



Effective date: 01/01/20

Buckeye Health Plan

Medicaid Criteria Updates –Q42019

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

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



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CP.PHAR.133 Idelalisib (Zydelig)	Medicaid	4Q 2019 annual review: Criteria/Appendix B reorganized to reconcile with similar policies; FDA/NCCN dosing limitation added, references reviewed and updated.
CP.PHAR.137 Ivosidenib (Tibsovo)	Medicaid	4Q 2019 annual review: FDA/NCCN dosing limitation added; induction therapy examples for patients over 60 added; references reviewed and updated.
CP.PHAR.138 Lenvatinib (Lenvima)	Medicaid	4Q 2019 annual review: NCCN designation of recurrent added to MTC criteria; references reviewed and updated.
CP.PHAR.169 Vigabatrin (Sabril)	Medicaid	For Refractory Complex Partial Seizures (CPS): Modified failure of two preferred alternative anticonvulsant drugs to a failure of three agents; references reviewed and updated.
CP.PHAR.170 Degarelix (Firmagon)	Medicaid	4Q 2019 annual review: for prostate cancer added urologist specialist option; references reviewed and updated.
CP.PHAR.171 Goserelin Acetate (Zoladex)	Medicaid	4Q 2019 annual review: removed pregnancy safety requirement for breast cancer and endometriosis indications; added oncologist prescriber requirement for breast cancer; for prostate cancer removed requirement for use of 3.6 mg or 10.8 mg strengths as those are the only available strengths, added urologist specialist option; for dysfunctional uterine bleeding added requirement to Section I and II to validate member has not yet received two implants; references reviewed and updated.
CP.PHAR.172 Histrelin Acetate (Vantas, Supprelin LA)	Medicaid	4Q 2019 annual review: prostate cancer – removed the following as there is no preferred product among the GnRH agonists and the requirement is not included for the CPP indication which is similarly for an implant formulation: “Documentation showing a history of \geq 3 months of gonadotropin-releasing hormone (GnRH) agonist injections that were effective and well tolerated”, added urologist specialist option; references reviewed and updated.
CP.PHAR.173 Leuprolide Acetate	Medicaid	4Q 2019 annual review: for prostate cancer added urologist specialist option; references reviewed and updated.



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CP.PHAR.175 Triptorelin pamoate (Trelstar, Triptodur)	Medicaid	4Q 2019 annual review: for prostate cancer added option for urologist prescribing; references reviewed and updated.
CP.PHAR.184 Aflibercept (Eylea)	Medicaid	Criteria added for new FDA indication: use in patients with diabetic retinopathy without diabetic macular edema; references reviewed and updated.
CP.PHAR.231 IncobotulinumtoxinA (Xeomin)	Medicaid	Criteria updated for new FDA approved indication: first-line treatment for blepharospasms; references reviewed and updated.
CP.PHAR.245 Apremilast (Otezla)	Medicaid	Criteria added for new FDA indication: treatment of adult patients with oral ulcers associated with Behçet’s disease; references reviewed and updated.
CP.PHAR.260 Rituximab (Rituxan, Truxima, Rituxan Hycela)	Medicaid	Criteria added for off-label use in neuromyelitis optica spectrum disorder; references reviewed and updated.
CP.PHAR.305 Obinutuzumab (Gazyva)	Medicaid	4Q 2019 annual review: NCCN recommended uses added for B-cell lymphomas; FDA/NCCN dosing limitation added, references reviewed and updated.
CP.PHAR.306 Ofatumumab (Arzerra)	Medicaid	4Q 2019 annual review: NCCN recommendations for B-cell lymphomas added; FDA/NCCN dosing limitation added; 12 doses added as maximum per PI for refractory CLL; Arzerra use in WM/LPL restated as second-line or subsequent therapy; references reviewed and updated.
CP.PHAR.307 Bendamustine (Bendeka, Treanda)	Medicaid	4Q 2019 annual review: added additional therapeutic alternatives to Appendix B with NCCN category 1: MM; added hepatosplenic gamma-delta T-cell lymphoma to non-Hodgkin T-cell lymphomas (off-label) uses and related therapeutic alternatives to Appendix B; references reviewed and updated.
CP.PHAR.308 Elotuzumab (Empliciti)	Medicaid	4Q 2019 annual review: FDA/NCCN dosing requirement added; references reviewed and updated.
CP.PHAR.309 Carfilzomib (Kyprolis)	Medicaid	4Q 2019 annual review: Kyprolis with dexamethasone only dosing updated; references reviewed and updated.



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CP.PHAR.311 Belinostat (Beleodaq)	Medicaid	4Q 2019 annual review: added NCCN-recommended (with Category 2A or above) off-label uses: extranodal NK/T-cell lymphoma, nasal type, hepatosplenic gamma-delta T-cell lymphoma; references reviewed and updated.
CP.PHAR.313 Pralatrexate (Folotyn)	Medicaid	4Q 2019 annual review: added Medicaid line of business; FDA/NCCN dosing requirement added; failed prior therapy added for PTCL; off-label uses added with prior therapy (HGTL, NKTL); prior therapy added for ATLL; references reviewed and updated.
CP.PHAR.314 Romidepsin (Istodax)	Medicaid	4Q 2019 annual review: FDA dosing cycle details added; FDA/NCCN labeling requirement added; references reviewed and updated.
CP.PHAR.315 Vincristine Liposome (Marqibo)	Medicaid	4Q 2019 annual review: Ph- anti-leukemia therapy examples added to Appendix B; FDA/NCCN dosing limitation added; references reviewed and updated.
CP.PHAR.321 Panitumumab (Vectibix)	Medicaid	4Q 2019 annual review: references reviewed and updated.
CP.PHAR.322 Pembrolizumab (Keytruda)	Medicaid	4Q 2019 annual review: criteria added for new FDA indication for esophageal squamous cell carcinoma; added chondrosarcomas as another example of an NCCN-supported MSI-H/dMMR tumor type in <i>Appendix D</i> ; references reviewed and updated.
CP.PHAR.324 Temsirolimus (Torisel)	Medicaid	4Q 2019 annual review: updated NCCN dosing per new template; added RCC prognostic risk factors; references reviewed and updated.
CP.PHAR.325 Ziv-aflibercept (Zaltrap)	Medicaid	4Q 2019 annual review: references reviewed and updated.
CP.PHAR.332 Pasireotide (Signifor, Signifor LAR)	Medicaid	4Q 2019 annual review: increased acromegaly initial approval duration from 3 months to 6 months to align with approach for other acromegaly policies; references reviewed and updated.
CP.PHAR.336 Dupilumab (Dupixent)	Medicaid	Criteria added for new FDA indication: CRSwNP; added allergists as potential prescribers for atopic dermatitis; references reviewed and updated.
CP.PHAR.352 Daunorubicin-cytarabine (Vyxeos)	Medicaid	4Q 2019 annual review: antecedent MDS/CMML added per NCCN; cycle details added per PI; FDA/NCCN dosing limitation added; references reviewed and updated.



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CP.PHAR.353 Pegaspargase (Oncaspar) 0	Medicaid	4Q 2019 annual review: ALL age limit/drug trial removed per PI; off-label T-cell age limit added in absence of NCCN pediatric guidance; FDA/NCCN dosing limitation added; references reviewed and updated.
CP.PHAR.354 Testosterone (Testopel)	Medicaid	4Q 2019 annual review: added age-related hypogonadism or late-onset hypogonadism to Section III for excluded diagnoses; references reviewed and updated.
CP.PHAR.357 Copanlisib (Aliqopa)	Medicaid	4Q 2019 annual review: NCCN recommended B-cell lymphoma subtypes added - Appendix B required therapy examples expanded accordingly; relapsed or refractory disease added; dosing detail - 3 out of 4 weeks - added per PI; FDA/NCCN dosing limitation added; references reviewed and updated.
CP.PHAR.358 Gemtuzumab (Mylotarg)	Medicaid	4Q 2019 annual review: FDA/NCCN dosage limitations added; references reviewed and updated.
CP.PHAR.359 Inotuzumab Ozogamicin (Besponsa)	Medicaid	4Q 2019 annual review: FDA/NCCN dosing limitation added; age removed to encompass pediatrics per NCCN; references reviewed and updated.
CP.PHAR.361 Tisagenlecleucel (Kymriah)	Medicaid	ALL: per NCCN treatment guidelines and clinical trial inclusion criteria modified previous therapy requirement to require one of the following (a, b, or c): a) Disease is refractory or member has had ≥ 2 relapses; b) Disease is Philadelphia chromosome positive: failure of 2 lines of chemotherapy that included 2 tyrosine kinase inhibitors; c) Member has relapsed following HSCT and must be ≥ 6 months from HSCT at the time of Kymriah infusion; references reviewed and updated.
CP.PHAR.363 Enasidenib (Idhifa)	Medicaid	4Q 2019 annual review: NCCN use added - relapse/remission post Idhifa therapy; FDA/NCCN dosing limitation added; references reviewed and updated.
CP.PHAR.387 Azacitidine (Vidaza)	Medicaid	4Q 2019 annual review: MDS – added options for use as bridge therapy while awaiting HSCT donor availability or in patients with clinically relevant thrombocytopenia/neutropenia or



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		increased bone marrow blasts per NCCN; AML for members \geq 60 years – added combination use with Nexavar and Venclexta and simplified uses as Vidaza can be used for both induction and maintenance therapy in elderly patients declining more aggressive therapy per NCCN; references reviewed and updated.
CP.PHAR.391 Lanreotide (Somatuline Depot)	Medicaid	4Q 2019 annual review: bronchopulmonary/thymic NETs: simplified I.D.1 to “unresectable or metastatic bronchopulmonary/thymic NET” and modified I.D.4 to only require somatostatin receptor positive imaging and/or hormonal symptoms per NCCN compendium; references reviewed and updated.
CP.PHAR.398 Moxetumomab pasudotox-tdfk (Lumoxiti)	Medicaid	4Q 2019 annual review: cycle details added to FDA dosing; FDA/NCCN dosing limitations added; references reviewed and updated.
CP.PHAR.399 Dacomitinib (Vizimpro)	Medicaid	4Q 2019 annual review: NCCN designation of advanced added; additional examples of sensitizing EGFR mutations added consistent with NCCN; references reviewed and updated.
CP.PHAR.400 Duvelisib (Copiktra)	Medicaid	4Q 2019 annual review: FDA/NCCN dosing limitation added; marginal zone lymphomas added per NCCN; references reviewed and updated.
CP.PHAR.404 Galcanezumab-gnlm (Emgality)	Medicaid	Criteria added for new FDA approved indication: episodic cluster headaches; added chronic cluster headaches to Section III as a diagnosis not covered; references reviewed and updated.
CP.PMN.16 Med Neces Guide for drug not PDL	Medicaid	4Q 2019 annual review: added that trial and failure of PDL agents can also be supported by chart notes; references reviewed and updated.
CP.PMN.47 Rifaximin (Xifaxan)	Medicaid	4Q 2019 annual review: for SIBO added requirement for age 18 or older; references reviewed and updated.
CP.PMN.53 No Coverage Criteria-Off-Label Use	Medicaid	4Q 2019 annual review: added requirement that member does not have any contraindications for labeled use without coverage criteria; references reviewed and updated.



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CP.PMN.54 Clobazam (Onfi, Sympazan)	Medicaid	4Q 2019 annual review: added redirection to generic formulations; added reference to non-formulary policy for Sympazan; reference reviewed and updated.
CP.PMN.109 Suvorexant (Belsomra)	Medicaid	4Q 2019 annual review: removed 14-day trial duration requirement to align with other insomnia policies; references reviewed and updated.
CP.PMN.170 Eluxadoline (Viberzi)	Medicaid	4Q 2019 annual review: references reviewed and updated.
CP.PMN.172 Zolpidem (Edluar, Intermezzo, Zolpimist)	Medicaid	4Q 2019 annual review: increased initial approval duration for Medicaid to 6 months to align with approach for other sleep agents; clarified zolpidem redirection for Edluar and Zolpimist is to the oral tablet formulation; references reviewed and updated.
CP.PMN.175 Doxepin (Silenor)	Medicaid	4Q 2019 annual review: added option for previous history of substance abuse to bypass requirement for trial of zolpidem; references reviewed and updated.
CP.PMN.184 Stiripentol (Diacomit)	Medicaid	4Q 2019 annual review: added requirement that Diacomit continue to be used as adjunctive therapy for reauthorization; references reviewed and updated.
New Policies		
CP.PHAR.434 Bremelanotide (Vyleesi)	Medicaid	Policy created.
CP.PHAR.435 Darolutamide (Nubeqa)	Medicaid	Policy created.
CP.PHAR.436 Pexidartinib (Turalio)	Medicaid	Policy created.
CP.PHAR.437 Thioguanine (Tabloid)	Medicaid	Policy created: Medicaid line of business added; AML relabeled as “myeloid” and ALL age limited to pediatrics per NCCN guidelines; mercaptopurine trial removed from AML given the drug’s lack of FDA label and from ALL given the new pediatric age restriction; FDA/NCCN dosing limitation added; references reviewed and updated.
CP.PHAR.438 Trientine (Syprine)	Medicaid	Policy created.
CP.PHAR.439 Valrubicin (Valstar)	Medicaid	Policy created.



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CP.PMN.212 Bedaquiline (Sirturo)	Medicaid	Policy created: Medicaid lines of business; added additional therapy options to Appendix B (alphabetized table) based on 2019 WHO guidelines and commercially available in the US (ethambutol, imipenem-cilastatin, linezolid, meropenem); updated FDA-approved age limit to 12 years of age and older; references reviewed and updated.
CP.PMN.213 Ferric maltol (Accrufer)	Medicaid	Policy created.
CP.PMN.214 Continuous Glucose Monitors	Medicaid	Policy created.
CP.PMN.215 Non-preferred blood glucose monitors and test strips	Medicaid	Policy created.
CP.PHAR.440 Elexacaftor/Ivacaftor/Tezacaftor; Ivacaftor (Trikafta)	Medicaid	Policy created.
No Significant Clinical Changes		
CP.PHAR.27 Tolvaptan (Jynarque, Samsca)	Medicaid	4Q 2019 annual review: no significant changes; added to contraindications and boxed warnings per updated prescribing information; references reviewed and updated.
CP.PHAR.125 Palbociclib (Ibrance)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.128 Erenumab-aaoe (Aimovig)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.132 Nitisinone (Nityr, Orfadin)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.134 Methotrexate (Otrexup, Rasuvo, Xatmep)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.136 Elagolix (Orilissa)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.



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CP.PHAR.139 Mogamulizumab-kpkc (Poteligeo)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.140 Pegvaliase-pqpz (Palynziq)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.141 Ribavirin (Copegus, Moderiba, Rebetol, Ribasphere)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.142 Adefovir (Hepsera)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.143 Betaine (Cystadane)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.149 Intrathecal Baclofen (Gablofen, Lioresal)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.151 Levoleucovorin (Fusilev)	Medicaid	4Q 2019 annual review: no significant changes; additional cancers amenable to rescue therapy added to Appendix D per NCCN; updated off-label dosing per new template; references reviewed and updated.
CP.PHAR.174 Nafarelin Acetate (Synarel)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.201 Belatacept (Nulojix)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.304 Irinotecan Liposome (Onivyde)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.317 Cetuximab (Erbix)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.318 Eribulin Mesylate (Halaven)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.320 Necitumumab (Portrazza)	Medicaid	4Q 2019 annual review: no significant changes; added general information stating lack of NCCN support for Portrazza based regimen; references reviewed and updated.



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CP.PHAR.326 Olaratumab (Lartruvo)	Medicaid	4Q 2019 annual review: no significant changes; updated Appendix D to state NCCN guidelines' removal of doxorubicin and olaratumab as a combination therapy for STS and uterine sarcoma; references reviewed and updated.
CP.PHAR.328 Asfotase Alfa (Strensiq)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.334 Ribociclib (Kisqali), Ribociclib/Letrozole (Kisqali Femara)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.355 Abemaciclib (Verzenio)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.365 Neratinib (Nerlynx)	Medicaid	4Q 2019 annual review: no significant changes; removed off-label capecitabine combination use from criteria (NCCN category 2B); references reviewed and updated.
CP.PHAR.389 Pegvisomant (Somavert)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.390 Cholic Acid (Cholbam)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.392 Pegademase Bovine (Adagen)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.393 Leucovorin Injection	Medicaid	4Q 2019 annual review: no significant changes; additional cancers amenable to rescue therapy added to Appendix D per NCCN; updated off-label dosing per new template; references reviewed and updated.
CP.PHAR.394 Migalastat (Galafold)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.395 Patisiran (Onpattro)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.397 Cemiplimab-rwlc (Libtayo)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.17 Droxidopa (Northera)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.59 Quantity Limit Override	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.



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CP.PMN.71 Linaclotide (Linzess)	Medicaid	4Q 2019 annual review: no significant changes from previously approved corporate policy; references reviewed and updated.
CP.PMN.73 Lifitegrast (Xiidra)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.75 Age Limit for Tazarotene (Tazorac)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.87 Plecanatide (Trulance)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.112 Naldemedine (Symproic)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.114 Betrixaban (Bevyxxa)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.116 L-glutamine (Endari)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.142 Lubiprostone (Amitiza)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.143 Isotretinoin (Claravis, Absorica, Myorisan, Zenatane)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.153 Alosetron (Lotronex)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.161 Methadone (Dolophine)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.162 Moxidectin	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.165 Fluorouracil Cream (Tolak)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.167 Neomycin/Fluocinolone Cream (Neo-Synalar)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.168 Ospemifene (Osphena)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.169 Methylnaltrexone Bromide (Relistor)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.171 Naloxegol (Movantik)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.



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CP.PMN.173 Ramelteon (Rozerem)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.174 Perindopril-Amlodipine (Prestalia)	Medicaid	4Q 2019 annual review: clarified that medical justification must support inability for <i>concurrent</i> use of individual components; no significant changes; references reviewed and updated.
CP.PMN.176 Amlodipine/Atorvastatin (Caduet)	Medicaid	4Q 2019 annual review: clarified that CI/ADR applies to all preferred step-through agents; no significant changes; references reviewed and updated.
CP.PMN.177 Glycopyrronium (Qbrexza)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.178 Tafenoquine (Arakoda)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.179 Megestrol Acetate (Megace ES)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.180 Halobetasol Propionate Lotion 0.05% (Ultravate)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.181 Calcipotriene/Betamethasone Dipropionate Foam (Enstilar)	Medicaid	4Q 2019 annual review: revised age limit to 12 years and older per FDA pediatric extension; no significant changes; references reviewed and updated.
CP.PMN.182 Betamethasone Dipropionate Spray (Sernivo)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.185 Baloxavir Marboxil (Xofluza)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.210 Acyclovir Buccal Tablet (Sitavig), Ophthalmic Ointment (Avaclyr)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.



Effective date: 01/01/20

Buckeye Health Plan

Medicaid Criteria Updates –Q42019

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OH.PHAR.PPA.01 Stribild	Medicaid	4Q 2019 annual review: Updated age limit to 12 years of age and older; updated references
OH.PHAR.PPA.05 Sofosbuvir/Velpatasvir (Epclusa)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
OH.PHAR.PPA.06 Daclatasvir (Daklinza)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
OH.PHAR.PPA.07 Ombitasvir/Paritaprevir/Ritonavir (Technivie)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
OH.PHAR.PPA.08 Grazoprevir/Elbasvir (Zepatier)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
OH.PHAR.PPA.09 Dasabuvir/Paritaprevir/Ritonavir/Ombitasvir (Viekira XR, Viekira Pak)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
OH.PHAR.PPA.11 Simeprevir (Olysio)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
OH.PHAR.PPA.12 Sofosbuvir (Sovaldi)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.



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OH.PHAR.PPA.15 Sofosbuvir/Velpatasvir/Voxilaprevir (Vosevi)	Medicaid	4Q 2019 annual review: no significant changes; references reviewed and updated.
OH.PHAR.PPA.17 Buprenorphine- naloxone (Bunavail, Suboxone, and Zubsolv)	Medicaid	4Q 2019 annual review: no significant changes
OH.PHAR.PPA.18 Buprenorphine (Subutex)	Medicaid	4Q 2019 annual review: no significant changes

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