



Effective Date: 01/01/23

Buckeye Health Plan Medicaid Criteria Updates –Q4 2022

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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Policy/ Coverage Criteria Guideline	Applicable Business	Revision Summary Description
Clinically Significant Change(s)		
CP.PHAR.40 Octreotide Acetate (Sandostatin, Sandostatin LAR Depot, Bynfezia, Mycapssa)	Commercial, HIM*, Medicaid	For acromegaly, added confirmatory diagnostic requirements (IGF-I or GH) per PS/ES practice guidelines.
CP.PHAR.79 Lapatinib (Tykerb)	Commercial, HIM, Medicaid	4Q 2022 annual review: per NCCN, for breast cancer, added requirement for prior therapy if prescribed in combination with capecitabine or trastuzumab (with bypass for brain metastases for capecitabine) and for colorectal cancer, added additional disease qualifier of unresectable; revised generic redirection language to “must use” per updated template; consolidated initial approval duration for Legacy WCG to align with standard Medicaid approach; references reviewed and updated.
CP.PHAR.93 Bevacizumab (Alymsys, Avastin, Mvasi, Zirabev)	Commercial, HIM, Medicaid	4Q 2022 annual review: added additional NCCN-supported indications of ampullary adenocarcinoma cancer, malignant peritoneal mesothelioma, and pediatric diffuse high-grade glioma; re-classified anaplastic gliomas to astrocytoma and oligodendroglioma per updated NCCN classification; removed breast cancer indication, WHO grade 2 glioma indication, and single-agent therapy option for cervical cancer per NCCN; removed “radiographic and/or clinical relapse”, “recurrent”, and “carcinosarcoma with... BRCA 1/2 mutation” disease qualifiers for ovarian cancer as there are other clinical scenarios per NCCN; added new regimens for cervical and colorectal cancers per NCCN; added legacy Wellcare line of business

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		(WCG.CP.PHAR.93 to retire), aligned initial approval durations as 6 months, and aligned redirection to Mvasi or Zirabev; references reviewed and updated.
CP.PHAR.98 Ruxolitinib (Jakafi Opzelura)	Commercial, HIM, Medicaid	RT4: criteria added for new Opzelura indication of NSV; consolidated Legacy WellCare initial approval durations from 12 months to 6 months consistent with standard Medicaid approval durations; for myelofibrosis, added criterion for recent documentation of a platelet count of $\geq 50 \times 10^9/L$ per PI and to align with other myelofibrosis policies.
CP.PHAR.129 Venetoclax (Venclexta)	Commercial, HIM, Medicaid	4Q 2022 annual review: for BPDCN, added option of relapsed/refractory disease per NCCN; added criteria for off-label NCCN-supported indications of systemic light chain amyloidosis and Waldenström macroglobulinemia/lymphoplasmacytic lymphoma; added generic oral oncology agent redirection verbiage; references reviewed and updated.
CP.PHAR.137 Ivosidenib (Tibsovo)	Commercial, HIM, Medicaid	4Q 2022 annual review: per NCCN, added chondrosarcoma as a coverable off-label diagnosis; consolidated legacy WCG auth duration to standard Medicaid auth duration; references reviewed and updated.
CP.PHAR.138 Lenvatinib (Lenvima)	Commercial, HIM, Medicaid	4Q 2022 annual review: added off-label criteria for TC per NCCN category 2A recommendation; removed off-label criteria for ATC as use is no longer supported by NCCN; RT4: for EC, revised dMMR to pMMR per updated FDA approved indication; references reviewed and updated.
CP.PHAR.232 OnabotulinumtoxinA (Botox)	Commercial, HIM, Medicaid	Added criteria for concurrent use with CGRP therapy requiring supportive evidence from published studies or clinical practice guidelines, positive response with CGRP monotherapy, and continued migraine burden.



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CP.PHAR.304 Irinotecan Liposome (Onivyde)	Medicaid, HIM	4Q 2022 annual review: per NCCN and FDA label, added that disease must be locally advanced, metastatic, or recurrent and added requirement for disease progression following gemcitabine-based therapy or FOLFIRINOX; references reviewed and updated.
CP.PHAR.305 Obinutuzumab (Gazyva)	HIM, Medicaid	4Q 2022 annual review: added criteria for FL for first- and second-line therapy, maintenance therapy, and as a rituximab substitute as supported by NCCN; replaced “in combination with bendamustine” for second-line treatment in marginal zone lymphoma with “in combination with chemotherapy” as NCCN supports several regimens; references reviewed and updated.
CP.PHAR.307 Bendamustine (Belrapzo, Bendeka, Treanda)	Commercial, HIM*, Medicaid	4Q 2022 annual review: added SLCA and hematopoietic cell transplantation under NCCN recommended use given category 2A recommendation; removed primary cutaneous lymphomas as use is no longer supported by NCCN primary cutaneous lymphoma guideline; references reviewed and updated.
CP.PHAR.309 Carfilzomib (Kyprolis)	Commercial, HIM, Medicaid	4Q 2022 annual review: RT4 – added new indication in combination with Sarclisa plus dexamethasone and Darzalex Faspro plus dexamethasone for MM after one to three lines of therapy; per NCCN Compendium added additional MM uses as primary therapy in combination with dexamethasone, lenalidomide, and Darzalex, added previously treated MM combination regimens, added criteria set for systemic light chain amyloidosis; references reviewed and updated.

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CP.PHAR.311 Belinostat (Beleodaq)	HIM, Medicaid	4Q 2022 annual review: updated NCCN-recommended off-label uses: removed mycosis fungoides, cutaneous CD30+ T-cell lymphoma, and Sézary syndrome; added breast implant ALCL (Category 2A recommendation); references reviewed and updated.
CP.PHAR.314 Romidepsin (Istodax)	Commercial, HIM, Medicaid	4Q 2022 annual review: per NCCN, clarified CTCL vs other coverable T-cell lymphomas; per NCCN and PI, added requirement for failure of at least one prior systemic therapy, unless member has mycosis fungoides or Sezary syndrome; added redirection to generic; updated classification/subtypes in Appendix D and added Appendix E; updated HCPCS code; references reviewed and updated.
CP.PHAR.315 Vincristine Sulfate Liposome Injection (Marqibo)	Commercial, HIM, Medicaid	4Q 2022 annual review: changed to off-label usage for ALL due to FDA withdrawal but still supported by NCCN; references reviewed and updated.
CP.PHAR.317 Cetuximab (Erbix) (Erbix)	Commercial, HIM, Medicaid	4Q 2022 annual review: for HNSCC, removed required 5-FU combination per NCCN; added “advanced, unresectable, or metastatic” for CRC setting and “after prior therapy” if BRAF V600E positive for CRC per NCCN; for NSCLC, removed requirement that tumor be T790M negative and added T790M positive option per NCCN; for skin cancer, added criterion that for use as a single agent and removed basal cell carcinoma indication per NCCN; removed template generic redirection language as this an injectable agent; references reviewed and updated.
CP.PHAR.318 Eribulin Mesylate (Halaven)	Commercial, HIM, Medicaid	4Q 2022 annual review: removed coverage for angiosarcoma and solitary fibrous tumor as use is no longer supported by the NCCN Soft Tissue Sarcoma guidelines; references reviewed and updated.

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CP.PHAR.321 Panitumumab (Vectibix)	Commercial, HIM*, Medicaid	4Q 2022 annual review: added qualifiers that CRC is advanced, recurrent, or metastatic per NCCN; added BRAF V600E mutation positive criterion option to wild-type options as this mutation also allows for Vectibix administration per NCCN category 2A rating; simplified requirements for prior and combination therapy to align more closely with New Century Health criteria and other oncology policies for CRC; updated combination regimens per NCCN; references reviewed and updated.
CP.PHAR.324 Temsirolimus (Torisel)	HIM, Medicaid	4Q 2022 annual review: per NCCN, added disease qualifiers for PEComa and added non-pleomorphic rhabdomyosarcoma as a coverable off-label diagnosis; added redirection to generic product; references reviewed and updated.
CP.PHAR.325 Ziv-aflibercept (Zaltrap)	Commercial, HIM, Medicaid	4Q 2022 annual review: added diagnosis qualifier that CRC is advanced, unresectable, or metastatic per NCCN; references reviewed and updated.
CP.PHAR.332 Pasireotide (Signifor, Signifor LAR)	Commercial, HIM*, Medicaid	4Q 2022 annual review: for acromegaly, added confirmatory diagnostic requirements (IGF-I or GH) per PS/ES practice guidelines; references reviewed and updated.
CP.PHAR.358 Gemtuzumab Ozogamicin (Mylotarg)	Commercial, HIM, Medicaid	4Q 2022 annual review: max recommended number of doses removed from approval duration and clarified within section I/II; references reviewed and updated.
CP.PHAR.359 Inotuzumab Ozogamicin (Besponsa)	Commercial, HIM, Medicaid	4Q 2022 annual review: for Philadelphia chromosome-positive disease removal of requirement of intolerant or refractory to TKI per NCCN; added to initial criteria Besponsa is prescribed for

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		no more than 6 cycles total; approval duration revised to 6 months (up to 6 cycles total); references reviewed and updated.
CP.PHAR.363 Enasidenib (Idhifa)	Commercial, HIM, Medicaid	4Q 2022 annual review: legacy WCG approval duration consolidated; in patients age \geq 60 years, added Idhifa must be used as a single agent and option to decline intensive therapy per NCCN; references reviewed and updated.
CP.PHAR.389 Pegvisomant (Somavert)	Commercial, HIM, Medicaid	4Q 2022 annual review: added confirmatory diagnostic requirements (IGF-I or GH) per PS/ES practice guidelines; updated Appendix D with 2020 consensus recommendations; references reviewed and updated.
CP.PHAR.391 Lanreotide (Somatuline Depot)	Commercial, HIM, Medicaid	4Q 2022 annual review: for acromegaly, added confirmatory diagnostic requirements (IGF-I or GH) per PS/ES practice guidelines; per NCCN, specified that thymic/ bronchopulmonary NETs and insulinomas must be SSTR-positive or have hormonal symptoms and added that any grade 3 NETs with favorable biology are also coverable; references reviewed and updated.
CP.PHAR.395 Patisiran (Onpattro)	Commercial, Medicaid, HIM-Medical Benefit	4Q 2022 annual review: added criterion for no prior treatment with Amvuttra or Tegsedi in initial approval criteria due to lack of supportive evidence; updated concurrent use exclusion with recently approved TTR-directed small interfering ribonucleic acid Amvuttra for both initial and continued approval criteria; included criterion for no prior liver transplant for continued approval criteria (already exists in initial approval criteria); clarified approval duration for commercial line of business injectable drug is 6 months or to the member's renewal date, whichever is longer; references reviewed and updated.
CP.PHAR.398 Moxetumomab pasudotox-tdfk (Lumoxiti)	Commercial, HIM, Medicaid	4Q 2022 annual review: changed approval duration to 6 months for initial and continued therapy; added maximum of 6 cycles per PI; references reviewed and updated.

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CP.PHAR.400 Duvelisib (Copiktra)	Commercial, HIM, Medicaid	4Q 2022 annual review: removed off-label criteria for FL and MZL as these indications are no longer supported by NCCN; added off-label criteria for T-cell lymphomas supported by NCCN; oral oncology generic redirection language added; references reviewed and updated.
CP.PHAR.405 Inotersen (Tegsedi)	Commercial, HIM, Medicaid	Added requirement that member has not received prior treatment with Amvuttra or Onpattro as a result of the recent Amvuttra FDA approval and for consistency across this therapeutic area; applied to continued therapy requirement that member has not had a prior liver transplant; added Amvuttra should not be prescribed concurrently with Tegsedi.
CP.PHAR.430 Alpelisib (Piqray, Vijoice)	Commercial, HIM, Medicaid	For PROS, for initiation of therapy added option for diagnosis of PROS if PIK3CA gene mutation is not identified, for continuation of therapy added option to demonstrate positive response that includes improvement in PROS related signs, symptoms or complications and functional status, for imaging requirement added must be obtained within the last 6 months.
CP.PHAR.434 Bremelanotide (Vyleesi)	Commercial, Medicaid	4Q 2022 annual review: added to initial criteria that HSDD is not due to a co-existing medical or psychiatric condition, problems with the relationship, or the effects of a medication or drug substance per PI; appendix D updated with examples of co-existing medical or psychiatric conditions and medications associated with low sexual desire; references reviewed and updated.
CP.PHAR.435 Darolutamide (Nubeqa)	Commercial, HIM, Medicaid	4Q 2022 annual review: RT4: added additional indication for mHSPC per updated prescribing information; added oral oncology generic redirection if available per template; references reviewed and updated.
CP.PHAR.436 Pexidartinib (Turalio)	Commercial, HIM, Medicaid	4Q 2022 annual review: added off-label criteria for histiocytic neoplasms per NCCN category 2A recommendation, references reviewed and updated.
CP.PHAR.437 Thioguanine (Tabloid)	HIM, Medicaid	4Q 2022 annual review: added off-label indication Glioma (pilocytic astrocytoma) per NCCN; approval durations for Legacy Wellcare consolidated to 3 months; references reviewed and updated.

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CP.PHAR.441 Entrectinib (Rozlytrek)	Commercial, HIM, Medicaid	4Q 2022 annual review and RT4: updated FDA approved indication section to include “FDA-approved companion diagnostic” to mirror prescribing information; WCG-specific policy was retired and that 12 month approval duration was consolidated to 6 months; references reviewed and updated.
CP.PHAR.442 Fedratinib (Inrebic)	Commercial, HIM, Medicaid	4Q 2022 annual review: added off-label criteria for myeloid or lymphoid neoplasm with eosinophilia and Janus kinase 2 arrangement per NCCN category 2A recommendation; for brand name requests added requirement for generic alternative if available; WCG-specific policy was retired and 12-month approval duration was consolidated to 6 months for initial auth and 12 months for continued therapy; references reviewed and updated.
CP.PHAR.446 Flibanserin (Addyi)	Commercial, HIM, Medicaid	4Q 2022 annual review: added to initial criteria that HSDD is not due to a co-existing medical or psychiatric condition, problems with the relationship, or the effects of a medication or drug substance per PI; appendix D updated with examples of co-existing medical or psychiatric conditions and medications associated with low sexual desire; references reviewed and updated.
CP.PHAR.489 Eptinezumab-jjmr (Vyepti)	Medicaid	4Q 2022 annual review: Added criteria for concurrent use with Botox requiring supportive evidence from published studies or clinical practice guidelines, positive response with Botox monotherapy, and continued migraine burden; revised initial approval duration from 3 to 6 months; references reviewed and updated.
CP.PHAR.508 Tafasitamab-cxix (Monjuvi)	Commercial, HIM, Medicaid	4Q 2022 annual review: added NCCN-supported category 2A indications of AIDS-related B-cell lymphomas, follicular lymphoma (grade 1-2), high-grade B-cell lymphomas, post-transplant lymphoproliferative disorders, and histologic transformation of lymphomas to DLBCL; added



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		qualifier of “a maximum of” 12 cycles in combination with Revlimid per the PI; updated Appendix B Therapeutic Alternatives; references reviewed and updated.
CP.PHAR.524 Pegcetacoplan (Empaveli, APL-2)	Commercial, HIM, Medicaid	Added pre-emptive criteria for intravitreal pegcetacoplan (APL-2) for GA secondary to AMD.
CP.PHAR.545 Betibeglogene autotemcel (Zynteglo) ^	Commercial, HIM, Medicaid	Drug is now FDA approved – criteria updated per FDA labeling: added transplant specialist involvement as this gene therapy would involve a multidisciplinary team; clarified that receipt of ≥ 8 transfusions annually is an option for members age ≥ 12 years per pivotal trials’ protocol and that both transfusion-dependence criteria options are to be measured per year for the previous two years; revised criterion that member is eligible for allogeneic HSCT to include transplant specialist provider attestation that the member both understands the risks and benefits of alternative therapeutic options such as allogeneic HSCT and is clinically stable, and removed “allogeneic” per published pivotal trials inclusion criteria; removed exclusion criteria for hepatitis B and C viruses as these are not excluded per FDA labeling; updated dosing criterion to a minimum dose per FDA labeling; references reviewed and updated.
CP.PHAR.550 Vutrisiran (Amvuttra)	Commercial, HIM, Medicaid	4Q 2022 annual review: RT4: converted PEPP to post-FDA-approved status; clarified Commercial approval duration is 6 months or members renewal date, whichever is longer; references reviewed and updated.
CP.PHAR.561 Tisotumab Vedotin-tftv (Tivdak)	Commercial, HIM, Medicaid	4Q 2022 annual review: added criterion for single-agent therapy per NCCN; clarified previous failure criterion to remove the “with or without bevacizumab” as the example regimens are listed in Appendix B; removed the no more than two prior systemic regimens in the recurrent or metastatic setting criterion as neither NCCN nor the PI restrict previous number of therapies; updated HCPCS code; references reviewed and updated.

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CP.PMN.17 Droxidopa (Nothera)	Commercial, Medicaid	4Q 2022 annual review: added redirection to generic for brand requests; clarified dosing and quantity limits by separating into separate requirements; references reviewed and updated.
CP.PMN.53 Off-Label Use	Medicaid	4Q 2022 annual review: added requirement if a drug-specific clinical policy is available, the request is not for diagnoses or indications listed in Section III of the drug-specific clinical policy; clarified drug failure requirements by consolidating multiple requirements and including various scenarios for biosimilars and generics; references reviewed and updated.
CP.PMN.107 Topical Immunomodulators	Commercial, HIM, Medicaid	Added off-label indication for plaque psoriasis as supported by AAD-NPF guidelines.
CP.PMN.255 No Coverage Criteria, Recent Label Changes Pending Clinical Policy Update	Medicaid	4Q 2022 annual review: clarified and expanded criteria to apply to recent label changes pending clinical policy updates; references reviewed and updated.
CP.PMN.266 Finerenone (Kerendia)	Commercial, HIM, Medicaid	4Q 2022 annual review: added redirection to SGLT inhibitor per American Diabetes Association guideline; references reviewed and updated.
CP.PMN.272 Mavacamten (Camzyos)	Commercial, HIM, Medicaid	Criteria updated per P&T feedback: added requirement for maximal left ventricular wall thickness.
New		
CP.PHAR.585 Omburtamab (Omblastys)	Commercial, HIM, Medicaid	Pre-emptive policy created.
CP.PHAR.591 Tofersen (BIIB067)	Commercial, HIM, Medicaid	Pre-emptive policy created.



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CP.PMN.282 Ketorolac nasal spray (Sprix)	Commercial, HIM, Medicaid	Policy created per August SDC.
CP.PMN.283 Tapinarof (Vtama)	Commercial, HIM, Medicaid	Policy created.
No Significant Change(s)		
CP.PHAR.05 Hyaluronate Derivatives	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; updated HCPCS code J7321; removed Supartz as the Medispan is obsolete and no longer available; references reviewed and updated.
CP.PHAR.125 Palbociclib (Ibrance)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; revised generic redirection language to “must use” per updated template; references reviewed and updated.
CP.PHAR.130 Avatrombopag (Doptelet)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.131 Infertility and Fertility Preservation	Commercial*, HIM*, Medicaid*	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.132 Nitisinone (Nityr, Orfadin)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.133 Idelalisib (Zydelig)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; added redirection to generic if available; references reviewed and updated.
CP.PHAR.134 Methotrexate (Otrexup, Rasuvo, Xatmep, Reditrex)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.139 Mogamulizumab-kpkc (Poteligeo)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.

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CP.PHAR.140 Pegvaliase-pqpz (Palynziq)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.142 Adefovir (Hepsera)	HIM, Medicaid	4Q 2022 annual review: no significant changes; added template generic redirection language for adefovir; references reviewed and updated.
CP.PHAR.143 Betaine (Cystadane)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.149 Baclofen (Fleqsuvy, Gablofen, Lioresal, Lyvispah, Ozobax)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; updated product availability, contraindications and boxed warnings per PI; references reviewed and updated.
CP.PHAR.151 Levoleucovorin (Fusilev, Khapzory)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; updated Appendix D per NCCN Compendium; references reviewed and updated.
CP.PHAR.170 Degarelix Acetate (Firmagon)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.172 Histrelin Acetate (Vantas, Supprelin LA)	Medicaid, HIM-Medical Benefit	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.175 Triptorelin Pamoate (Trelstar, Triptodur)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.201 Belatacept (Nulojix)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.308 Elotuzumab (Empliciti)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; updated Appendix B per NCCN MM guidelines for primary therapy and therapy for previously treated MM; references reviewed and updated.
CP.PHAR.313 Pralatrexate (Folotyn)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; added Commercial line of business approval duration; removal of nasal type for NKTL per NCCN; references reviewed and updated.



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CP.PHAR.320 Necitumumab (Portrazza)	HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.326 Olaratumab (Lartruvo)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.328 Asfotase Alfa (Strensiq)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.334 Ribociclib (Kisqali), Ribociclib/Letrozole (Kisqali Femara)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; revised FDA Approved Indications section per updated language in PI; references reviewed and updated.
CP.PHAR.352 Daunorubicin/Cytarabine (Vyxeos)	HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.353 Pegaspargase (Oncaspar), Calaspargase Pegol-mknl (Asparlas)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; approval duration for Legacy Wellcare consolidated to 6 months for initial approval criteria; clarified age 1 month to ≤ 21 years for Asparlas per PI; references reviewed and updated.
CP.PHAR.355 Abemaciclib (Verzenio)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; WCG-specific policy was retired and that approval duration was consolidated to 6 months for the initial authorization; references reviewed and updated.
CP.PHAR.357 Copanlisib (Aliqopa)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.365 Neratinib (Nerlynx)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; revised generic redirection language to “must use” per updated template; consolidated initial approval duration for Legacy WCG to align with standard Medicaid approach; references reviewed and updated.



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CP.PHAR.387 Azacitidine (Onureg, Vidaza)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.390 Cholic Acid (Cholbam)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.393 Leucovorin Injection	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; updated Appendix D per NCCN Compendium; references reviewed and updated.
CP.PHAR.394 Migalastat (Galafold)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; added requirement on continuation of therapy to document improvement on patient-specific clinical manifestations of Fabry disease, consistent with the previously P&T-approved approach for other Fabry disease therapies (e.g., Fabrazyme); references reviewed and updated.
CP.PHAR.397 Cemiplimab-rwlc (Libtayo)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.399 Dacomitinib (Vizimpro)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; for Continued Therapy, added the redirection from brand name product to generic equivalent, if available, consistent with the approach in the Initial Approval section; references reviewed and updated.
CP.PHAR.438 Trientine (Cuvrior, Syprine)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.439 Valrubicin (Valstar)	Medicaid, HIM	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.506 Antithymocyte Globulin (Atgam, Thymoglobulin)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.



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CP.PHAR.507 Lomustine (Gleostine)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; revised FDA approved indication to mirror prescribing information; added previously P&T-approved template redirection to generic equivalents when available; references reviewed and updated.
CP.PHAR.509 Triheptanoin (Dojolvi)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.510 Arimoclomol (Brand Name)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes as drug is not yet FDA-approved.
CP.PHAR.512 Pegunigalsidase Alfa (PRX-102)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.513 Plasminogen, Human-tvmh (Ryplazim)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.551 Anifrolumab-fnia (Saphnelo)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.552 Belumosudil (Rezurock)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; added exclusion for concomitant use with Imbruvica or Jakafi into the Continued Therapy section, consistent with the approach in the Initial Approval Criteria section; references reviewed and updated.
CP.PHAR.553 Belzutifan (Welireg)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.554 Chlorambucil (Leukeran)	HIM, Medicaid	4Q 2022 annual review: no significant changes; added previously P&T-approved template language re: redirection to generic equivalents, if available; references reviewed and updated.
CP.PHAR.556 Elivaldogene Autotemcel	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes as drug is not yet FDA-approved.



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CP.PHAR.557 Udenafil	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes as the drug is not yet FDA-approved; references reviewed and updated.
CP.PHAR.558 Mitapivat (Pyrukynd)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.559 Mobocertinib (Exkivity)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; added previously P&T-approved template redirection to generic equivalent, if available; references reviewed and updated.
CP.PHAR.560 Bardoxolone Methyl (RTA 402)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; in February 2022 the FDA issued a Complete Response Letter for this drug and the status of a BLA resubmission is unknown; references reviewed and updated.
CP.PMN.16 Request for Medically Necessary Drug Not on the PDL	Medicaid	4Q 2022 annual review: no significant changes.
CP.PMN.54 Clobazam (Onfi, Sympazan)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.59 Quantity Limit Override and Dose Optimization	Medicaid	4Q 2022 annual review: no significant changes.
CP.PMN.116 L-glutamine (Endari)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.143 Isotretinoin (Claravis, Absorica, Absorica LD, Myorisan, Zenatane, Amnesteem)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; converted prior trial language to “member must use” language; references reviewed and updated.



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CP.PMN.165 Fluorouracil Cream (Tolak)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; revised from “failure” of fluorouracil 5% cream to “member must use” language since both Tolak and this product are the same active ingredient and vehicle; references reviewed and updated.
CP.PMN.167 Neomycin/Fluocinolone Cream (Neo-Synalar)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; revised Cortisporin redirection to a formulary topical antibacterial product as Cortisporin topical ointment is no longer on market; references reviewed and updated.
CP.PMN.168 Ospemifene (Osphena)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.177 Glycopyrronium (Qbrexza)	Commercial, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.179 Megestrol Acetate (Megace ES)	HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.181 Calcipotriene/Betamethasone Dipropionate Foam (Enstilar)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.185 Baloxavir Marboxil (Xofluza)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; RT4: updated to reflect pediatric expansion from age at least 12 years to age at least 5 years, removed requirement for weight \geq 40 kgs, and added Appendix D with high risk factors; references reviewed and updated.
CP.PMN.213 Ferric Maltol (Accrufer)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.215 Non-Preferred Blood Glucose Monitors/Test Strips	Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.



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CP.PMN.216 Diazepam Nasal Spray (Valtoco)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.248 Ciprofloxacin/Dexamethasone (Ciprodex)	HIM, Medicaid	4Q 2022 annual review: no significant changes; clarified that generic requirement applies to brand Ciprodex requests; references reviewed and updated.
CP.PMN.251 Lactic Acid/Citric Acid/Potassium Bitartrate (Phexxi)	Commercial, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.252 Metoclopramide (Gimoti)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.253 Abametapir (Xeglyze)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.256 Nifurtimox (Lampit)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.267 Levodopa Inhalation Powder (Inbrija)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.270 Pilocarpine (Vuity)	Commercial, HIM, Medicaid	4Q 2022 annual review: no significant changes; references reviewed and updated.
Strategy Development Committee (SDC) Criteria changes based on SDC decisions		
CP.PHAR.97 Eculizumab (Soliris)	Commercial, HIM, Medicaid	Per August SDC and prior clinical guidance, for NMOSD, removed redirection to Enspryng; for gMG modified from two to one immunosuppressive therapy required, added requirement that Soliris is not prescribed concurrently with Ultomiris or Vyvgart.



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CP.PHAR.366 Acalabrutinib (Calquence)	Commercial, HIM, Medicaid	Per August SDC, added HIM line of business, removed the following for MCL, CLL, and SLL indications: “If refractory to Imbruvica® (member previously used Imbruvica and remission was not achieved or disease stopped responding), member does not have a BTK C481S mutation”; for WM, LPL, and MZL added requirement that Calquence is not prescribed concurrently with Imbruvica or Brukinsa; for MZL, clarified non-gastric MALT is noncutaneous and added Nodal MZL per NCCN.
CP.PHAR.415 Ravulizumab-cwvz (Ultomiris)	Commercial, HIM*, Medicaid	Per August SDC and prior clinical guidance, for gMG modified from two to one immunosuppressive therapy required, clarified MG-ADL total score should be assessed on continuation of therapy requests, added Vyvgart should not be prescribed concurrently with Ultomiris.
CP.PHAR.458 Inebilizumab-cdon (Uplizna)	Commercial, HIM, Medicaid	Per August SDC and prior clinical guidance, removed redirection to Enspryng.
CP.PHAR.467 Zanubrutinib (Brukinsa)	Commercial, HIM, Medicaid	Per NCCN Compendium added off label use in LPL; for WM, LPL, MZL added requirement that Brukinsa is not prescribed concurrently with Calquence.
CP.PHAR.555 Efgartigimod alfa-fcab (Vyvgart)	Commercial, HIM, Medicaid	Added to continuation of therapy requirement for no concurrent use with Soliris or Ultomiris.
CP.PMN.240 Gabapentin ER (Gralise, Horizant)	Commercial, HIM, Medicaid	Per August SDC and prior clinical guidance, added additional redirection requirements to generic pregabalin immediate and controlled-release and TCA.



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