



Effective Date: 09/01/23

## Buckeye Health Plan

### Medicaid Criteria Updates –Q3 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>New Criteria</b>		
CP.PHAR.632 Fecal microbiota spores, live-brpk (Vowst)	Commercial, HIM, Medicaid	Policy created.
CP.PHAR.634 Epcoritamab-bysp (Epkinly)	Commercial, HIM, Medicaid	Policy created.
CP.PMN.288 Nirmatrelvir-Ritonavir (Paxlovid)	Commercial, HIM, Medicaid	Policy created.
<b>Pre-Emptive Criteria (PEPP) – New Guidelines, Indications or Drugs awaiting FDA approval</b>		
CP.PHAR.481 Idecabtagene Vicleucel (Abecma)	Commercial, HIM, Medicaid	Policy created pre-emptively for expanded indication for use in the 3rd line setting.
CP.PHAR.546 Carbetocin	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated.
CP.PHAR.548 Palovarotene	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated.
CP.PHAR.587 Pegzilarginase (AEB1102)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated.
CP.PHAR.589 Bulevirtide (Hepcludex)	Commercial, HIM, Medicaid	3Q annual review: no significant changes as drug is still not FDA approved; references reviewed and updated.
CP.PHAR.633 Eplontersen (AKCEA-TTR-LRx)	Commercial, HIM, Medicaid	Policy created pre-emptively.

Clinically Significant Change(s)		
CP.PHAR.28 Immunization coverage	Medicaid	3Q 2023 annual review: added to initial criteria that there exists no product-specific clinical policy or custom coverage criteria; references reviewed and updated.
CP.PHAR.81 Pazopanib (Votrient)	Commercial, HIM, Medicaid	3Q 2023 annual review: per NCCN: for STS, added bypass of prior therapy or ineligibility for angiosarcoma and desmoid tumor (aggressive fibromatosis) subtypes, added bypass of prior therapy for GIST if SDH-deficient with gross residual disease; for uterine sarcoma, added additional disease qualifiers of advanced and inoperable; for thyroid carcinoma, revised “Hurthle cell” to “oncocytic” per updated terminology; references reviewed and updated.
CP.PHAR.89 Peginterferon Alfa-2a (Pegasys)	Commercial, HIM, Medicaid	3Q 2023 annual review: removed PegIntron brand from policy as it has been discontinued with a Medispan obsolete date of 6/27/2023; removed minimum age of 5 years criterion from NCCN off-label oncology indications as Pegasys is indicated for peds as young as 3 years per PI-labeled indication; removed osteopenia/osteoporosis off-label indication as this is a complication of systemic mastocytosis; clarified that myelofibrosis, polycythemia vera, and essential thrombocythemia are myeloproliferative neoplasms; added off-label NCCN-supported criterion for use in combination with zidovudine in adult T-cell leukemia or lymphoma; removed hairy cell leukemia criterion for use following initial treatment with cladribine or pentostatin per NCCN; references reviewed and updated.
CP.PHAR.123 Evolocumab (Repatha)	Medicaid	Per guidelines: for primary hypercholesterolemia, modified baseline and recent LDL requirements for non-genetically mediated disease to be the same as genetically mediated disease, and for HeFH, added pathway for baseline LDL of at least 160 mg/dL for age < 20 years.
CP.PHAR.124 Alirocumab (Praluent)	Commercial, Medicaid	Per guidelines: for primary hypercholesterolemia, modified baseline and recent LDL requirements for non-genetically mediated disease to be the same as genetically mediated disease, and for HeFH, added pathway for baseline LDL of at least 160 mg/dL for age < 20 years.
CP.PHAR.145 Deferasirox (Exjade, Jadenu)	Commercial, HIM, Medicaid	3Q 2023 annual review: per competitor analysis for continuation of therapy in chronic iron overload due to blood transfusions added requirement that member is responding positively to therapy as evidenced by a decrease in serum ferritin levels as compared to pretreatment baseline, added clarification that concurrent therapy with other iron chelators is allowable if member has excess cardiac iron as evidence by cardiac T2* < 20 millisecond or iron-induced cardiomyopathy; added requirement for generic use for continuation of therapy; references reviewed and updated.
CP.PHAR.146 Deferoxamine (Desferal)	Commercial, HIM, Medicaid	3Q 2023 annual review: updated FDA approved indications per prescribing information; per competitor analysis for continuation of therapy in chronic iron overload added requirement that member is responding positively to therapy as evidenced by a decrease in serum ferritin levels as compared to pretreatment baseline; for chronic iron overload added requirement that therapy does not include concurrent use of other iron chelators, unless member has excess cardiac iron as

		evidence by cardiac T2* < 20 millisecond or iron-induced cardiomyopathy; references reviewed and updated.
CP.PHAR.147 Deferiprone (Ferriprox)	Commercial, Medicaid	3Q 2023 annual review: added requirement that therapy does not include concurrent use of other iron chelators, unless member has excess cardiac iron as evidence by cardiac T2* < 20 millisecond or iron-induced cardiomyopathy; per competitor analysis added requirement that member is responding positively to therapy as evidenced by a decrease in serum ferritin levels as compared to pretreatment baseline; per prescribing information limitation of use and competitor analysis added requirement that member does not have transfusional iron overload due to myelodysplastic syndrome or Diamond Blackfan anemia; references reviewed and updated.
CP.PHAR.202 C1 Esterase Inhibitors (Berinert Cinryze Haegarda Ruconest)	Commercial, HIM, Medicaid	3Q 2023 annual review: revised Cinryze maximum dose to 2,000 units (4 vials) per PI update; removed pharmacy benefit disclaimer language for HIM Berinert requests per HIM formulary status; references reviewed and updated.
CP.PHAR.209 Aztreonam (Cayston)	HIM, Medicaid	3Q 2023 annual review: updated prescriber restriction to include “expert in treatment of cystic fibrosis” to align with other policy for inhaled antibiotic (e.g. tobramycin) targeting Pseudomonas aeruginosa in CF; references reviewed and updated.
CP.PHAR.211 Tobramycin (Bethkis, Kitabis Pak, TOBI, TOBI Podhaler)	Commercial, HIM*, Medicaid	3Q 2023 annual review: removed brand Kitabis Pak and brand Tobi from HIM disclaimer statement per HIM formulary status; references reviewed and updated.
CP.PHAR.260 Rituximab (Rituxan, Riabni, Ruxience, Truxima, Rituxan Hycela)	Commercial, HIM, Medicaid	Criteria added for off-label use in AIHA; per health plan request, changed continued therapy approval duration from 12 months to 6 months for all indications excluding DM, NS, and AIHA.
CP.PHAR.285 Nintedanib (Ofev)	Commercial, HIM, Medicaid	3Q 2023 annual review: for IPF, added transbronchial lung cryobiopsy as an option to confirm diagnosis per 2022 ATS guidelines; references reviewed and updated.
CP.PHAR.286 Pirfenidone (Esbriet)	Commercial, HIM, Medicaid	3Q 2023 annual review: added transbronchial lung cryobiopsy as an option to confirm diagnosis per 2022 ATS guidelines; references reviewed and updated.
CP.PHAR.296 Pegfilgrastim (Neulasta and biosimilars)	Commercial, HIM, Medicaid	3Q 2023 annual review: added HCPCS codes Q5127 for Stimufend, Q5130 for Fylnetra, and J1449 for Rolvedon; removed HCPCS code J3590; for bone marrow transplantation removed off-label use in supportive care post autologous hematopoietic cell transplantation as this is no longer NCCN Compendium supported, updated Appendix D for consistency; for mobilization of peripheral-blood progenitor cells prior to autologous transplantation added requirement for being prescribed in combination with Mozobil per NCCN Compendium; references reviewed and updated.
CP.PHAR.300 Bezlotoxumab (Zinplava)	Commercial, HIM, Medicaid	Removed metronidazole as an example of prior antibiotic therapy; added therapeutics alternatives in Appendix B.
CP.PHAR.302 Ixazomib (Ninlaro)	Commercial, HIM, Medicaid	3Q 2023 annual review: per NCCN for MM removed option for use in combination with dexamethasone alone (without lenalidomide or cyclophosphamide), for systemic light chain amyloidosis removed option for use as a single-agent; revised references from Revlimid to lenalidomide; references reviewed and updated.

CP.PHAR.303 Brentuximab Vedotin (Adcetris)	Commercial, HIM, Medicaid	3Q 2023 annual review: for adult cHL, added specific regimens for use per both FDA and NCCN; for pediatric cHL, moved specific staging requirements for high risk disease to Appendix D to also allow for NCCN high risk definition and updated criteria per NCCN, including requirements for use in combination with chemotherapy as well as allowance for use as subsequent therapy; for T-cell lymphomas, clarified that CD30-positive disease requirement does not apply to ALCL and added requirement for use as a single agent or in combination with CHP per NCCN; for cutaneous ALCL, added pathway for disease multifocal lesions per NCCN; for MF/SS, removed requirement for CD30-positive disease per NCCN; for B-cell lymphomas, removed specific subtypes of DLBCL to simplify criteria, revised “AIDS-related” to “HIV-related”, added B-cell type monomorphic PTLN, added pathway for pediatric primary mediastinal large B-cell lymphoma, and added that member is not a transplant candidate for all requests except T-cell type monomorphic PTLN per NCCN; references reviewed and updated.
CP.PHAR.310 Daratumumab, Daratumumab-Hyaluronidase-fihj (Darzalex, Darzalex Faspro)	Commercial, HIM, Medicaid	3Q 2023 annual review: per NCCN added off-label use for maintenance therapy for symptomatic MM as a single agent for transplant candidates; clarified for systemic light chain amyloidosis use is as a single agent for relapsed or refractory disease; references reviewed and updated.
CP.PHAR.312 Blinatumomab (Blincyto)	Commercial, HIM, Medicaid	3Q 2023 annual review: added pathways for use in Ph+ B-ALL in combination with TKI and for use in infant ALL per NCCN; references reviewed and updated.
CP.PHAR.322 Pembrolizumab (Keytruda)	Commercial, HIM, Medicaid	3Q 2023 annual review: cHL, PMBCL, MSI-H/dMMR, MCC, TMB-H: adjusted pediatric age from 2 years to 6 months per PI/KEYNOTE-051; for Melanoma added option to be prescribed in combination with Mekinist and Triaflinlar for disease with BRAF V600 activating mutation per NCCN; added endemic or classic Kaposi Sarcoma for adult off-label use and hypermutant tumor diffuse high-grade glioma for pediatric off-label use per NCCN; added criterion prescribed as single agent for Merkel cell carcinoma per NCCN; for HCC, added option for Stivarga; for pediatric PMBCL added option to be prescribed in combination with Adcetris; for endometrial carcinoma added option for combination with carboplatin and paclitaxel if disease is recurrent or stage III-IV tumor; references reviewed and updated.
CP.PHAR.338 Cerliponase alfa (Brineura)	Commercial, HIM, Medicaid	3Q 2023 annual review: revised and added to continuation of therapy to ensure member does not have acute intraventricular access device-related complications (e.g., leakage, device failure, or device-related infection) or ventriculoperitoneal shunts; references reviewed and updated.
CP.PHAR.381 Mechlorethamine (Valchlor)	Commercial, HIM, Medicaid	3Q 2023 annual review: updated SS staging from “IV” to “IVA” per NCCN compendium; added “topical carmustine” as an alternative skin-therapy agent in Appendix B; references reviewed and updated.
CP.PHAR.384 Lutetium Lu 177 dotatate (Lutathera)	Commercial, HIM, Medicaid	3Q 2023 annual review: per NCCN – for NET, added coverage for well-differentiated grade 3 NET and carcinoid syndrome, and for NETs other than the aforementioned two, revised required qualifiers to include recurrent or unresectable; for pheochromocytoma/paraganglioma, revised from “metastatic or locally advanced, and unresectable” to “metastatic or locally unresectable”; revised dosing in criteria, approval duration (from 32 weeks to 36 weeks), and Section V to

		reflect updated PI, which allows for every 8 week dosing “± 1 week”; updated Appendix D regarding concurrent SSA use per updated PI; references reviewed and updated.
CP.PHAR.423 Erdafitinib (Balversa)	Commercial, HIM, Medicaid	3Q 2023 annual review: added monotherapy requirement per NCCN and New Century Health; references reviewed and updated.
CP.PHAR.431 Selinexor (Xpovio)	Commercial, HIM, Medicaid	3Q 2023 annual review: for DLBCL, removed follicular lymphoma, added high-grade B-cell lymphoma, and revised “AIDS-related” to “HIV-related” per NCCN; consolidated legacy WCG initial approval duration to standard Medicaid initial approval duration; references reviewed and updated.
CP.PHAR.432 Tafamidis (Vyndaqel, Vyndamax)	Commercial, HIM, Medicaid	3Q 2023 annual review: added the following requirements per pivotal trial inclusion criteria and competitor analysis - member has heart failure of NHYA Class I, II, or III; and member has at least 1 prior hospitalization for heart failure or current (within the last 30 days) clinical evidence of heart failure; references reviewed and updated.
CP.PHAR.433 Polatuzumab Vedotin-piiq (Polivy)	Commercial, HIM, Medicaid	3Q 2023 annual review: RT4: added criteria for new indication as first-line treatment for DLBCL and HGBL, and updated FDA approved indications section to reflect full approval of the third-line DLBCL indication; for off-label uses, removed mantle cell lymphoma, revised nodal marginal zone lymphoma to indolent lymphoma, and revised “AIDs-related” to “HIV-related” per NCCN; updated Appendix D per NCCN; references reviewed and updated.
CP.PHAR.455 Enfortumab Vedotin-ejfv (Padcev)	Commercial, HIM, Medicaid	Added Commercial line of business.
CP.PHAR.485 Berotralstat (Orladeyo)	Commercial, HIM, Medicaid	3Q 2023 annual review: HIM line of business added per HIM formulary status; references reviewed and updated.
CP.PHAR.495 Mitomycin for Pyelocalyceal Solution (Jelmyto)	Commercial, HIM, Medicaid	3Q 2023 annual review: per NCCN recommendations added a requirement for checkpoint inhibitor immunotherapy for dMMR/MSI-H colorectal cancer; references reviewed and updated.
CP.PHAR.497 Tucatinib (Tukysa)	Commercial, HIM, Medicaid	3Q 2023 annual review: per NCCN recommendations added a requirement for checkpoint inhibitor immunotherapy for dMMR/MSI-H colorectal cancer; references reviewed and updated.
CP.PHAR.500 Lurbinectedin (Zepzelca)	Commercial, HIM, Medicaid	3Q 2023 annual review: added monotherapy requirement per NCCN; references reviewed and updated.
CP.PHAR.502 Ripretinib (Qinlock)	Commercial, HIM, Medicaid	3Q 2023 annual review: per NCCN – added off-label criteria for cutaneous melanoma (category 2A); for GIST, removed Sprycel as a prior treatment option for fourth-line use, added pathway for second-line use following imatinib if Sutent-intolerant, removed specific criteria for non-D842V PDGFRA exon 18 mutations as the same approach is now recommended for both non-D842V and D842V mutations, and added requirement for use as a single agent; consolidated legacy WellCare approval durations with standard Medicaid approval durations; references reviewed and updated.
CP.PHAR.512 Pegunigalsidase alfa-iwxj (Elfabrio)	Commercial, HIM, Medicaid	Drug is now FDA-approved – criteria updated per labeling: removed requirement for initial coverage for documentation of three specific Fabry symptoms as outlined in the BALANCE trial, in order to align with the current Fabrazyme policy and because these three were not called out in the Prescribing Information, added Galafold to Fabrazyme as an excluded medication for

		concomitant coverage, removed maximum dosing limit of 2 mg/kg every 4 weeks since the product was not ultimately approved for that dosing regimen; references reviewed and updated.
CP.PHAR.539 Loncastuximab tesirine-lpyl (Zynlonta)	Commercial, HIM, Medicaid	3Q 2023 annual review: added Zynlonta prescribed as a single agent per NCCN; references reviewed and updated.
CP.PHAR.540 Dostarlimab-gxly (Jemperli)	Commercial, HIM, Medicaid	3Q 2023 annual review: for EC, added pathway for first-line use when prescribed in combination with carboplatin and paclitaxel for stage III-IV or recurrent disease; for solid tumors, added gallbladder cancer and pancreatic cancer, specified types of hepatobiliary cancers, and added bypass of prior therapies for small bowel adenocarcinoma or pancreatic adenocarcinoma per NCCN; references reviewed and updated.
CP.PHAR.542 Talimogene laherepvec (Imlygic)	Commercial, HIM, Medicaid	3Q 2023 annual review: updated dosing in initial approval criteria so that member meets both initial and subsequent dosing; added reinitiation dose in initial approval criteria to align with dosing section in prescriber information; references reviewed and updated.
CP.PHAR.543 Maralixibat (Livmarli)	Commercial, HIM, Medicaid	3Q 2023 annual review: updated criteria to reflect pediatric extension to age > 3 months; added Appendix E containing ItchRO scale since criteria requires at least moderate scratching; references reviewed and updated.
CP.PHAR.547 Infigratinib (Truseltiq)	Commercial, HIM, Medicaid	3Q 2023 annual review: initial approval criteria changed to “new patient initiation is not permitted as manufacturer has voluntarily withdrawn indication for Cholangiocarcinoma and discontinued distribution of Truseltiq”; Appendix D added with product discontinuation information; references reviewed and updated.
CP.PHAR.549 Sotorasib (Lumakras)	Commercial, HIM, Medicaid	3Q 2023 annual review: added standard oral oncology generic redirection language; references reviewed and updated.
CP.PHAR.568 Inclisiran (Leqvio)	Commercial, HIM, Medicaid	Per guidelines: for HeFH, added pathway for baseline LDL of at least 160 mg/dL for age < 20 years.
CP.PHAR.588 Nivolumab and Relatlimab (Opdualag)	Commercial, HIM, Medicaid	3Q 2023 annual review: removed expired HCPCS codes [C9399, J3590]; references reviewed and updated.
CP.PHAR.613 Fecal microbiota, live-jslm (Rebyota)	Commercial, HIM, Medicaid	Removed metronidazole as an example of prior antibiotic therapy. Added HCPCS code [J1440].
CP.PMN.05 Rifapentine (Priftin)	Medicaid	For latent TB added bypass for isoniazid redirection and optional alternative dosing up to 600 mg/day for a 4 week regimen per NIH/CDC HIV guidelines.
CP.PMN.19 Aprepitant (Aponvie, Cinvanti, Emend)	HIM*, Medicaid	3Q 2023 annual review: added HCPCS code J3490 for unclassified drugs; for prevention of nausea and vomiting associated with cancer chemotherapy added allowance for bypassing redirection if state regulations do not allow step therapy in certain oncology settings with additional details in Appendix E; references reviewed and updated.
CP.PMN.40 Acitretin (Soriatane)	Medicaid	3Q 2023 annual review: added “topical” to “medium to high potency steroid” in initial criteria to clarify and align with alternative agents listed in Appendix B; updated boxed warning section; references reviewed and updated.
CP.PMN.62 Tedizolid (Sivextro)	Commercial, HIM, Medicaid	3Q 2023 annual review: added Commercial line of business; added HCPCS code J8499 for oral Sivextro; references reviewed and updated.

CP.PMN.74 Granisetron (Sancuso, Sustol)	Commercial, HIM, Medicaid	3Q 2023 annual review: for prevention of nausea and vomiting associated with cancer chemotherapy added allowance for bypassing redirection if state regulations do not allow step therapy in certain oncology settings; references reviewed and updated.
CP.PMN.76 Calcifediol (Rayaldee)	Commercial, HIM, Medicaid	3Q 2023 annual review: to align with previously P&T-approved policies for other agents FDA-approved for secondary hyperparathyroidism – added specialist prescriber requirement, added requirement for no concomitant use with other vitamin D derivatives/analogues, and shortened initial approval duration to 6 months instead of 12 months; references reviewed and updated.
CP.PMN.132 Tadalafil BPH - ED (Cialis)	Commercial, HIM*, Medicaid	3Q 2023 annual review: revised ED age limit to 21 years or older to align with Commercial age edit; clarified for HIM PA is required for generic Viagra; references reviewed and updated.
CP.PMN.141 Dolasetron (Anzemet)	Commercial, HIM, Medicaid	3Q 2023 annual review: removed 1 tablet quantity limit as the 100 mg strength will be obsolete per MediSpan; references reviewed and updated.
CP.PMN.144 Epinephrine (Auvi-Q, Epipen, Epipen Jr) Quantity Limit	Medicaid	3Q 2023 annual review: adjusted the stated existing quantity limit from 4 pens per 365 days to 8 pens per 365 days to reflect the actual current quantity limit; references reviewed and updated.
CP.PMN.145 Vilazodone (Viibryd)	Medicaid	3Q 2023 annual review: HIM line of business removed as PA is no longer required; added requirement if request is for Viibryd, member must use generic vilazodone; references reviewed and updated.
CP.PMN.155 Lacosamide (Vimpat, Motpoly XR)	Medicaid	3Q 2023 annual review: consistent with the previously P&T-approved approach for other IV anticonvulsant agents, added a requirement for documentation that the oral formulation is temporarily not feasible; specified that the existing 12 month approval duration applies to only the oral formulation and revised to allow only 1 month for the IV formulation; for continuation criteria for brand Vimpat added a requirement for prior trial of generic lacosamide; references reviewed and updated. RT4: added Motpoly XR to the policy as a newly FDA-approved dose formulation.
CP.PMN.158 Netupitant and Palonosetron (Akynzeo)	Commercial, HIM, Medicaid	3Q 2023 annual review: added requirement for continuation of therapy that member continues to receive moderately to highly emetogenic cancer chemotherapy; references reviewed and updated.
CP.PMN.159 Dronabinol (Marinol, Syndros)	Commercial, Medicaid	3Q 2023 annual review: clarified generic redirection bypass if member is unable to swallow capsules applies to Syndros requests only; references reviewed and updated.
CP.PMN.208 Halobetasol-Tazarotene (Duobrii)	Commercial, HIM, Medicaid	3Q 2023 annual review: added halobetasol propionate 0.01% lotion as an alternative in Appendix B; references reviewed and update
CP.PMN.237 Bempedoic acid (Nexletol), bempedoic acid-ezetimibe (Nexlizet)	Commercial, HIM, Medicaid	Per guidelines: for HeFH, added pathway for baseline LDL of at least 160 mg/dL for age < 20 years
<b>No Significant Change(s)</b>		
CP.PHAR.11 Burosumab-twza (Crysvita)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; references reviewed and updated.

CP.PHAR.27 Tolvaptan (Jynarque, Samsca)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.41 Enfuvirtide (Fuzeon)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.61 Cinacalcet (Sensipar)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.82 Collagenase (Xiaflex)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.83 Vorinostat (Zolinza)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.95 Thyrotropin alfa (Thyrogen)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.97 Eculizumab (Soliris)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.109 Tesamorelin (Egrifta SV)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; updated HCPCS codes; references reviewed and updated.
CP.PHAR.150 Mecasermin (Increlex)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.177 Ecallantide (Kalbitor)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; added clarification that prior authorization may be required for icatibant within criteria; references reviewed and updated.
CP.PHAR.178 Icatibant (Firazyr)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.212 Dornase alfa (Pulmozyme)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; updated FDA approved indication section to align with language in prescriber information; references reviewed and updated.
CP.PHAR.270 Paricalcitol Injection (Zemlar)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.277 Cytomegalovirus Immune Globulin (Cytogam)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.287 Obeticholic acid (Ocaliva)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; added examples of evidence of portal hypertension; references reviewed and updated.
CP.PHAR.290 Aripiprazole LA injections (Abilify Maintena, Aristada, Abilify Asimtufii)	HIM, Medicaid	3Q 2023 annual review: no significant changes; template changes applied to continued therapy section; references reviewed and updated. RT4: Added newly approved formulation Abilify Asimtufii to the policy.
CP.PHAR.291 Paliperidone inj (Invega Sustenna, Invega Trinza, Invega Hafyera)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; template changes applied to continued therapy section; added HCPCS Code J2427 for invega hafyera or Invega trinza; references reviewed and updated.
CP.PHAR.292 Olanzapine LA inj (Zyprexa Relprevv)	HIM, Medicaid	3Q 2023 annual review: no significant changes; references reviewed and updated.



CP.PHAR.295 Sargramostim (Leukine)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; removed 500 mcg/mL solution from product availability per prescribing information; references reviewed and updated.
CP.PHAR.323 Plerixafor (Mozobil)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; separated the following requirement for additional clarity: Mozobil is prescribed to be administered for up to 4 consecutive days; references reviewed and updated.
CP.PHAR.351 Daptomycin (Cubicin, Cubicin RF, Dapzura RT)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; added HCPCS code J0877; references reviewed and updated.
CP.PHAR.379 Etelcalcetide (Parsabiv)	HIM, Medicaid	3Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.382 Panobinostat (Farydak)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; for continued therapy removed qualifying requirement for maximum therapy duration if member is receiving combination therapy with bortezomib and dexamethasone as all should be utilizing Farydak with this combination per prescribing information; references reviewed and updated.
CP.PHAR.383 Trifluridine-tipiracil (Lonsurf)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.385 Corticosteroids for ophth inj (Dextenza, Iluvien, Ozurdex, Retisert, Xipere, Yutiq)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.388 Chloramphenicol	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.396 Lanadelumab-fylo (Takhzyro)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.401 Amikacin (Arikayce)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant change; references reviewed and updated.
CP.PHAR.415 Ravulizumab-cwvz (Ultomiris)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.424 Fulvestrant (Faslodex Injection)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; per NCCN guidelines for endometrial carcinoma, added coverage for use as adjuvant therapy for stage IV disease (category 2A); for uterine sarcomas updated coverage language to include HR-positive uterine sarcomas instead of uterine leiomyosarcomas to align with NCCN recommendation language; references reviewed and updated.
CP.PHAR.425 Metreleptin (Myalept)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.430 Alpelisib (Piqray, Vijoice)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; for Piqray added examples of CDK4/6 inhibitors to be used with aromatase inhibitors as first-line therapy to Appendix B; references reviewed and updated.
CP.PHAR.448 Mometasone Furoate (Sinuva)	Commercial, HIM-Medical	3Q 2023 annual review: no significant changes; references reviewed and updated.

	Benefit, Medicaid	
CP.PHAR.458 Inebilizumab-cdon (Uplizna)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.463 Satralizumab-mwge (Enspryng)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.487 Osilodrostat (Isturisa)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.488 Apomorphine (Apokyn, Kynmobi)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.494 Capmatinib (Tabrecta)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.496 Pemigatinib (Pemazyre)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.501 Pertuzumab/Trastuzumab/Hyaluronidas e-zzxf (Phesgo)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; for Continued Therapy added criteria to document whether Phesgo is being used as neoadjuvant or adjuvant therapy in order to determine the appropriate total treatment duration; references reviewed and updated.
CP.PHAR.518 Mannitol (Bronchitol)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.524 Pegcetacoplan (Empaveli, Syfovre)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; added drug-specific HCPCS code for Syfovre; references reviewed and updated.
CP.PHAR.544 Amivantamab-vmjw (Rybrevant)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.578 Abrocitinib (Cibinqo)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; updated methotrexate maximum dosing in Appendix B to align with other bDMARD policies; removed informational EASI score and IGA scale in Appendix E and Appendix F since criteria does not require objective scoring; references reviewed and updated.
CP.PHAR.586 Olipudase alfa-rpcp (Xenpozyme)	Commercial, HIM, Medicaid	3Q 2023 annual review: no significant changes; added 4 mg vial; updated HCPCS code; references reviewed and updated.
<b>Strategy Development Committee (SDC) Criteria changes based on SDC decisions</b>		
CP.PHAR.297 Filgrastim (Neupogen, Zarxio, Granix, Nivestym, Releuko)	Commercial, HIM, Medicaid	3Q 2023 annual review: for MDS added requirement per NCCN to be prescribed in combination with an erythropoiesis-stimulating agent; removed inactive HCPCS codes C9096, C9399, J3590; per May SDC if member is unable to use Zarxio, added stepwise redirection to use Nivestym; references reviewed and updated.
CP.PMN.205 Patiromer (Veltassa)	Commercial, HIM, Medicaid	3Q 2023 annual review: per May SDC, added redirection to Lokelma; references reviewed and updated.
<b>Retired</b>		

CP.PHAR.498 Buprenorphine Injection (Brixadi)	Commercial, HIM, Medicaid	To be combined with CP.PHAR.289 Sublocade policy
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