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# Buckeye Health Plan

## Medicaid Criteria Updates –Q2 2023

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)*

Policy/ Coverage Criteria Guideline	Applicable Business	Revision Summary Description
<b>Clinically Significant Change(s)</b>		
CP.PHAR.16 Palivizumab (Synagis)	Commercial, HIM, Medicaid	2Q 2023 annual review: for CLD added bronchodilator therapy as an additional option to confirm appropriateness of therapy in the second year of life per AAP guidance; references reviewed and updated
CP.PHAR.50 Binimetinib (Mektovi)	Commercial, HIM, Medicaid	2Q 2023 annual review: for melanoma added limited resectable melanoma and added off-label criteria for histiocytic neoplasms per NCCN category 2A recommendation; references reviewed and updated.
CP.PHAR.60 Capecitabine (Xeloda)	HIM, Medicaid	2Q 2023 annual review: collapsed off-label criteria for anal carcinoma and added to NCCN recommended (off-label) criteria set; added ampullary adenocarcinoma and extrapulmonary neuroendocrine carcinoma to NCCN recommended (off-label) list; RT4: per updated PI, updated FDA approved indications for colorectal cancer and breast cancer, added gastric/esophageal/gastroesophageal junction cancer and pancreatic cancer criteria (removed from off-label list), removed criterion “member does not have severe renal impairment (creatinine clearance < 30 mL/min)” as severe renal impairment is no longer a contraindication as updated in Appendix C, updated section V; references reviewed and updated.
CP.PHAR.64 Topotecan (Hycamtin)	Commercial, HIM, Medicaid	2Q 2023 annual review: updated off-label criteria for endometrial carcinoma to include “as second line or subsequent therapy” per NCCN compendium; references reviewed and updated
CP.PHAR.69 Sorafenib (Nexavar)	Commercial, HIM, Medicaid	2Q 2023 annual review: for generic redirection removed “if available” as generic is now available; per NCCN Compendium added additional ovarian cancer subtypes; references reviewed and updated.
CP.PHAR.71 Lenalidomide (Revlimid)	Commercial, HIM, Medicaid	2Q 2023 annual review: per NCCN Compendium updated MM criteria updated maintenance therapy following autologous hematopoietic stem cell transplantation to include option for carfilzomib or bortezomib with dexamethasone, for myelodysplastic syndrome added SF3B1 mutation status, for myelofibrosis-associated anemia, added “in combination with prednisone

		taper”, updated off-label criteria for systemic light chain amyloidosis to include combination therapy, for classic Hodgkin lymphoma changed “as third-line” to “as fourth-line” to align with NCCN Hodgkin Lymphoma guideline, for HIV related B-cell lymphoma, post-transplant lymphoproliferative disorder of B-cell lymphomas and high grade B-cell diffuse lymphoma added “in combination with Monjuvi for non-transplant candidates”, added off-label criteria for POEMS syndrome per NCCN 2A recommendation; references reviewed and updated.
CP.PHAR.72 Dasatinib (Sprycel)	Commercial, HIM, Medicaid	2Q 2023 annual review: for MLNE added NCCN supported use in the blast phase; added off-label use in melanoma; modified continued approval duration for Medicaid and HIM lines of business from 6 to 12 months; references reviewed and updated.
CP.PHAR.73 Sunitinib (Sutent)	Commercial, HIM, Medicaid	2Q 2023 annual review: for RCC adjuvant therapy added clarification that clear cell histology is required per NCCN and prescribing information; for pNET added additional options for recurrent and advanced disease per NCCN; added pheochromocytoma/paraganglioma as NCCN supported off-label uses; references reviewed and updated.
CP.PHAR.74 Erlotinib (Tarceva)	Commercial, HIM, Medicaid	2Q 2023 annual review: added NCCN Compendium supported off-label uses for pigmented villonodular synovitis/tenosynovial giant cell tumor and melanoma; modified continued approval duration for Medicaid and HIM lines of business from 6 to 12 months; references reviewed and updated.
CP.PHAR.76 Nilotinib (Tasigna)	Commercial, HIM, Medicaid	2Q 2023 annual review: added NCCN Compendium supported off-label uses for pigmented villonodular synovitis/tenosynovial giant cell tumor and melanoma; modified continued approval duration for Medicaid and HIM lines of business from 6 to 12 months; references reviewed and updated.
CP.PHAR.77 Temozolomide (Temodar)	HIM, Medicaid	2Q 2023 annual review: for astrocytoma, replaced term anaplastic (no longer used in compendium) with IDH mutant per NCCN, added WHO grading per NCCN, added “disease is refractory and progressive despite treatment with procarbazine and nitrosourea” and added Appendix B per FDA label; per NCCN, removed criteria for mucosal melanoma (downgraded to 2B recommendation) and angiosarcoma as use is no longer recommended, updated off label-use criteria for solitary fibrous tumor to require use with bevacizumab, added off-label criteria for extrapulmonary poorly differentiated neuroendocrine carcinoma, large or small cell carcinoma, mixed neuroendocrine-non-neuroendocrine neoplasms, pediatric diffuse high-grade gliomas, updated off-label criteria for astrocytoma, oligodendroglioma and uterine sarcoma to align with NCCN; references reviewed and updated.
CP.PHAR.78 Thalidomide (Thalomid)	Commercial, HIM, Medicaid	2Q 2023 annual review: for myeloproliferative neoplasms added prescribed in combination with prednisone per NCCN 2A recommendation; for aphthous stomatitis/ulcers, updated dose from 100 to 400 mg per day in initial criteria per Clinical Pharmacology and referenced trial (Jacobson et al); clarified MM dosing in continued therapy criteria; revised oral oncology generic (if available) redirection language to align with template; references reviewed and updated.

CP.PHAR.90 Crizotinib (Xalkori)	Commercial, HIM, Medicaid	2Q 2023 annual review: added off-label NCCN-supported indications of cutaneous melanoma and uterine sarcoma; references reviewed and updated.
CP.PHAR.103 Immune Globulins	Commercial, HIM, Medicaid	2Q 2023 annual review: added limitation of use for HyQvia and Privigen; removed HCPCS code C9270; added HCPCS Codes J1460, J1554, J1558, J1560; removed references to Carimune NF due to product discontinuation; references reviewed and updated.
CP.PHAR.107 Regorafenib (Stivarga)	Commercial, HIM, Medicaid	2Q 2023 annual review: for GIST per prescribing information and NCCN clarified previous treatment requiring imatinib <i>and</i> Sutent, added per NCCN Compendium off label uses in combination with everolimus and SDH mutation positive disease; for soft tissue sarcoma removed solitary fibrous tumor as this off-label use is no longer NCCN Compendium supported, for pleomorphic rhabdomyosarcoma clarified disease is advanced or metastatic, for non-adipocytic sarcoma clarified use is for subsequent therapy for advanced, metastatic, recurrent unresectable or recurrent stage IV disease; references reviewed and updated.
CP.PHAR.112.Ponatinib (Iclusig)	Commercial, HIM, Medicaid	2Q 2023 annual review: for ALL added age requirement of 18 years or older, clarified HIM approval durations to be consistent with Medicaid line of business; references reviewed and updated.
CP.PHAR.116 Pomalidomide (Pomalyst)	Commercial, HIM, Medicaid	2Q 2023 annual review: for MM, added requirement that Pomalyst must be prescribed in combination with dexamethasone per PI and NCCN; added off-label criteria for POEMS and added requirement for Pomalyst to be prescribed as a single agent for primary CNS lymphomas per NCCN 2A compendium recommendation; references reviewed and updated.
CP.PHAR.127 Encorafenib (Braftovi)	Commercial, HIM, Medicaid	2Q 2023 annual review: for melanoma criteria added limited resectable melanoma, and for colon and rectal cancer added appendiceal adenocarcinoma per NCCN category 2A recommendation; references reviewed and updated.
CP.PHAR.145 Deferasirox (Exjade, Jadenu)	Commercial, HIM, Medicaid	Added Parkinson disease to section III with rationale in Appendix E.
CP.PHAR.146 Deferoxamine (Desferal)	Commercial, HIM, Medicaid	Added Parkinson disease to section III with rationale in Appendix D.
CP.PHAR.147 Deferiprone (Ferriprox)	Commercial, Medicaid	Added Parkinson disease to section III with rationale in Appendix E.
CP.PHAR.172 Histrelin (Vantas, Supprelin LA)	Commercial, HIM-Medical Benefit, Medicaid	Added Commercial line of business; added off-label use criteria for gender dysphoria or gender transition.
CP.PHAR.174 Nafarelin (Synarel)	HIM, Medicaid	Added off-label use criteria for gender dysphoria or gender transition.
CP.PHAR.176 Paclitaxel protein-bound (Abraxane)	Commercial, HIM, Medicaid	2Q 2023 annual review: removed criterion for prior anthracycline therapy for non-triple negative breast cancer per NCCN; added ampullary adenocarcinoma and cervical cancer as additional NCCN supported indications (off-label); removed HCPCS/CPT code 96413 and 96415; references reviewed and updated.

CP.PHAR.227 Pertuzumab (Perjeta)	Commercial, HIM, Medicaid	2Q 2023 annual review: for breast cancer, added option for Perjeta without taxanes and chemotherapy for members previously treated with chemotherapy and trastuzumab without pertuzumab and revised docetaxel to taxane-containing chemotherapy per NCCN 2A recommendation; for colorectal cancer, removed requirement for no previous use of a HER2 inhibitor therapy; added unresectable or metastatic HER2-positive gallbladder cancer and cholangiocarcinoma to NCCN recommended uses (off-label); references reviewed and updated.
CP.PHAR.228 Trastuzumab Biosimilars Trastuzumab-Hyaluronidase	Commercial, HIM, Medicaid	2Q 2023 annual review: added gallbladder cancer and cholangiocarcinoma as NCCN supported off-label indication; references reviewed and updated.
CP.PHAR.236 Darbepoetin alfa (Aranesp)	Commercial, HIM, Medicaid	2Q 2023 annual review: per NCCN for MDS continuation of therapy modified treatment response assessment to occur after at least 8 weeks of therapy (previously this was 12 weeks); per NCCN Compendium for MDS added approval pathway for lower risk (IPSS low/intermediate-1) disease associated with symptomatic anemia with del(5q); references reviewed and updated.
CP.PHAR.237 Epoetin alfa (Epogen, Procrit), Epoetin alfa-epbx (Retacrit)	Commercial, HIM, Medicaid	2Q 2023 annual review: per NCCN for MDS continuation of therapy modified treatment response assessment to occur after at least 8 weeks of therapy (previously this was 12 weeks); per NCCN Compendium for MDS added approval pathway for lower risk (IPSS low/intermediate-1) disease associated with symptomatic anemia with del(5q); for cancer indications and other indications sections clarified redirection requirements to include an option for Retacrit requests where no redirection is required; for zidovudine induced anemia continuation of therapy added requirement to confirm member continues to receive zidovudine therapy; references reviewed and updated.
CP.PHAR.239 Dabrafenib (Tafinlar)	Commercial, HIM, Medicaid	2Q 2023 annual review: moved the following indications: hepatobiliary cancers, CNS cancers, ovarian, fallopian and peritoneal cancers from off-label criteria and added ampullary adenocarcinoma, pancreatic adenocarcinoma, salivary gland tumor, thyroid carcinoma (papillary, follicular, Hürthle) to solid tumor criteria (per NCCN 2A recommendation), as they are classified as solid tumors; references reviewed and updated. Template changes per continued therapy section not applicable.
CP.PHAR.240 Trametinib (Mekinist)	Commercial, HIM, Medicaid	2Q 2023 annual review: moved the following indications: hepatobiliary cancers, CNS cancer, ovarian, fallopian, and peritoneal cancers, and metastatic uveal melanoma from off-label criteria and added ampullary adenocarcinoma, pancreatic adenocarcinoma, salivary gland tumor, thyroid carcinoma (papillary, follicular, Hürthle) to solid tumor criteria (per NCCN 2A recommendation), as they are classified as solid tumors; for NSCLC updated oral oncology generic redirection language to align with other indications in policy; references reviewed and updated. Template changes per continued therapy section do not apply.
CP.PHAR.241 Abatacept (Orencia)	Medicaid	2Q 2023 annual review: for pJIA, PsA, and RA, added TNFi criteria to allow bypass if member has had history of failure of two TNF blockers; references reviewed and updated.

CP.PHAR.244 Anakinra (Kineret)	Medicaid	2Q 2023 annual review: for RA, added TNFi criteria to allow bypass if member has had history of failure of two TNF blockers; updated appendix D with general information for CAPS; references reviewed and updated.
CP.PHAR.246 Canakinumab (Ilaris)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; updated off-label dosing for Appendix B; references reviewed and updated.
CP.PHAR.247 Certolizumab (Cimzia)	Medicaid	2Q 2023 annual review: for PsA and RA, added TNFi criteria to allow bypass if member has had history of failure of two TNF blockers; references reviewed and updated.
CP.PHAR.253 Golimumab (Simponi, Simponi Aria)	Medicaid	2Q 2023 annual review: for AS, pJIA, PsA, and RA, added TNFi criteria to allow bypass if member has had history of failure of two TNF blockers; reference reviewed and updated.
CP.PHAR.259 Natalizumab (Tysabri)	Commercial, HIM, Medicaid	2Q 2023 annual review: for CD, added TNFi criteria to allow bypass if member has had history of failure of two TNF blockers; for MS, to be inclusive of members continuing therapy from a different benefit, revised Medicaid/HIM continued approval duration to reference the duration of total treatment received rather than the number of re-authorizations; references reviewed and updated.
CP.PHAR.260 Rituximab (Rituxan, Riabni, Ruxience, Truxima, Rituxan Hycela)	Commercial, HIM, Medicaid	2Q 2023 annual review: criteria added for off-label use in NS; for RA, added TNFi criteria to allow bypass if member has had history of failure of two TNF blockers; removed nephrotic syndrome in other diagnoses/indications section in initial and continued therapy; continued therapy approval duration for DM updated to 1 month; references reviewed and updated.
CP.PHAR.261 Secukinumab (Cosentyx)	Medicaid	2Q 2023 annual review: updated off-label dosing in Appendix B; for AS and PsA, added TNFi criteria to allow bypass if member has had history of failure of two TNF blockers; references reviewed and updated.
CP.PHAR.263 Tocilizumab (Actemra)	Medicaid	2Q 2023 annual review: RT4: revised criteria for COVID-19 emergency authorized use to FDA-approved indication; removed Appendix K since Actemra does not have EUA and is approved for COVID-19; updated off-label dosing in Appendix B; references reviewed and updated.
CP.PHAR.264 Ustekinumab (Stelara)	Medicaid	2Q 2023 annual review: updated off-label dosing in Appendix B; for CD, PsO, PsA, and UC, added TNFi criteria to allow bypass if member has had history of failure of two TNF blockers; references reviewed and updated.
CP.PHAR.265 Vedolizumab (Entyvio)	Medicaid	2Q 2023 annual review: for UC and CD, added TNFi criteria to allow bypass if member has had history of failure of two TNF blockers; updated off-label dosing for Appendix B; added high risk factors for postoperative occurrence to Appendix E to align with other CD policies; references reviewed and updated.
CP.PHAR.294 Osimertinib (Tagrisso)	Commercial, HIM, Medicaid	2Q 2023 annual review: for NSCLC adjuvant treatment updated allowable stages from stage IB–IIIA to stage IB–IIIB per NCCN off-label support; references reviewed and updated.
CP.PHAR.306 Ofatumumab (Arzerra, Kesimpta)	Commercial, HIM, Medicaid	2Q 2023 annual review: for Arzerra, removed B-cell lymphoma criteria, SLL criteria, and off-label CLL uses per updated NCCN guidelines and limited commercial availability; for Kesimpta, applied template changes to continued therapy section, and for MS, to be inclusive of members continuing therapy from a different benefit, revised Medicaid/HIM continued approval

		duration to reference the duration of total treatment received rather than the number of re-authorizations; references reviewed and updated.
CP.PHAR.319 Ipilimumab (Yervoy)	Commercial, HIM, Medicaid	2Q 2023 annual review: updated FDA indication for RCC to mirror PI; revised NSCLC criteria to include additional requirements related to mutation status, added off-label use for MSI-H/dMMR ampullary adenocarcinoma, bone cancer, brain metastases, and Kaposi sarcoma per NCCN compendium; references reviewed and updated.
CP.PHAR.339 Durvalumab (Imfinzi)	Commercial, HIM, Medicaid	2Q 2023 annual review: for NSCLC per NCCN Compendium added recurrent or advanced disease and additional actionable molecular biomarkers that could be negative for use in combination with Imjudo and platinum therapy, added off-label continuation maintenance therapy; added off-label use for cervical cancer; clarified maximum 12 month continued approval duration applies only to stage II-III NSCLC; references reviewed and updated.
CP.PHAR.342 Brigatinib (Alunbrig)	Commercial, HIM, Medicaid	2Q 2023 annual review: added off-label NCCN-supported indications of Erdheim-Chester disease and uterine sarcoma; references reviewed and updated. Template verbiage pertaining to continued therapy does not apply.
CP.PHAR.349 Ceritinib (Zykadia)	Commercial, HIM, Medicaid	2Q 2023 annual review: added off-label NCCN-supported indications of Erdheim-Chester disease and uterine sarcoma; removed capsule formulation as this was discontinued; references reviewed and updated. Template verbiage pertaining to continued therapy section does not apply.
CP.PHAR.364 Guselkumab (Tremfya)	Medicaid	2Q 2023 annual review: for PsA, added TNFi criteria to allow bypass if member has had history of failure of two TNF blockers; updated dosing in Appendix B to reflect dosing for redirected indications; references reviewed and updated
CP.PHAR.369 Alectinib (Alecensa)	Commercial, HIM, Medicaid	2Q 2023 annual review: added off-label NCCN-supported indications of diffuse large B-cell lymphoma, Erdheim-Chester disease, and uterine sarcoma; references reviewed and updated. Template verbiage pertaining to continued therapy section does not apply.
CP.PHAR.380 Cobimetinib (Cotellic)	Commercial, HIM, Medicaid	2Q 2023 annual review: for Melanoma criteria, added stage III melanoma as adjuvant therapy, limited resectable melanoma, and requirements for trial of Tafinlar/Mekinist, updated off-label criteria for CNS cancers to include WHO grade 2, or 3 adult oligodendroglioma and WHO grade 2, 3, or 4 adult IDH-mutant astrocytoma, per NCCN-supported 2A recommendation; removed anaplastic glioma and grade 2 glioma as terminology is no longer used in NCCN compendium; references reviewed and updated.
CP.PHAR.385 Corticosteroids for ophthalmic injection (Dextenza, Iluvien, Ozurdex, Retisert, Xipere, Yutiq)	Commercial, HIM, Medicaid	Added Dextenza to policy; revised dosing frequency for Ozurdex from q4 months to q3 months per literature review, market analysis, and specialist feedback; updated HCPCS code for Xipere.
CP.PHAR.386 Tildrakizumab-asmn (Ilumya)	Medicaid	2Q 2023 annual review: added HCPCS code; for PsO, added TNFi criteria to allow bypass if member has had history of failure of two TNF blockers; references reviewed and updated.

CP.PHAR.406 Lorlatinib (Lorbrena)	Commercial, HIM, Medicaid	2Q 2023 annual review: added off-label NCCN-supported indications of diffuse large B-cell lymphoma, Erdheim-Chester disease, IMT, and uterine sarcoma; references reviewed and updated.
CP.PHAR.417 Brexanolone (Zulresso)	Commercial, HIM, Medicaid	2Q 2023 annual review: shortened the trial durations of antidepressant agent from 8 weeks to 4 weeks; references reviewed and updated. Template verbiage pertaining to continued therapy does not apply.
CP.PHAR.418 Dexrazoxane (Totect)	Commercial, HIM, Medicaid	2Q 2023 annual review: updated FDA approved indication to mirror PI; clarified that use is limited to the pediatric population for Ph-negative ALL and Hodgkin lymphoma; added off-label use for soft tissue sarcoma to criteria under doxorubicin-induced cardiomyopathy per NCCN 2A recommendation; reference reviewed and updated.
CP.PHAR.419 Elapegamase-ivlr (Revcovi)	Commercial, HIM, Medicaid	2Q 2023 annual review: added hematologist specialty option to criteria; references reviewed and updated.
CP.PHAR.426 Risankizumab-rzaa (Skyrizi)	Medicaid	2Q 2023 annual review: updated off-label dosing in Appendix B; for PsA and CD, added TNFi criteria to allow bypass if member has had history of failure of two TNF blockers; references reviewed and updated.
CP.PHAR.443 Upadacitinib (Rinvoq)	Medicaid	2Q 2023 annual review: for RA, PsA, AS, and UC, added TNFi criteria to allow bypass if member has had history of failure of two TNF blockers; updated off-label dosing for Appendix B; references reviewed and updated.
CP.PHAR.447 Mercaptopurine (Purixan)	Commercial, HIM, Medicaid	2Q 2023 annual review: added by-passing of redirection if state regulations do not allow step therapy in certain oncology settings; clarified HIM approval durations align with Medicaid; references reviewed and updated. Template verbiage pertaining to continued therapy does not apply.
CP.PHAR.462 Ozanimod (Zeposia)	Commercial, HIM, Medicaid	2Q 2023 annual review: for UC, added TNFi criteria to allow bypass if member has had history of failure of two TNF blockers; for MS, to be inclusive of members continuing therapy from a different benefit, revised continued approval duration to reference the duration of total treatment received rather than the number of re-authorizations; references reviewed and updated.
CP.PHAR.481 Idecabtagene Vicleucel (Abecma)	Commercial, HIM, Medicaid	2Q 2023 annual review: added additional option to currently required measurable disease requirement to allow for progressive disease as defined by IMWG; clarified requirement for diagnosis of <i>relapsed or refractory</i> multiple myeloma; references reviewed and updated.
CP.PHAR.503 Sutimlimab-jome (Enjaymo)	Commercial, HIM, Medicaid	2Q 2023 annual review: RT4: removed requirement for history of at least one documented blood transfusion within 6 months (initial criteria), revised required increase in hemoglobin level from 2 to 1.5 g/dL (continued criteria), and modified evidence of positive response from being both of the following to just one of the following per revised FDA indication and new data from the CADENZA study; corrected hemoglobin-related continued criteria from > to ≥ per pivotal trial design; removed inactive HCPCS codes; references reviewed and updated.

CP.PHAR.529 Relugolix (Orgovyx), relugolix-estradiol-norethindrone (Myfembree)	Commercial, HIM, Medicaid	2Q 2023 annual review: for prostate cancer, removed specific diagnosis characteristic requirements to align with current approach for the other GnRH agents (all are recommended for use in the same place in therapy per NCCN); references reviewed and updated.
CP.PHAR.530 Tepotinib (Tepmetko)	Commercial, HIM, Medicaid	2Q 2023 annual review: For NSCLC that is <i>MET</i> exon 14 skipping-positive, added exclusion for previous progression with a MET exon 14 skipping mutation-targeted regimen per NCCN Compendium and New Century Health criteria; added monotherapy criterion per NCCN and New Century Health criteria; references reviewed and updated.
CP.PHAR.531 Umbralisib (Ukoniq)	Commercial, HIM, Medicaid	2Q 2023 annual review: removed initial approval criteria for marginal zone lymphoma and follicular lymphoma as use is not supported by the FDA and NCCN; removed table from Appendix B; references reviewed and updated.
CP.PHAR.533 Ciltacabtagene Autoleucel (Carvykti)	Commercial, HIM, Medicaid	2Q 2023 annual review: added additional option to currently required measurable disease requirement to allow for progressive disease as defined by IMWG; clarified requirement for diagnosis of <i>relapsed or refractory</i> multiple myeloma; removed J9999 HCPCS code; references reviewed and updated.
CP.PHAR.538 Tivozanib (Fotivda)	Commercial, HIM, Medicaid	2Q 2023 annual review: clarified requirement that RCC is of clear cell histology per NCCN and pivotal clinical trial inclusion criteria, updated <i>Appendix B</i> to remove references to regimens for non-clear cell histology; references reviewed and updated.
CP.PHAR.577 Tralokinumab-ldrm (Adbry)	Commercial, HIM, Medicaid	2Q 2023 annual review: modified list of agents for which concurrent use is not allowed to include non-asthma biologic immunomodulators; clarified that topical corticosteroids requirement is for corticosteroids of different molecular identities and expanded examples of medium to very high potency topical corticosteroids in Appendix B; removed low potency topical corticosteroids from Appendix B; references reviewed and updated.
CP.PHAR.582 Lutetium Lu 177 vipivotide tetraxetan (Pluvicto)	Commercial, HIM, Medicaid	2Q 2023 annual review: added clarification to approval duration is for up to a total of 6 doses; revised continued therapy approval duration from 12 to 6 months; for continued therapy added requirement that member has not received $\geq 6$ doses (infusions) of Pluvicto; added piflufolastat F-18 as an additional radioactive diagnostic agent for identification of PSMA-positive disease; updated <i>Appendix D</i> examples of androgen deprivation therapy per NCCN; removed inactive HCPCS code A9699; references reviewed and updated.
CP.PHAR.583 Pacritinib (Vonjo)	Commercial, HIM, Medicaid	2Q 2023 annual review: for MF added criteria for lower-risk disease per NCCN 2A recommendation and added criteria for higher-risk disease with platelets $\geq 50 \times 10^9/L$ per NCCN 1 recommendation; for continued therapy section updated FDA maximum dosing to mirror PI; provided details on risk stratification in Appendix D; references reviewed and updated.
<b>New</b>		
CP.PHAR.619 Nedosiran (DCR-PHXC)	Commercial, HIM, Medicaid	Policy created preemptively
CP.PHAR.620 Pirtobrutinib (Jaypirca)	Commercial, HIM, Medicaid	Policy created



CP.PHAR.621 Ublituximab-xiyy (Briumvi)	Commercial, HIM, Medicaid	Policy created: adapted from existing criteria for non-preferred MS agents in line with prior SDC recommendations/P&T approved clinical guidance.
CP.PHAR.622 Lenacapavir (Sunlenca)	Commercial, HIM, Medicaid	Policy created
CP.PHAR.623 Elacestrant (Orserdu)	Commercial, HIM, Medicaid	Policy created
CP.PHAR.624 Ferric Pyrophosphate Citrate (Triferic)	Commercial, HIM, Medicaid	Policy created per February SDC.
<b>No Significant Change(s)</b>		
CP.PHAR.43 Sapropterin (Kuvan)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.65 Imatinib (Gleevec)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; clarified for melanoma imatinib should be used following BRAF-targeted therapy; references reviewed and updated.
CP.PHAR.68 Gefitinib (Iressa)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.75 Bexarotene (Targretin Capsules, Gel)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; removed off-label criteria related to mycosis fungoides/Sezary syndrome as those are subtypes of CTCL, an already covered FDA approved indication; references reviewed and updated.
CP.PHAR.88 Belimumab (Benlysta)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.92 Tetrabenazine (Xenazine)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.105 Bosutinib (Bosulif)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.108 Omecetaxine (Synribo)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.120 Sipuleucel-T (Provenge)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; updated <i>Appendix D</i> examples of androgen deprivation therapy per NCCN; clarified <i>estimated</i> life expectancy of > 6 months requirement consistent with NCCN; references reviewed and updated.
CP.PHAR.135 Baricitinib (Olumiant)	Medicaid	2Q 2023 annual review: no significant changes; updated off-label dosing in Appendix B; references reviewed and updated.
CP.PHAR.152 Laronidase (Aldurazyme)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.153 Eliglustat (Cerdelga)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.

CP.PHAR.154 Imiglucerase (Cerezyme)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.155 Cysteamine oral (Cystagon, Procybsi)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.156 Idursulfase (Elaprase)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.158 Agalsidase beta (Fabrazyme)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.159 Sebelipase alfa (Kanuma)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; added definition of “suboptimal clinical response” for determining the need for further dose increases; references reviewed and updated.
CP.PHAR.160 Alglucosidase (Lumizyme)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.161 Galsulfase (Naglazyme)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.162 Elosulfase alfa (Vimizim)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.164 Miglustat (Zavesca)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.229 Ado-trastuzumab (Kadcyla)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; clarified for NSCLC that disease is recurrent, advanced, or metastatic per NCCN; references reviewed and updated.
CP.PHAR.230 AbobotulinumtoxinA (Dysport)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.238 Methoxy polyethylene glycol-epoetin beta (Mircera)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.242 Adalimumab (Humira) Humira Biosimilars	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.243 Alemtuzumab (Lemtrada)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.245 Apremilast (Otezla)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.248 Dalfampridine (Ampyra)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; added generic redirection to continued therapy section; references reviewed and updated.
CP.PHAR.249 Dimethyl fumarate (Tecfidera), diroximel fumarate, monomethyl fumarate	Medicaid	2Q 2023 annual review: no significant changes; to be inclusive of members continuing therapy from a different benefit, revised continued approval duration to reference the duration of total treatment received rather than the number of re-authorizations; references reviewed and updated.
CP.PHAR.250 Etanercept (Enbrel)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.

CP.PHAR.251 Fingolimod (Gilenya, Tascenso ODT)	Medicaid	2Q 2023 annual review: no significant changes; added redirection to generic for Gilenya 0.5 mg requests per SDC; RT4: for Tascenso ODT, added new 0.5 mg dosage strength and updated indication/criteria to remove prior upper age limit and weight requirement per revised FDA labeling; to be inclusive of members continuing therapy from a different benefit, revised continued approval duration to reference the duration of total treatment received rather than the number of re-authorizations; references reviewed and updated.
CP.PHAR.252 Glatiramer (Copaxone, Glatopa)	Commercial, Medicaid	2Q 2023 annual review: no significant changes; added generic redirection to continued therapy section; to be inclusive of members continuing therapy from a different benefit, revised Medicaid continued approval duration to reference the duration of total treatment received rather than the number of re-authorizations; references reviewed and updated.
CP.PHAR.254 Infliximab (Avsola, Inflectra, Remicade, Renflexis)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.255 Interferon beta-1a (Avonex, Rebif)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; to be inclusive of members continuing therapy from a different benefit, revised Medicaid/HIM continued approval duration to reference the duration of total treatment received rather than the number of re-authorizations; references reviewed and updated.
CP.PHAR.256 Interferon beta-1b (Betaseron, Extavia)	Medicaid	2Q 2023 annual review: no significant changes; to be inclusive of members continuing therapy from a different benefit, revised continued approval duration to reference the duration of total treatment received rather than the number of re-authorizations; references reviewed and updated.
CP.PHAR.257 Ixekizumab (Taltz)	Medicaid	2Q 2023 annual review: no significant changes; updated off-label dosing for Appendix B; references reviewed and updated.
CP.PHAR.258 Mitoxantrone (Novantrone)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; clarified lymphoma criteria per NCCN; references reviewed and updated.
CP.PHAR.262 Teriflunomide (Aubagio)	Medicaid	2Q 2023 annual review: no significant changes; to be inclusive of members continuing therapy from a different benefit, revised continued approval duration to reference the duration of total treatment received rather than the number of re-authorizations; references reviewed and updated.
CP.PHAR.266 Rilonacept (Arcalyst)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; updated appendix B dosing for recurrent pericarditis to align with 2020 JACC Management of Acute and Recurrent Pericarditis guideline; references reviewed and updated.
CP.PHAR.267 Tofacitinib (Xeljanz, Xeljanz XR)	Medicaid	2Q 2023 annual review: no significant changes; updated off-label dosing in Appendix B; references reviewed and updated.
CP.PHAR.271 Peginterferon beta-1a (Plegridy)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; to be inclusive of members continuing therapy from a different benefit, revised Medicaid/HIM continued approval duration to reference the duration of total treatment received rather than the number of re-authorizations; references reviewed and updated.
CP.PHAR.272 Sonidegib (Odomzo)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated. Template verbiage per continued therapy section does not apply.

CP.PHAR.273 Vismodegib (Erivedge)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated. Template verbiage does not apply to continued therapy section.
CP.PHAR.298 Afatinib (Gilotrif)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; added Tagrisso as an example of EGFR tyrosine kinase inhibitor therapy within criteria per NCCN NSCLC treatment algorithm; references reviewed and updated. Template verbiage not applicable to continued therapy section.
CP.PHAR.316 Cabazitaxel (Jevtana)	HIM, Medicaid	2Q 2023 annual review: no significant changes; RT4 – added 45 mg/4.5 mL and 60 mg/6 mL concentrations; updated <i>Appendix D</i> examples of androgen deprivation therapy per NCCN; removed 60 mg/3 mL dose form as product was discontinued; references reviewed and updated. Template verbiage does not apply to continued therapy section.
CP.PHAR.335 Ocrelizumab (Ocrevus)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; to be inclusive of members continuing therapy from a different benefit, revised Medicaid/HIM continued approval duration to reference the duration of total treatment received rather than the number of re-authorizations; references reviewed and updated.
CP.PHAR.337 Telotristat ethyl (Xermelo)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; added redirection to generic telotristat for brand Xermelo requests; updated Appendix C to include contraindication per PI; references reviewed and updated.
CP.PHAR.340 Valbenazine (Ingrezza)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.341 Deutetrabenazine (Austedo)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.343 Edaravone (Radicava)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.344 Midostaurin (Rydapt)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated. Template verbiage pertaining to continued therapy section does not apply.
CP.PHAR.346 Sarilumab (Kevzara)	Medicaid	2Q 2023 annual review: no significant changes; updated off-label dosing for Appendix B; references reviewed and updated.
CP.PHAR.374 Vestronidase alfa-vjbk (Mepsevii)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.375 Brodalumab (Siliq)	Medicaid	2Q 2023 annual review: no significant changes; updated Appendix B to include all relevant formulations of MTX; references reviewed and updated.
CP.PHAR.376 Apalutamide (Erleada)	Medicaid	2Q 2023 annual review: no significant changes; updated <i>Appendix D</i> examples of androgen deprivation therapy per NCCN; references reviewed and updated.
CP.PHAR.378 Ibalizumab-uiyk (Trogarzo)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.416 Caplacizumab-yhdp (Cabliivi)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.

CP.PHAR.421 Onasemnogene Aboearvovec (Zolgensma)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated. Template verbiage pertaining to continued therapy does not apply.
CP.PHAR.422 Cladribine (Mavenclad)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.427 Siponimod (Mayzent)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; to be inclusive of members continuing therapy from a different benefit, revised continued approval duration to reference the duration of total treatment received rather than the number of re-authorizations; references reviewed and updated.
CP.PHAR.468 Aducanumab-avwa (Aduhelm)	HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.469 Belantamab Mafodotin-blmf (Blenrep)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes, removed inactive HCPCS code C9069; references reviewed and updated.
CP.PHAR.471 Fosdenopterin (Nulibry)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.474 Remestemcel-L (Ryonicil)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated.
CP.PHAR.475 Sacituzumab Govitecan-hziy (Trodelvy)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; updated commercial LOB approval language to standard language with addition of “whichever is longer”; references reviewed and updated. RT4: added new indication for treatment of HR-positive, HER2-negative breast cancer who have received endocrine-based therapy and at least two additional systemic therapies in the metastatic setting.
CP.PHAR.478 Selpercatinib (Retevmo)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; for thyroid cancer, removed requirement that disease is not amenable to radioactive iodine therapy for DTC as this is redundant with immediately preceding criterion; references reviewed and updated.
CP.PHAR.479 Decitabine/Cedazuridine (Inqovi)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.482 Isatuximab-irfc (Sarclisa)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.483 Lisocabtagene Maraleucel (Breyanzi)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; modified AIDS-related DLBCL to HIV-related per NCCN Compendium; references reviewed and updated.
CP.PHAR.486 Bimatoprost Implant (Durysta)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.504 Voclosporin (Lupkynis)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.

CP.PHAR.514 Pralsetinib (Gavreto)	Commercial, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.521 Avalglucosidase Alfa-ngpt (Nexviazyme)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.526 Fibrinogen Concentrate [Human] (Fibryga, RiaSTAP)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.527 Narsoplimab (OMS721)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated.
CP.PHAR.528 Odevixibat (Bylvay)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.534 Insulin Delivery Systems (V-Go, Omnipod, InPen)	Commercial, HIM-Medical Benefit, Medicaid	2Q 2023 annual review: no significant changes; for V-Go, revised minimum age requirement from 21 years to 18 years per user guide; references reviewed and updated.
CP.PHAR.535 Melphalan Flufenamide (Pepaxto)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.536 Ophthalmic Riboflavin (Photrexa, Photrexa Viscous)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.537 Ponesimod (Ponvory)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; to be inclusive of members continuing therapy from a different benefit, revised continued approval duration to reference the duration of total treatment received rather than the number of re-authorizations; references reviewed and updated.
CP.PHAR.575 Tebentafusp-tebn (Kimmtrak)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; removed inactive HCPCS codes C9095, J9999; references reviewed and updated.
CP.PHAR.581 Faricimab (Vabysmo)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes, removed inactive HCPCS codes J3590 and C9097; references reviewed and updated.
CP.PHAR.584 Sodium Phenylbutyrate/Taurursodiol (Relyvrio)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
<b>Strategy Development Committee (SDC) Criteria changes based on SDC decisions</b>		
CP.PHAR.157 Taliglucerase alfa (Elelyso)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated. Per February SDC and prior clinical guidance, added redirections to Cerdelga and Cerezyme; added Appendix B; added HIM line of business and retired HIM.PA.162.
CP.PHAR.163 Velaglucerase alfa (VPRIV)	Commercial, HIM, Medicaid	2Q 2023 annual review: no significant changes; added weight requirement and max dose limits to align with previously Corporate P&T-approved approach for max dose limits when switching from imiglucerase; references reviewed and updated. Per February SDC and prior clinical

		guidance, added redirections to Cerdelga and Cerezyme; added Appendix B; added HIM line of business and retired HIM.PA.163.
CP.PHAR.165 Ferumoxytol (Feraheme)	Commercial, HIM, Medicaid	Per February SDC, added Commercial line of business; updated initial criteria to require failure of the following: for IDA and CKD Ferrlecit and Venofer; for IDA without CKD two of Ferrlecit, Infed, or Venofer.
CP.PHAR.200 Mepolizumab (Nucala)	Commercial, HIM, Medicaid	Per February SDC, for CRSwNP modified requirement from three intranasal steroids to require only two.
CP.PHAR.231 IncobotulinumtoxinA (Xeomin)	Commercial, HIM, Medicaid	2Q 2023 annual review: Per February SDC and prior clinical guidance, added redirection requirement to co-prefer Botox and Dysport for all indications except chronic sialorrhea; references reviewed and updated.
CP.PHAR.232 OnabotulinumtoxinA (Botox)	Commercial, HIM, Medicaid	2Q 2023 annual review: for chronic anal fissure, revised maximum dosing allowance up to 25 units for initial therapy and 100 units for continued therapy per treatment session; added chronic sialorrhea off-label indication; references reviewed and updated. Per February SDC: removed Dysport and/or Xeomin redirection requirement for upper and lower limb spasticity, cervical dystonia, blepharospasm, overactive bladder, chronic migraine, and axillary hyperhidrosis; for Overactive Bladder, updated criteria for adults to require use of two anticholinergic agents or one oral beta-3 agonist medication (previously both were required); changed all approval durations to 12 months for Medicaid, HIM, and Commercial.
CP.PHAR.233 RimabotulinumtoxinB (Myobloc)	Commercial, HIM, Medicaid	2Q 2023 annual review: Per February SDC and prior clinical guidance, for cervical dystonia replaced Xeomin redirection with Botox to co-prefer with Dysport; references reviewed and updated.
CP.PHAR.234 Ferric Carboxymaltose (Injectafer)	Commercial, HIM, Medicaid	Per February SDC, added Commercial line of business; updated initial criteria to require failure of the following with associated age considerations: for IDA and CKD Ferrlecit and Venofer; for IDA without CKD two of Ferrlecit, Infed, or Venofer; additionally, added redirection to Feraheme in a step-wise fashion if member has intolerance or contraindication to all preferred injectable agents.
CP.PHAR.296 Pegfilgrastim (Neulasta and biosimilars)	Commercial, HIM, Medicaid	Per February SDC and prior clinical guidance, added Udenyca as step through requirement to co-prefer with Ziextenzo.
CP.PHAR.336 Dupilumab (Dupixent)	Commercial, HIM, Medicaid	Per February SDC, for CRSwNP modified requirement from three intranasal steroids to require only two.
CP.PHAR.391 Lanreotide (Somatuline Depot)	Commercial, HIM, Medicaid	Per February SDC and prior clinical guidance added redirection to Sandostatin LAR depot.
CP.PHAR.480 Ferric Derisomaltose (Monoferric)	Commercial, HIM, Medicaid	2Q 2023 annual review: Per February SDC, updated initial criteria to require failure of the following: for IDA and CKD Ferrlecit and Venofer; for IDA without CKD two of Ferrlecit, Infed, or Venofer; additionally, added redirection to Feraheme in a step-wise fashion if member has intolerance or contraindication to all preferred injectable agents; references reviewed and updated.

<b>Retired</b>		
CP.PHAR.166 Ferric Gluconate (Ferrelecit)		One of the preferred products per Feb 2023 SDC and medical PA requirement will be removed
CP.PHAR.167 Iron Sucrose (Venofer)		One of the preferred products per Feb 2023 SDC and medical PA requirement will be removed
CP.PHAR.520 Casirivimab and Imdevimab (REGEN-COV)		Nearing the end of the public health emergency period, and these antibodies are no longer recommended for use due to low/minimal effectiveness against current variants of concern
CP.PHAR.532 Bamlanivimab + Etesevimab (LY-CoV555 + LY-CoV016)		Nearing the end of the public health emergency period, and these antibodies are no longer recommended for use due to low/minimal effectiveness against current variants of concern
CP.PHAR.541 Sotrovimab (VIR-7831)		Nearing the end of the public health emergency period, and these antibodies are no longer recommended for use due to low/minimal effectiveness against current variants of concern
CP.PHAR.571 Tixagevimab and Cilgavimab (Evusheld)		Nearing the end of the public health emergency period, and these antibodies are no longer recommended for use due to low/minimal effectiveness against current variants of concern

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