iPTH level or current (within the last 30 days) labs show iPTH above the normal levels; removed the trial of calcium acetate and replaced with vitamin D analog. References reviewed and updated.
CP.PHAR.82 Collagenase Clostridium Histolyticum (Xiaflex)	No Significant Clinical Change(s)	Commercial Medicaid HIM-Medical Benefit	3Q 2018 annual review: Policies combined for Commercial (CP.CPA.12) and Medicaid lines of business; HIM – Medical added; Dupuytren's contracture – removed "table top test" and flexion contracture degree requirements (clinical trial inclusion criteria) as specialist involvement is required; references reviewed and updated.
CP.PHAR.83 Vorinostat (Zolinza)	No Significant Clinical Change(s)	Commercial Medicaid	3Q 2018 annual review: policies combined for Commercial (CP.CPA.279) and Medicaid lines of business; age and specialist requirements added; continuation of care statement added; NCCN and FDA-approved uses summarized for improved clarity (criteria limited to CTLC diagnosis); references reviewed and updated.
CP.PHAR.84 Abiraterone (Zytiga)	No Significant Clinical Change(s)	Commercial HIM Medicaid	3Q 2018 annual review: added HIM line of business; no significant changes from previously approved corporate policy; references reviewed and updated.
CP.PHAR.88 Belimumab (Benlysta)	No Significant Clinical Change(s)	Commercial Medicaid HIM-Medical Benefit	3Q 2018 annual review: Policies combined for Commercial (CP.CPA.229) and Medicaid lines of business; HIM-Medical added; no significant changes from previously approved corporate policy; Medicaid: added prescriber requirement, removed requirement to confirm lack of chronic infection treatment, expanded list of accepted autoantibodies consistent with existing Commercial approach; references reviewed and updated.
CP.PHAR.95 Thyrotropin Alfa (Thyrogen)	No Significant Clinical Change(s)	Medicaid HIM-Medical Benefit	3Q 2018 annual review: no significant changes; HIM-Medical added; references reviewed and updated.
CP.PHAR.106 Enzalutamide (Xtandi)	No Significant	HIM Medicaid	3Q 2018 annual review: added HIM line of business; specialist requirement was added; off-label use in castration-naïve prostate cancer removed per NCCN guidelines; references reviewed and updated.

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

	Clinical Change(s)		
CP.PHAR.109 Tesamorelin (Egrifta)	No Significant Clinical Change(s)	Commercial HIM Medicaid	3Q 2018 annual review: policies combined for Centene Medicaid, HIM (new) and Commercial (CP.CPA.24) lines of business; no significant changes from previously approved corporate policy; Medicaid: removed adherence to current antiretroviral therapy on re-auth; Commercial: age ≥ 18 or documentation of closed epiphyses added per PI, minimum waist circumference modified from 95/94 cm to 102/88 cm in men/women and requirement for waist-to-hip ratio removed per Lean et al and specialist feedback, pregnancy contraindication added per safety guidance endorsed by Centene Medical Affairs; references reviewed and updated.
CP.PHAR.123 Evolocumab (Repatha)	No Significant Clinical Change(s)	Commercial HIM Medicaid	3Q 2018 annual review: combined policies for Medicaid, HIM, and Commercial lines of business; Medicaid/HIM: removed requirement against hypersensitivity; removed requirement for therapeutic lifestyle changes; aligned definition of ASCVD with commercial by addition of acute coronary syndrome and clinically significant CHD; aligned trial of Zetia language by requiring concomitant statin; added hydrophilic statin with intermittent dosing requirement; added diagnosis of HeFH via Simon Broome criteria as alternative option to WHO criteria; Commercial: aligned definition of ASCVD with Medicaid with removal of carotid artery occlusion and renal artery stenosis/stent; lowered minimum LDL value required for initial approval from 100 mg/dL to 70 mg/dL; Medicaid/Commercial: added that lab results must be within the last 3 months for continued therapy; references reviewed and updated.
CP.PHAR.124 Alirocumab (Praluent)	No Significant Clinical Change(s)	Commercial Medicaid	3Q 2018 annual review: combined policies for Medicaid and Commercial lines of business; added a separate requirement to check for continued statin use and adherence at reauthorization; Medicaid: aligned definition of ASCVD with commercial by addition of acute coronary syndrome and clinically significant CHD; aligned trial of Zetia language with commercial by requiring concomitant statin; added hydrophilic statin with intermittent dosing requirement; Commercial: aligned definition of ASCVD with Medicaid with removal of carotid artery occlusion and renal artery stenosis/stent; lowered minimum LDL value required for initial approval from 100 mg/dL to 70 mg/dL; references reviewed and updated.

CP.PHAR.126 Ibrutinib (Imbruvica)	No Significant Clinical Change(s)	Commercial HIM Medicaid	3Q 2018 annual review: Policies combined for commercial, HIM, and Medicaid lines of business; For all lines of business: off-label NCCN compendium-supported uses were added, tablet formulations were added, age requirement was added for FDA-labeled indications, specialist requirement was added for all indications; For commercial: added off-label use of ibrutinib pretreatment for MCL per NCCN guidelines; For Medicaid, removed age requirement for pretreatment use of ibrutinib for MCL per NCCN guidelines; references reviewed and updated.
CP.PHAR.145 Deferasirox (Exjade, Jadenu)	No Significant Clinical Change(s)	Commercial HIM Medicaid	3Q 2018 annual review: policies combined for Centene Medicaid, HIM (new) and Commercial (new) lines of business; no significant changes; references reviewed and updated.
CP.PHAR.146 Deferoxamine (Desferal)	No Significant Clinical Change(s)	Commercial Medicaid	3Q 2018 annual review: policies combined for Centene Medicaid and Commercial (new) lines of business; no significant changes; age removed from acute iron intoxication and from chronic iron overload as can be used in patients younger than 3 in some cases; two gram vial removed; references reviewed and updated.
CP.PHAR.147 Deferiprone (Ferriprox)	No Significant Clinical Change(s)	Commercial HIM Medicaid	3Q 2018 annual review: policies combined for Centene Medicaid, HIM (new) and Commercial (new) lines of business; no significant changes; references reviewed and updated.
CP.PHAR.150 Mecasermin (Increlex)	No Significant Clinical Change(s)	Commercial HIM Medicaid	3Q 2018 annual review: policies combined Centene Commercial and Medicaid lines of business; added HIM line of business; added contraindicated states to section III; revised positive response to therapy and increased initial approval duration from 6 months to 12 months to align with somatropin policy and added requirement for baseline height; Medicaid: removed requirements to correct nutritional or thyroid deficiencies if present; Commercial: added prescriber requirement, age requirement, and evidence for diagnosis; removed documentation of compliance with therapy for continued approval; added requirement that rhGH is not concomitantly used; references reviewed and updated.
CP.PHAR.270 Paricalcitol Injection (Zemplar)	No Significant Clinical Change(s)	Medicaid HIM– Medical Benefit	3Q 2018 annual review: converted to new template; HIM Medical added; added specialist requirement; added requirement for positive response and max dose to re-auth; references reviewed and updated.

CP.PHAR.283 Lomitapide (Juxtapid)	No Significant Clinical Change(s)	Commercial Medicaid	3Q 2018 annual review: combined policies for Medicaid and Commercial lines of business; added age limit; Medicaid: removed requirement for therapeutic life style changes and counseling due to inability to objectively verify; removed contraindications from initial criteria; aligned trial of ezetimibe language with commercial by requiring concomitant statin; Commercial: added specific criteria from "member must meet criteria for Repatha"; reduced approval durations from LOB to 6 and 12 months; references reviewed and updated.
CP.PHAR.284 Mipomersen (Kynamro)	No Significant Clinical Change(s)	Commercial Medicaid	3Q 2018 annual review: combined policies for Medicaid and Commercial lines of business; no significant changes from previously approved corporate policy; added age limit; Medicaid: removed requirement for therapeutic life style changes and counseling due to inability to objectively verify; removed requirement against concomitant administration of aphresis; removed requirement against use if renally impaired; aligned trial of Zzetia language with commercial by requiring concomitant statin; Commercial: reduced approval durations from LOB to 6 and 12 months; references reviewed and updated.
CP.PHAR.285 Nintedanib (Ofev)	No Significant Clinical Change(s)	Commercial Medicaid	3Q 2018 annual review: policies combined for Centene Medicaid and Commercial lines of business; no significant changes from previously approved corporate policy; Medicaid: removed requirement for high-resolution computed tomography or surgical lung biopsy findings confirming diagnosis; Commercial: added age requirement, approval durations modified from length of benefit to 6/12 months; references reviewed and updated.
CP.PHAR.286 Pirfenidone (Esbriet)	No Significant Clinical Change(s)	Commercial Medicaid	3Q 2018 annual review: policies combined for Centene Medicaid and Commercial lines of business; no significant changes from previously approved corporate policy; Medicaid: removed requirement for high-resolution computed tomography or surgical lung biopsy findings confirming diagnosis; commercial: added age requirement and dose related to initial titration period, modified approval durations from length of benefit to 6/12 months; references reviewed and updated.
CP.PHAR.287 Obeticholic acid (Ocaliva)	No Significant Clinical Change(s)	Commercial Medicaid	3Q 2018 annual review: Policies combined for Commercial (CP.CPA.267) and Medicaid lines of business; added prescriber requirement; removed criteria confirming diagnosis; modified UDCA monotherapy trial duration to 12 months from 6 months based on Ocaliva package labeling and treatment guideline recommendations; references reviewed and updated

CP.PHAR.290 Aripiprazole Long-Acting Injections (Abilify Maintena, Aristada)	No Significant Clinical Change(s)	Medicaid	3Q 2018 annual review: no significant changes; references reviewed and updated.
CP.PHAR.291 Paliperidone Long-Acting Injections (Invega Sustenna, Invega Trinza)	No Significant Clinical Change(s)	Medicaid	3Q 2018 annual review: no significant changes; references reviewed and updated.
CP.PHAR.292 Olanzapine Long-Acting Injection (Zyprexa Relprevv)	No Significant Clinical Change(s)	Medicaid	3Q 2018 annual review: no significant changes; references reviewed and updated.
CP.PHAR.293 Risperidone Long-Acting Injection (Risperdal Consta)	No Significant Clinical Change(s)	HIM Medicaid	3Q 2018 annual review: policies combined for Medicaid and HIM (HIM.PA.99) lines of business; Medicaid: removed requirement related to therapeutic plan since specialist is involved in care; HIM: removed "no history of dementia-related psychosis" as a requirement and added it to section III Diagnoses/Indications for which coverage is NOT authorized; extended initial approval duration from 3 to 6 months; references reviewed and updated.
CP.PHAR.323 Plerixafor (Mozobil)	No Significant Clinical Change(s)	Commercial HIM Medicaid	3Q 2018 annual review: Policies combined for Commercial and Medicaid lines of business; no significant changes from previously approved corporate policy; added HIM line of business; added prescriber requirement; references reviewed and updated.
CP.PHAR.338 Cerliponase alfa (Brineura)	No Significant Clinical Change(s)	Commercial HIM-Medical Benefit Medicaid	3Q 2018 annual review: added Commercial line of business; no significant changes; references reviewed and updated.
CP.PHAR.351.Daptomycin (Cubicin Cubicin RF)	No Significant Clinical Change(s)	Medicaid	3Q 2018 annual review: no significant changes; references reviewed and updated.
CP.PMN.08 Lidocaine Transdermal (Lidoderm)	No Significant Clinical Change(s)	Commercial HIM Medicaid	3Q 2018 annual review: policies combined for Centene Medicaid, HIM (HIM.PA.126), and Commercial (CP.CPA.60) lines of business; Medicaid/HIM: removed timeframe of within the last 6 months for gabapentin or TCA trial; Commercial: added age requirement; for post-

			herpetic neuralgia, modified dosage of gabapentin from 1200 mg/day to 1800 mg/day and added duration of trial of 30 days, added TCA trial for members ≤ 64 years of age; for diabetic neuropathy, added requirements related to trial of gabapentin and a TCA; references reviewed and updated.
CP.PMN.09 Lindane Shampoo	No Significant Clinical Change(s)	Medicaid	3Q 2018 annual review: no significant changes; modified approval duration of one treatment (one 60 mL bottle) to 14 days and incorporated quantity limit in the criteria; added Appendix D; references reviewed and updated.
CP.PMN.19 Aprepitant (Emend)	No Significant Clinical Change(s)	HIM* Medicaid	3Q 2018 annual review: policies combined for HIM and Medicaid lines of business; HIM and Medicaid: added age requirement, added requirement that Emend is prescribed for the prevention of chemo-induced N/V, specialist requirements were removed, therapy pack dosage form was added; HIM: added requirement for trial and failure of a 5-HT3 antagonist for postop N/V, added requirement for positive response to therapy for continued therapy approval of chemo-induced N/V per template, added confirmation that member is receiving chemo, added requirement that Emend is prescribed in combination with a 5-HT3 antagonist and dexamethasone; For Medicaid: generalized trial of ondansetron to a 5-HT3 antagonist (ondansetron is preferred) for PONV, requirement that member has a scheduled surgery was added; references reviewed and updated.
CP.PMN.31 Fluticasone/Salmeterol (Advair Diskus, Advair HFA)	No Significant Clinical Change(s)	Medicaid	3Q 2018 annual review: removed requirement for drug trials verifiable with claims data in the past 60 days; references reviewed and updated.
CP.PMN.40 Acitretin (Soriatane)	No Significant Clinical Change(s)	Medicaid	3Q 2018 annual review: no significant changes; increased continued approved from 6 to 12 months; references reviewed and updated.
CP.PMN.44 Pyrimethamine (Daraprim)	No Significant Clinical Change(s)	Commercial HIM Medicaid	3Q 2018 annual review: policies combined for Centene Medicaid, HIM (HIM.PA.133) and Commercial (CP.CPA.22) lines of business; no significant changes from previously approved corporate policy; all: HIV specialist added as prescriber option; Medicaid/HIM: removed recommended regimens from continued criteria; Commercial: added trial of TMP/SMX (unless age < 18 years) for treatment of toxoplasmosis, added recommended regimens to initial criteria, off-label coverage for chronic maintenance treatment added and max doses modified per guidelines,

			modified approval durations from 12 weeks to 8 weeks/6 months and 6 months/3 months per guidelines; references reviewed and updated.
CP.PMN.46 Roflumilast (Daliresp)	No Significant Clinical Change(s)	Medicaid	3Q 2018 annual review: no significant changes; age restriction added, smoking cessation requirements removed as this cannot be enforced; initial approval duration increased from 6 to 12 months; references reviewed and updated.
CP.PMN.47 Rifaximin (Xifaxan)	No Significant Clinical Change(s)	Commercial HIM Medicaid	3Q 2018 annual review: policies combined for Commercial (CP.CPA.171), HIM (HIM.PA.68), and Medicaid lines of business; no significant changes from previously approved corporate policy; commercial: added age requirement; for IBS-D, removed trial/failure option of bulk forming agent; for TD: added additional fluoroquinolone trial/failure options per guideline, and azithromycin trial; HIM: added age requirement; for TD, added additional fluoroquinolone trial/failure option of ofloxacin 200 mg twice daily x 1-3 days per IDSA guidelines; Medicaid: for IBS-D, modified trial/failure requirement of either loperamide or bile acid sequestrant to loperamide and antispasmodic agent, removed timeframe in which trial must have occurred; HIM/Medicaid: for IBS-D, modified number of total treatment courses from 2 to 3 on re-auth per PI; added off-label criteria for SIBO and Crohn's disease; references reviewed and updated.
CP.PMN.54 Clobazam (Onfi)	No Significant Clinical Change(s)	HIM Medicaid	3Q 2018 annual review: LGS-removed duration of trial of formulary alternatives since specialist is involved in care; references reviewed and updated.
CP.PMN.60 SSRI SNRI Duplicate Thearapy	No Significant Clinical Change(s)	Medicaid	3Q 2018 annual review: no significant changes; references reviewed and updated.
CP.PMN.65 Vortioxetine (Trintellix)	No Significant Clinical Change(s)	HIM Medicaid	3Q 2018 annual review: combined HIM (HIM.PA.136) and Medicaid; no significant changes added age to Medicaid; references reviewed and updated.
CP.PMN.70 Ivabradine (Corlanor)	No Significant Clinical Change(s)	Commercial Medicaid	3Q 2018 annual review: policies combined for Commercial (CP.CPA.19) and Medicaid lines of business; Commercial: added prescriber, age, LVEF, and sinus rhythm; modified requirement related to failure of 2 generic beta-blockers to include only beta-blockers which have been shown to be effective in reducing mortality (bisoprolol, carvedilol, and metoprolol

			succinate) in patients with chronic heart failure per 2013 ACCF/AHA guideline for the management of heart failure and duration of trial; Medicaid: removed contraindication requirement related to drug-drug interaction and incorporated the information in Appendix C; references reviewed and updated.
CP.PMN.74 Granisetron (Kytril, Sancuso)	No Significant Clinical Change(s)	Commercial Medicaid	3Q 2018 annual review: policies combined for commercial, and Medicaid lines of business; removed Granisol due to product discontinuation; For commercial: policy split from CP.CPA.223 Antiemetics – 5-HT3 Receptor Antagonist into individual policies, added age requirement for Sancuso, generalized trial and failure for all indications to any 5-HT3 antagonist (ondansetron is preferred), modified approval duration for PONV to one time approval and chemo- or radiation therapy-induced N/V to duration of therapy up to 72 and 48 hrs respectively; For Medicaid: policy split from CP.PMN.11 Oral antiemetics into individual policies, into individual policies, removed age restriction for Kytril due to compendium and guideline-supported off-label use in pediatrics, removed requirement that ondansetron must have been tried in the last 60 days, added granisetron injection product to policy; references reviewed and updated.
CP.PMN.76 Calcifediol (Rayaldee)	No Significant Clinical Change(s)	Commercial Medicaid	3Q 2018 annual review: policies combined for Medicaid and Commercial; no significant changes from previously approved corporate policy; added iPTH lab requirement for initial approval and iPTH, calcium/vitamin D level monitoring for continued approval to Commercial policy; references reviewed and updated.
CP.PMN.83 Short Ragweed Pollen Allergen Extract (Ragwitek)	No Significant Clinical Change(s)	Commercial Medicaid	3Q 2018 annual review: polices combined for Medicaid and Commercial (CP.CPA.111); added age; Medicaid: increased approval duration to 12 months; Commercial: removed leukotriene modifiers as pdl alternative per 2017 guidelines; references reviewed and updated.
CP.PMN.84 Timothy Grass Pollen Allergen Extract (Grastek)	No Significant Clinical Change(s)	Commercial HIM Medicaid	3Q 2018 annual review: policies combined for Medicaid and Commercial (CP.CPA.111); age added to policy; increased Medicaid and HIM initial approval duration to 12 months; Commercial: removed leukotriene modifiers as pdl alternative per 2017 guidelines; references reviewed and updated.
CP.PMN.85 Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue Grass Mixed Pollens Allergen Extract (Oralair)	No Significant Clinical Change(s)	Commercial Medicaid	3Q 2018 annual review: Medicaid and Commercial (CP.CPA.111) policies combined; age added to policy; Medicaid: increased initial approval duration to 12 months; Commercial: removed leukotriene modifiers as pdl alternative per 2017 guidelines; references reviewed and updated.

CP.PMN.111 House dust mite allergen extract (Odactra)	No Significant Clinical Change(s)	Commercial Medicaid	3Q 2018 annual review: combined Medicaid and commercial (CP.CPA.315) polices; no significant changes from previously approved corporate policy; age added; Commercial: removed option of intranasal antihistamine or leukotriene modifier as a criteria trial; references reviewed and updated.
CP.PST.01 Step Therapy	No Significant Clinical Change(s)	Medicaid	3Q 2018 annual review: CP.PST.03 added; references reviewed and updated.
CP.PST.17 Atomoxetine (Strattera)	No Significant Clinical Change(s)	Medicaid	3Q 2018 annual review: no significant changes; references reviewed and updated.
Policies to retire			
CP.PHAR.57 Global BioPharm	Retire	Medicaid	Replaced by CP.PMN.53 No Coverage Criteria Off Label Use
CP.PMN.11 Oral Antiemetics (5-HT3 Antagonists)	Retire	Medicaid	Replaced by CP.PMN.45 Ondansetron (Zuplenz), CP.PMN.141 Dolasetron (Anzemet), and CP.PMN.74 Granisetron (Kytril, Sancuso),
CP.PMN.26 CP.PMN.26 famciclovir (Famvir®)	Retire	Medicaid	Prior Auth is no longer required
CP.PMN.37 Guanfacine ER (Intuniv)	Retire	Medicaid	Medication is PDL with no prior auth
CP.PMN.63 Dexmethylphenidate ER (Focalin XR)	Retire	Medicaid	Replaced by CP.PMN.16 Request for Medically Necessary Drug not on the PDL
CP.PMN.69 Inhaled combination LAA-LABA	Retire	Medicaid	Replaced by CP.PMN.147 indacaterol-glycopyrrolate (Utibron Neohaler), CP.PMN.148 tiotropium-olodaterol (Stiolto Respimat), CP.PMN.149 umeclidinium-vilanterol (Anoro Ellipta)
CP.PPA.04 oxycodone sr (Oxycontin®)	Retire	Medicaid	Replaced by CP.PMN.97 Opioid Analgesics
CP.PPA.09 Epinephrine (EpiPen and EpiPen Jr) Quanity Limit Override	Retire	Medicaid	Replaced by CP.PMN.144 Epinephrine (EpiPen and EpiPen Jr) Quanity Limit Override
CP.PPA.12 Narcotic Analgesics	Retire	Medicaid	Replaced by CP.PMN.97 Opioid Analgesics (1Q18)
CP.PPA.16 vilazodone (Viibryd)	Retire	Medicaid	Replaced by CP.PMN.145 vilazodone (Viibryd)
CP.PPA.19 Pimavanserin (Nuplazid)	Retire	Medicaid	Replaced by CP.PMN.140 Pimavanserin (Nuplazid)
CP.PPA.25 QL of Diabetes Test Strips for members not receiving insulin	Retire	Medicaid	Replaced by CP.PMN.151 QL of Diabetic Test Strips not receiving insulin

CP.PPA.26 isotretinoin (Claravis, Sotret, Amnesteem, Myorisan)	Retire	Medicaid	Replaced by CP.PMN.143 isotretinoin (Claravis, Absorica, Myorisan, Zenatane)
CP.PST.03 Anti-Allergy Ophthalmics	Retire	Medicaid	Replaced by CP.PST.01 Step Therapy

Based on Q3 P&T 2018