Effective date: 06/29/20

Buckeye Health Plan
Medicaid Criteria Updates –Q2 2020

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.16 Palivizumab (Synagis)	Commercial, HIM, Medicaid	2Q 2020 annual review: added appendix E: dose rounding guidelines; added reference to appendix E within criteria; revised HIM-Medical Benefit to HIM line of business; references reviewed and updated.
CP.PHAR.50 Binimetinib (Mektovi)	Commercial, HIM, Medicaid	2Q 2020 annual review: added NCCN compendium supported off-label use in colon and rectal cancers in combination with Braftovi and either Erbitux or Vectibix; references reviewed and updated.
CP.PHAR.60 Capecitabine (Xeloda)	HIM, Medicaid	2Q 2020 annual review: NCCN compendium-supported changes to occult primary and neuroendocrine tumors of the pancreas indications as capecitabine use as a single agent is supported for both of these indications; added NCCN compendium-supported uses of small bowel adenocarcinomas and thymomas and thymic carcinomas; added requirement for medical justification if brand Xeloda requested as generic available; references reviewed and updated.
CP.PHAR.65 Imatinib (Gleevec)	Commercial, HIM, Medicaid	2Q 2020 annual review: HIM nonformulary language removed; GVHD NCCN recommended use added; Continued Therapy authorization duration changed to 12 months for consistency with other oral oncology agents; references reviewed and updated.
CP.PHAR.68 Gefitinib (Iressa)	Commercial, HIM, Medicaid	2Q 2020 annual review: added HIM line of business; references reviewed and updated.

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CP.PHAR.69 Sorafenib (Nexavar)	Commercial, HIM, Medicaid	2Q 2020 annual review: added NCCN compendium-supported indication of ovarian cancers; references reviewed and updated.
CP.PHAR.71 Lenalidomide (Revlimid)	Commercial, HIM, Medicaid	2Q 2020 annual review: per NCCN Compendium for MM maintenance therapy added option for use in combination with bortezomib; for MDS added MDS and myeloproliferative overlap neoplasms; added primary CNS lymphoma and AIDS-Related Kaposi Sarcoma to Section IF; references reviewed and updated.
CP.PHAR.72 Dasatinib (Sprycel)	Commercial, HIM, Medicaid	2Q 2020 annual review: HIM nonformulary language removed; references reviewed and updated.
CP.PHAR.74 Erlotinib (Tarceva)	Commercial, HIM, Medicaid	2Q 2020 annual review: added quantity limits of 4 tablets per day; references reviewed and updated.
CP.PHAR.75 Bexarotene (Targretin Capsules, Gel)	Commercial, HIM, Medicaid	2Q 2020 annual review: added bexarotene gel formulation and criteria; updated appendix D primary cutaneous lymphoma classification; references reviewed and updated.
CP.PHAR.77 Temozolomide (Temodar)	HIM, Medicaid	2Q 2020 annual review: updated NCCN compendium-supported uses; condensed similar criteria for glioblastoma and anaplastic astrocytoma; added requirement for medical justification if brand Temodar requested as generic is available; references reviewed and updated.
CP.PHAR.78 Thalidomide (Thalomid)	Commercial, HIM, Medicaid	2Q 2020 annual review: added NCCN compendium-supported indication of active idiopathic MCD in section I.D.; references reviewed and updated.

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CP.PHAR.79 Lapatinib (Tykerb)	Commercial, HIM, Medicaid	Added NCCN compendium-supported use of colorectal cancer in combination with trastuzumab; references reviewed and updated.
CP.PHAR.90 Crizotinib (Xalkori)	Commercial, HIM, Medicaid	2Q 2020 annual review: revised continued approval duration from 6 to 12 months; references reviewed and updated.
CP.PHAR.105 Bosutinib (Bosulfi	Commercial, HIM, Medicaid	2Q 2020 annual review: adult age restriction removed from ALL per NCCN; contraindication added; HIM nonformulary language removed; references reviewed and updated.
CP.PHAR.107 Regorafenib (Stivarga)	Commercial, HIM, Medicaid	2Q 2020 annual review: added NCCN compendium-supported indication of osteosarcoma; references reviewed and updated.
CP.PHAR.112 Ponatinib (Iclusig)	Commercial, HIM, Medicaid	2Q 2020 annual review: HIM line of business added; references reviewed and updated.
CP.PHAR.116 Pomalidomide (Pomalyst)	Commercial, HIM, Medicaid	2Q 2020 annual review: added NCCN compendium-supported indication of primary CNS lymphoma; references reviewed and updated.
CP.PHAR.120 Sipuleucel-T (Provenge)	Commercial, HIM, Medicaid	2Q 2020 annual review: added urologist as prescriber option to criteria; removed dose quantity restriction from approval duration and added it to criteria, and modified approval durations to 6 months; added appendix D; revised HIM-Medical Benefit to HIM line of business; references reviewed and updated.

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CP.PHAR.121 Nivolumab (Opdivo)	Commercial, HIM, Medicaid	Added appendix E: dose rounding guidelines; added reference to appendix E within criteria; added NCCN compendium-supported indication of uveal melanoma as a single agent or in combination with Yervoy.
CP.PHAR.125 Palbociclib (Ibrance)	Commercial, HIM, Medicaid	Added HIM line of business; added that member has not previously failed another CDK 4/6 inhibitor therapy for breast cancer.
CP.PHAR.127 Encorafenib (Braftovi)	Commercial, HIM, Medicaid	2Q 2020 annual review: added NCCN compendium supported off-label use in colon and rectal cancers in combination with Mektovi and either Erbitux or Vectibix; added maximum quantity for all indications; references reviewed and updated.
CP.PHAR.176 Paclitaxel protein-bound (Abraxane)	HIM, Medicaid	2Q 2020 annual review: added NCCN compendium-supported indications of small bowel adenocarcinoma and triple-negative breast cancer; references reviewed and updated.
CP.PHAR.227 Pertuzumab (Perjeta)	Commercial, HIM, Medicaid	2Q 2020 annual review: added NCCN compendium-supported use of colorectal cancer; references reviewed and updated.
CP.PHAR.228 Trastuzumab Biosimilars Trastuzumab-Hyaluronidase	Commercial, HIM, Medicaid	2Q 2020 annual review: added NCCN compendium-supported indications of colon and rectal cancer; incorporated NCCN compendium-supported indication of leptomeningeal metastases from HER2-positive breast cancer into breast cancer criteria; revised HIM-Medical Benefit line of business and applied HIM line of business to all agents in this policy; added appendix D: dose rounding guidelines; added reference to appendix D within criteria; references reviewed and updated.
CP.PHAR.230 AbobotulinumtoxinA (Dysport)	Commercial, HIM, Medicaid	2Q 2020 annual review: cerebral palsy included in spasticity criteria set without restriction; rehabilitation specialist incorporated under physiatrist; previous (last 12 weeks) or concurrent toxin product use restriction added to all initial/continuation criteria; dosing updated per package insert;

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		same-visit treatment for multiple indications is limited to upper/lower limb spasticity (Section III); references reviewed and updated.
CP.PHAR.231 IncobotulinumtoxinA (Xeomin)	Commercial, HIM, Medicaid	2Q 2020 annual review: HIM nonformulary language removed; sialorrhea medical trial added; rehabilitation specialist incorporated under physiatrist; previous (last 12 weeks) or concurrent toxin product use restriction added to all initial/continuation criteria; dosing updated per package insert; same-visit treatment for multiple indications is excluded (Section III); references reviewed and updated.
CP.PHAR.232 OnabotulinumtoxinA (Botox)	Commercial, HIM, Medicaid	2Q 2020 annual review: CP criteria incorporated under upper/lower limb spasticity; rehabilitation specialist incorporated under physiatrist; colorectal surgeon incorporated under gastroenterologist; previous (last 12 weeks) or concurrent toxin product use restriction added to all initial/continuation criteria; off-label uses limited to those with guideline-based support (laryngeal dystonia, OMD, UE dystonia/essential tremor, HD, IAD, esophageal achalasia - Appendix E); neurologist added for off-label GI uses; dosing updated per package insert/off-label literature (Section V); same-visit treatment for multiple indications is limited to upper/lower limb spasticity (Section III); references reviewed and updated.
CP.PHAR.233 RimabotulinumtoxinB (Myobloc)	Commercial, Medicaid, HIM-Medical Benefit	2Q 2020 annual review: rehabilitation specialist incorporated under physiatrist; previous (last 12 weeks) or concurrent toxin product use restriction added to all initial/continuation criteria; dosing updated per package insert; same-visit treatment for multiple indications is excluded (Section III); references reviewed and updated.
CP.PHAR.239 Dabrafenib (Tafinlar)	Commercial, HIM, Medicaid	2Q 2020 annual review: added NCCN supported off-label uses in colon and rectal cancers; added NCCN supported off-label dosing verbiage; for NSCLC added advanced disease; references reviewed and updated.

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CP.PHAR.240 Trametinib (Mekinist)	Commercial, HIM, Medicaid	2Q 2020 annual review: added NCCN supported off-label uses in ovarian, colon, and rectal cancers; added NCCN supported off-label dosing verbiage; for uveal melanoma removed unresectable disease to align with NCCN Compendium; for NSCLC added advanced disease; references reviewed and updated.
CP.PHAR.243 Alemtuzumab (Lemtrada)	Commercial, HIM, Medicaid	2Q 2020 annual review: added requirements for documentation of baseline relapses/EDSS and objective measures of positive response upon re-authorization; clarified that only 1 treatment course may be approved per authorization; references reviewed and updated.
CP.PHAR.258 Mitoxantrone (Novantrone)	Commercial, HIM, Medicaid	2Q 2020 annual review: ALL: added off-label criteria for pediatric ALL per NCCN; MS: added requirements for documentation of baseline relapses/EDSS and objective measures of positive response upon re-authorization; references reviewed and updated.
CP.PHAR.259 Natalizumab (Tysabri)	Medicaid	2Q 2020 annual review: MS: added CIS re-directions per SDC; added requirements for documentation of baseline relapses/EDSS and objective measures of positive response upon re-authorization; modified continued approval duration to 6 months for the first re-authorization and 12 months for second/subsequent re-authorizations; references reviewed and updated.
CP.PHAR.260 Rituximab (Rituxan, Ruxience, Truxima, Rituxan Hycela)	Medicaid, HIM	2Q 2020 annual review: removed HIM-Medical Benefit line of business; updated newly approved FDA-indications for Truxina: RA, MPA, GPA; added NCCN 2A supported off-label use primary CNS lymphoma; added requirement for aggressive mature B-cell lymphoma for pediatric patients; added requirement for CD20 positivity for ALL off-label use per NCCN; for RA, removed redirection to adalimumab; references reviewed and updated.
CP.PHAR.265 Vedolizumab (Entyvio)	Medicaid	2Q 2020 annual review; removed HIM-Medical Benefit (see HIM.PA.SP60); for UC, revised redirection from AZA, 6-MP, and ASA to systemic corticosteroids, revised redirection from Humira and another TNFi to Humira or Simponi, and added Mayo score requirement of at least 6; references reviewed and updated.

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CP.PHAR.273 Vismodegib (Erivedge)	Commercial, HIM, Medicaid	2Q 2020 annual review: NCCN recommended use added for medulloblastoma; HIM nonformulary language removed; references reviewed and updated.
CP.PHAR.287 Obeticholic acid (Ocaliva)	Commercial, HIM, Medicaid	Added preemptive criteria for the pending FDA approval of NASH indication; added HIM line of business.
CP.PHAR.310 Daratumumab (Darzalex)	Medicaid, HIM	Criteria added for new FDA MM indication: in combination with bortezomib, thalidomide, and dexamethasone in newly diagnosed MM patients who are eligible for ASCT; NCCN MM recommendation added for Darzalex as subsequent therapy in combination with dexamethasone and carfilzomib; NCCN recommendation added for relapsed or refractory amyloidosis; HIM line of business added; references reviewed and updated.
CP.PHAR.316 Cabazitaxel (Jevtana)	HIM, Medicaid	2Q 2020 annual review: added requirement for concurrent steroid use; revised HIM medical benefit to HIM line of business; references reviewed and updated.
CP.PHAR.319 Ipilimumab (Yervoy)	Commercial, HIM, Medicaid	2Q 2020 annual review: added commercial line of business and revised HIM-medical benefit to HIM line of business; added NCCN compendium-supported indications of small bowel adenocarcinoma and uveal melanoma; condensed NCCN compendium-supported indications into one subsection; references reviewed and updated.
*CP.PHAR.322 Pembrolizumab (Keytruda)	Commercial, HIM, Medicaid	Criteria added for new FDA indication: NMIBC-CIS; urologist added for UC; HIM line of business added; removed 50 mg powder single-dose vial formulation; references reviewed and updated.
CP.PHAR.335 Ocrelizumab (Ocrevus)	Commercial, HIM, Medicaid	2Q 2020 annual review: modified CIS re-direction to include glatiramer to per SDC; added requirements for documentation of baseline relapses/EDSS and objective measures of positive response upon re-authorization; modified Medicaid/HIM continued approval duration to 6 months

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		for the first re-authorization and 12 months for second/subsequent re-authorizations; references reviewed and updated.
CP.PHAR.339 Durvalumab (Imfinzi)	HIM, Medicaid	2Q 2020 annual review: HIM line of business added; UC stage III added to encompass NCCN recommended use for locally advanced disease; NCCN recommended use for SCLC added; references reviewed and updated.
CP.PHAR.342 Brigatinib (Alunbrig)	Commercial, HIM, Medicaid	2Q 2020 annual review: added HIM line of business; modified continued approval duration from 6 to 12 months; references reviewed and updated.
CP.PHAR.361 Tisagenlecleucel (Kymriah)	Commercial, HIM, Medicaid	Section III clarified for LBCL active or primary CNS disease are excluded; for ALL removed exclusion for primary CNS disease as this does not apply. HCPCS code Q2040 removed.
CP.PHAR.362 Axicabtagene ciloleucel (Yescarta)	Commercial, HIM, Medicaid	Clarified history of or current CNS disease is an exclusion.
CP.PHAR.369 Alectinib (Alecensa)	Commercial, HIM, Medicaid	2Q 2020 annual review: added HIM line of business; references reviewed and updated.
CP.PHAR.378 Ibalizumab-uiyk (Trogarzo)	Commercial, HIM, Medicaid	2Q 2020 annual review: modified required resistance to an agent from 4 classes to 3 classes and required trials from both Fuzeon and Selzentry to either Fuzeon or Selzentry per pivotal trial inclusion criteria and to better allow formation of a viable regimen; revised HIM-Medical Benefit to HIM line of business; updated HCPCS code; references reviewed and updated.

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CP.PHAR.380 Cobimetinib (Cotellic)	Commercial, HIM, Medicaid	2Q 2020 annual review: added HIM line of business; revised continuation approval duration from 6 to 12 months; references reviewed and updated.
CP.PHAR.406 Lorlatinib (Lorbrena)	Commercial, HIM, Medicaid	2Q 2020 annual review: per NCCN Compendium added Xalkori as a possible redirect option for ALK-positive disease; added Rozlytrek as a possible redirect option for ROS1-positive disease; added quantity limit of 3 tablets to allow for dose adjustments; references reviewed and updated.
CP.PHAR.412 Gilteritinib (Xospata)	Commercial, HIM, Medicaid	2Q 2020 annual review: boxed warning added; references reviewed and updated.
CP.PHAR.417 Brexanolone (Zulresso)	Commercial, HIM, Medicaid	2Q 2020 annual review: added prescriber requirement; revised diagnosis with DSM-V definition of postpartum depression; revised criteria to allow member's with severe depression without trial of other antidepressants; revised HIM-Medical Benefit line of business to HIM; references reviewed and updated.
CP.PHAR.419 Elapegademase-lvlr (Revcovi)	Commercial, HIM, Medicaid	2Q 2020 annual review: revised HIM-Medical Benefit to HIM line of business; references reviewed and updated.
CP.PHAR.432 Tafamidis (Vyndaqel, Vyndamax)	Commercial, HIM, Medicaid	Cardiac scintigraphy added as a tissue biopsy alternative for ATTR-CM; references reviewed and updated.
CP.PHAR.451 Voxelotor (Oxbryta)	Commercial, HIM, Medicaid	Added redirections to Adakveo and blood transfusions; finalized HIM line of business; reduced initial approval duration to 2 months from 6 months.

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*CP.PHAR.452 Tazemetostat (Tazverik)	Commercial, HIM, Medicaid	Drug is now FDA approved - criteria updated per FDA labeling: age is reduced to 16 years; prior therapeutic trial removed; references reviewed and updated.
*CP.PHAR.465 Teprotumumab (Tepezza)	Commercial, HIM, Medicaid	Drug is now FDA approved - criteria updated per FDA labeling: modified criteria to require member be euthyroid, clarified systemic corticosteroid trial required, clarified 8 total infusions allowed and included requirement in initial approval criteria; for continued therapy added additional response criteria requiring ≥ 2 mm reduction in proptosis, removed requirement that TED remain active to allow completion of treatment course in members responding positively to therapy; for continued therapy added requirement to validate member does not require surgical ophthalmological intervention; references reviewed and updated.
CP.PHAR.466 Valoctocogene Roxaparvovec	Commercial, HIM, Medicaid	Refined criteria to further define factor VIII failure with the addition of adherence and at least 1 life-threatening or serious bleeding episode; updated AAV5 total antibody assay test that was recently FDA-approved as a companion diagnostic; clarified criteria for discontinuation of ANY hemophilia A prophylactic therapy after valoctocogene administration as done in study methodology.
CP.PMN.118 Netarsudil (Rhopressa), Netarsudil-Latanoprost (Rocklatan)	Commercial, HIM, Medicaid	2Q 2020 annual review: added HIM line of business; references reviewed and updated.
*CP.PMN.220 Peanut allergen powder (Palforzia)	Commercial, HIM, Medicaid	Drug is now FDA approved - criteria updated per FDA labeling: modified I.A.3 to specify that age must be between 4-17 years at therapy initiation; added that peanut IgE should be ≥ 0.35 kUA/L; added requirement for history of at least 1 systemic allergic reaction requiring hospitalization, ER visit, or injectable epinephrine usage; modified II.A.2 to remove "exceeding health plan quantity limit" to accommodate potential buy & bill; modified II.A.3 from age ≤ 17 years to require medical justification if age is ≥ 18 years; references reviewed and updated.

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OH.PHAR.254 Infliximab (Remicade, Inflectra, Renflexis)	Medicaid	For UC, revised redirection from AZA, 6-MP, ASA to systemic corticosteroids, and added requirement for Mayo score of at least 6; added dose rounding guidelines for all indications; references reviewed and updated.
New		
CP.PHAR.468 Aducanumab	Commercial, HIM, Medicaid	Policy created preemptively.
CP.PHAR.469 Belantamab mafodotin	Commercial, HIM, Medicaid	Policy created preemptively.
CP.PHAR.470 Casimersen	Commercial, HIM, Medicaid	Policy created preemptively.
CP.PHAR.471 Fosdenopterin	Commercial, HIM, Medicaid	Policy created preemptively.
CP.PHAR.472 KTE-X19	Commercial, HIM, Medicaid	Policy created preemptively.
CP.PHAR.473 Lumasiran	Commercial, HIM, Medicaid	Policy created preemptively.

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CP.PHAR.474 Remestemcel-L (Prochymal)	Commercial, HIM, Medicaid	Policy created preemptively.
CP.PHAR.475 Sacituzumab Govitecan	Commercial, HIM, Medicaid	Policy created preemptively.
*CP.PHAR.476 Ubrogepant (Ubrelvy)	Commercial, HIM, Medicaid	Policy created and included with new drug section.
CP.PHAR.477 Risdiplam	Commercial, HIM, Medicaid	Policy created preemptively.
CP.PHAR.478 Selpercatinib (LOXO-292)	Commercial, HIM, Medicaid	Policy created preemptively.
*CP.PMN.233 Lemborexant (Dayvigo)	Commercial, HIM, Medicaid	Policy created and included with new drug section.
No Significant Change(s)		
CP.PHAR.43 Sapropterin (Kuvan)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.

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CP.PHAR.64 Topotecan (Hycamtin)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.73 Sunitinib (Sutent)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.76 Nilotinib (Tasigna)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; HIM nonformulary language removed; references reviewed and updated.
CP.PHAR.92 Tetrabenazine (Xenazine)	HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.108 Omecetaxine (Synribo)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; HIM nonformulary language removed; black box warnings removed; references reviewed and updated.
CP.PHAR.152 Laronidase (Aldurazyme)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; revised HIM-Medical Benefit to HIM line of business; references reviewed and updated.
CP.PHAR.153 Eliglustat (Cerdelga)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.154 Imiglucerase (Cerezyme)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; revised HIM-Medical Benefit to HIM line of business; references reviewed and updated.

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CP.PHAR.155 Cysteamine oral (Cystagon, Procysbi)	HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.156 Idursulfase (Elaprase)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; revised HIM-Medical Benefit to HIM line of business; referenced reviewed and updated.
CP.PHAR.157 Taliglucerase alfa (Elelyso)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; revised HIM-Medical Benefit to HIM line of business; references reviewed and updated.
CP.PHAR.158 Agalsidase beta (Fabrazyme)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; revised HIM-Medical Benefit to HIM line of business; references reviewed and updated.
CP.PHAR.159 Sebelipase alfa (Kanuma)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; revised HIM-Medical Benefit to HIM line of business; references reviewed and updated.
CP.PHAR.160 Alglucosidase alfa (Lumizyme)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; revised HIM-Medical Benefit to HIM line of business; references reviewed and updated.
CP.PHAR.161 Galsulfase (Naglazyme)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; revised HIM-Medical Benefit to HIM line of business; references reviewed and updated.
CP.PHAR.162 Elosulfase alfa (Vimizim)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; revised HIM-Medical Benefit to HIM line of business; references reviewed and updated.

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CP.PHAR.163 Velaglucerase alfa (VPRIV)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.164 Miglustat (Zavesca)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.229 Ado-trastuzumab (Kadcyla)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; revised HIM-medical benefit to HIM line of business; references reviewed and updated.
CP.PHAR.246 Canakinumab (Ilaris)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; revised HIM-Meical Benefit line of business to HIM; references reviewed and updated.
CP.PHAR.264 Ustekinumab (Stelara)	Medicaid	2Q 2020 annual review: no significant changes; added dose rounding guidelines for weight based dosing for PsO; references reviewed and updated.
CP.PHAR.266 Rilonacept (Arcalyst)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.272 Sonidegib (Odomzo)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; HIM nonformulary language removed; reference reviewed and updated.
CP.PHAR.294 Osimertinib (Tagrisso)	Commercial, HIM, Medicaid	2Q 2020 annual review: added HIM line of business; references reviewed and updated.

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Buckeye Health Plan
Medicaid Criteria Updates –Q2 2020

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CP.PHAR.298 Afatinib (Gilotrif)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.337 Telotristat ethyl (Xermelo)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; HIM line of business added; references reviewed and updated.
CP.PHAR.340 Valbenazine (Ingrezza)	Commercial, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.341 Deutetrabenazine (Austedo)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.343 Edaravone (Radicava)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; revised HIM-Medical Benefit line of business to HIM; references reviewed and updated.
CP.PHAR.344 Midostaurin (Rydapt)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; HIM line of business added; references reviewed and updated.
CP.PHAR.349 Ceritinib (Zykadia)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.374 Vestronidase alfa-vjbk (Mepsevii)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; revised HIM-Medical Benefit to HIM line of business; references reviewed and updated.

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CP.PHAR.376 Apalutamide (Erleada)	Commercial, HIM, Medicaid	2Q 2020 annual review; no significant changes; added HIM line of business; references reviewed and updated.
CP.PHAR.416 Caplacizumab-yhdp (Cablivi)	Commercial, HIM, Medicaid	2Q20 annual review: no significant changes; references reviewed and updated.
CP.PHAR.418 Dexrazoxane (Zinecard Totect)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; HIM-Medical Benefit revised to HIM line of business; references reviewed and updated.
CP.PHAR.421 Onasemnogene abeparvovec (Zolgensma)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; clarified advanced SMA definition in initial approval criteria regarding permanent ventilation dependence; references reviewed and updated.
CP.PHAR.447 Mercaptopurine (Purixan)	Medicaid, Commercial	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.13 Dose optimization	Medicaid	2Q 2020 annual review: no significant changes.
CP.PMN.35 Armodafinil (Nuvigil)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.39 Modafinil (Provigil)	HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.42 Sodium Oxybate (Xyrem)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; expanded initial approval durations from 6 months to 12 months; added atomoxetine as a potential redirection for narcolepsy with cataplexy; references reviewed and updated.

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CP.PMN.58 Propranolol (Hemangeol)	HIM, Medicaid	2Q20 annual review: no significant changes; references reviewed and updated.
CP.PMN.61 ACEI and ARB duplicate therapy	Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.86 Oxymetazoline (Rhofade)	Commercial, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.119 Ozenoxacin (Xepi)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.126 Toremifene (Fareston)	Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.130 Cysteamine ophthalmic (Cystaran)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.136 Mecamylamine (Vecamyl)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.137 Carbamazepine ER (Equetro)	Commercial, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.138 Age Limit Override (Codeine, Tramadol, Hydrocodone)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.

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CP.PMN.192 Brimonidine (Mirvaso)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.193 Hydroxyurea (Siklos)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; applied HIM line of business; references reviewed and updated
CP.PMN.196 Rifamycin (Aemcolo)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; added HIM line of business; updated limitations of use; references reviewed and updated.
CP.PMN.199 Esketamine (Spravato)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.209 Solriamfetol (Sunosi)	Commercial, HIM, Medicaid	2Q 2020 annual review: no significant changes; added Metadate ER as an option for redirection for narcolepsy; references reviewed and updated.
OH.PHAR.PPA.19	Medicaid	2Q 2020 annual review: no significant changes
Policies to retire		
CP.PMN.195 Revefenacin	Commercial, HIM*, Medicaid	Retire per SDC recommendation

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