Effective Date: 03/01/23

Buckeye Health Plan
Medicaid Criteria Updates –Q1 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
Clinically Significant Change(s)		
CP.PHAR.14 Hydroxyprogesterone caproate (Makena)	Commercial, HIM, Medicaid	Q 2023 annual review: added the following requirements to continuation of therapy requests to support information contained in the approval duration: member has not received more than 21 total doses for the current pregnancy; member has not reached week 37 of gestation; added information to Appendix D regarding FDA advisory committee vote to withdraw Makena from the market; references reviewed and updated.
CP.PHAR.40 Octreotide Acetate (Sandostatin, Sandostatin LAR, Bynfezia, Mycapssa)	Commercial, HIM*, Medicaid	1Q 2023 annual review: for Bynfezia and Sandostatin added must use generic octreotide language; for all oncologic indications clarified that request is for Sandostatin Injection, Bynfezia Pen, or Sandostatin LAR Depot; reorganized dose limits for all indications; moved the following onto separate criteria line: for Sandostatin LAR depot requests, if request is for symptom management and Mycapssa requests, member has responded to and tolerated treatment with octreotide or lanreotide; references reviewed and updated.
CP.PHAR.59 Zoledronic Acid (Reclast, Zometa)	Commercial, HIM, Medicaid	1Q 2023 annual review: as a result of Zometa branded product being obsolete, removed distinction between Zometa and Reclast, removed requirements that ensured both products are not used in combination; references reviewed and updated.
CP.PHAR.63 Everolimus (Afinitor, Afinitor Disperz, Zortress)	Commercial, HIM*, Medicaid	1Q 2023 annual review: added age requirement for TSA-SEGA and TSC-seizures; For TSC-seizures, added Afinitor Disperz will be used as adjunctive therapy per PI; Legacy WellCare approval durations consolidated to 6 months; references reviewed updated.
CP.PHAR.84 Abiraterone (Zytiga, Yonsa)	Commercial, HIM, Medicaid	1Q 2023 annual review: added NCCN off-label use for non-metastatic prostate cancer with prostate-specific antigen (PSA) persistence or recurrence after radical prostatectomy and life expectancy > 5 years; added per NCCN compendium allowance for Yonsa use in combination

		with dexamethasone; consolidated legacy WellCare approval durations; references reviewed and updated.
CP.PHAR.98 Ruxolitinib (Jakafi, Opzelura)	Commercial, HIM, Medicaid	1Q 2023 annual review: for cGVHD, added option for failure of systemic immunosuppressants; per PI for Opzelura added additional max dose of one 100-gram tube per 2 weeks; per NCCN compendium, removal of chronic myeloid leukoma and addition MDS/MPN and management of CAR T-cell-related toxicities; Legacy WellCare approval durations consolidated to 6 or 12 months; references reviewed and updated.
CP.PHAR.100 Axitinib (Inlyta)	Commercial, HIM, Medicaid	1Q 2023 annual review: Per NCCN Compendium for thyroid carcinoma added requirement that disease is not amenable to radioactive iodine therapy, added off-label indication of alveolar soft part sarcoma; references reviewed and updated.
CP.PHAR.106 Enzalutamide (Xtandi)	Commercial, HIM, Medicaid	1Q 2023 annual review: added Commercial and HIM lines of business (CP.CPA.203 and HIM.PA.164 retired); removed redirection to abiraterone; references reviewed and updated.
CP.PHAR.111 Cabozantinib (Cabometyx, Cometriq)	Commercial, HIM, Medicaid	1Q 2023 annual review: for HCC per NCCN Compendium added requirements for subsequent therapy and as a single agent; for DTC updated criterion for failure of Lenvima AND/or sorafenib, added requirement that disease is not amenable to radioactive iodine therapy, and added that it be prescribed as single-agent therapy per NCCN; for DTC corrected maximum number of Cometriq daily capsules; references reviewed and updated.
CP.PHAR.114 Teduglutide (Gattex)	Commercial, HIM, Medicaid	1Q 2023 annual review: removed required somatropin trial for adults per AGA guidelines; references reviewed and updated.
CP.PHAR.115 Pegloticase (Krystexxa)	Commercial, HIM, Medicaid	1Q 2023 annual review: RT4: no addition of co-administration with methotrexate criteria; updated dosing in Appendix B; updated template language for continued therapy and other diagnoses/indication sections; references reviewed and updated.
CP.PHAR.119 Ramucirumab (Cyramza)	Commercial, HIM, Medicaid	1Q 2023 annual review: for esophageal, EGJ and gastric cancers, removed the requirement for “advanced” to limit possible confusion as specific disease qualifiers are outlinhed in the next criterion; Per NCCN Compendium, added requirements for confirmation of Child-Pugh class A status for HCC and use as single-agent therapy; for HCC, removed “progressive” cancer requirement as there is already a requirement for progression on or after sorafenib; updated Appendix B therapies; references reviewed and updated.
CP.PHAR.121 Nivolumab (Opdivo)	Commercial, HIM, Medicaid	1Q 2023 annual review: added off-label criteria for bone cancer, central nervous system cancers, pediatric primary mediastinal large B-cell lymphoma, pediatric diffuse high-grade gliomas per NCCN 2A recommendations; removed age restriction from off-label criteria; references reviewed and updated.
CP.PHAR.123 Evolocumab (Repatha)	Medicaid	1Q 2023 annual review: per 2022 ACC expert consensus decision pathway and as supported by specialist feedback – added bypass of ezetimibe trial if member requires > 25% additional lowering of LDL, and lowered minimum LDL requirement to 55 mg/dL for members with ASCVD at very high risk with corresponding Appendix I; references reviewed and updated.
CP.PHAR.124 Alirocumab (Praluent)	Commercial, Medicaid	1Q 2023 annual review: per 2022 ACC expert consensus decision pathway and as supported by specialist feedback – added bypass of ezetimibe trial if member requires > 25% additional

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		lowering of LDL, and lowered minimum LDL requirement to 55 mg/dL for members with ASCVD at very high risk with corresponding Appendix I; references reviewed and updated.
CP.PHAR.126 Ibrutinib (Imbruvica)	Commercial, HIM, Medicaid	1Q 2023 annual review: changes made to align with current NCCN recommendations – removed combination use with Rituxan, Gazyva, or bendamustine for CLL/SLL (category 2B), added Bing-Neel syndrome as a WM subtype treatable with Imbruvica, removed follicular lymphoma as a NCCN compendial off-label indication (NCCN no longer supports use of Imbruvica for this indication), corrected the indication for "Histological transformation from MZL to DLBCL" to "Histological transformation from CLL/SLL to DLBCL"; for GvHD clarified that the requirement is for a prior trial of *both* a systemic corticosteroid and a systemic immunosuppressant to align with the previously P&T-approved approach for Rezurock for GvHD; references reviewed and updated.
CP.PHAR.168 Corticotropin (H.P. Acthar, Purified Cortrophin Gel)	Commercial, HIM, Medicaid	1Q 2023 annual review: added the following for MS requests: Member has not received treatment with H.P. Acthar Gel or Purified Cortrophin Gel for the current MS exacerbation; references reviewed and updated.
CP.PHAR.179 Romiplostim (Nplate)	Commercial, HIM, Medicaid	1Q 2023 annual review: for CIT added requirement for age at least 18 years per NCCN myeloid growth factor guidelines that indicate there is insufficient data to support routine use in pediatrics; for off-label uses added requirement that Nplate is not prescribed concurrently with rituximab or another thrombopoietin receptor agonist to align with requirements for other indications; references reviewed and updated.
CP.PHAR.180 Eltrombopag (Promacta)	Commercial, HIM, Medicaid	1Q 2023 annual review: per NCCN Compendium, for MDS added off-label indication of symptomatic anemia and its qualifiers; references reviewed and updated.
CP.PHAR.181 Hemin (Panhematin)	Commercial, HIM, Medicaid	1Q 2023 annual review: required labs for diagnosis of porphyria revised to align with Givlaari (CP.PHAR.457); added Appendix D ALA and PBG Laboratory Testing; references reviewed and updated.
CP.PHAR.187 Verteporfin (Visudyne)	Commercial, HIM, Medicaid	1Q 2023 annual review: updated commercial length of benefit from "length of benefit" to "12 months or duration of request, whichever is less"; references reviewed and updated.
CP.PHAR.191 Bosentan (Tracleer	Commercial, HIM, Medicaid	1Q 2023 annual review: updated maximum quantity per day from 4 tablets to 2 tablets per day; references reviewed and updated.
CP.PHAR.199 Treprostinil (Orenitram, Remodulin, Tyvaso)	Commercial, HIM, Medicaid	1Q 2023 annual review: added Tyvaso DPI dosage form to criteria; references reviewed and updated.
CP.PHAR.206 Carglumic acid (Carbaglu)	Commercial, HIM, Medicaid	1Q 2023 annual review: added generic redirection for brand requests; references reviewed and updated.
CP.PHAR.213 Lumacaftor-ivacaftor (Orkambi)	Commercial, HIM, Medicaid	1Q 2023 annual review: RT4: updated FDA approved indication, criteria, and dosing per FDA approved pediatric extension for ages 1 through < 2 years; added new lumacaftor 75 mg and ivacaftor 94 mg oral granule packet strength; consolidated Legacy Wellcare initial approval duration from 12 months to 6 months consistent with standard Medicaid initial approval duration; updated

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		Appendix D; updated template wording for continued therapy and other diagnoses/indication sections; references reviewed and updated.
CP.PHAR.214 Desmopressin (DDAVP, Stimate, Nocdurna)	Commercial, HIM, Medicaid	1Q 2023 annual review: removed Noctiva from policy as it has been discontinued by manufacturer; references reviewed and updated.
CP.PHAR.215 Factor VIII	Commercial, HIM, Medicaid	1Q 2023 annual review: Removed "life-threatening" from "life-threatening or serious bleed" criterion as definition of what is serious vs life-threatening may not be mutually exclusive and there exists potential for misinterpretation; references reviewed and updated.
CP.PHAR.216 Factor VIII-von Willebrand (Alphanate, Humate-P, Vonvendi, Wilate)	Commercial, HIM, Medicaid	1Q 2023 annual review: Removed "life-threatening" from "life-threatening or serious bleed" criterion as definition of what is serious vs life-threatening may not be mutually exclusive and there exists potential for misinterpretation; references reviewed and updated.
CP.PHAR.218 Factor IX_Human Recombinant	Commercial, HIM, Medicaid	1Q 2023 annual review: Removed "life-threatening" from "life-threatening or serious bleed" criterion as definition of what is serious vs life-threatening may not be mutually exclusive and there exists potential for misinterpretation; clarified that for Ixinity use as routine prophylaxis, age should be ≥ 12 years per updated PI; references reviewed and updated.
CP.PHAR.221 Factor XIII Human (Corifact)	Commercial, HIM, Medicaid	1Q 2023 annual review: Removed "life-threatening" from "life-threatening or serious bleed" criterion as definition of what is serious vs life-threatening may not be mutually exclusive and there exists potential for misinterpretation; references reviewed and updated.
CP.PHAR.222 Factor XIIIa_Recombinant (Tretten)	Commercial, HIM, Medicaid	1Q 2023 annual review: Removed "life-threatening" from "life-threatening or serious bleed" criterion as definition of what is serious vs life-threatening may not be mutually exclusive and there exists potential for misinterpretation; references reviewed and updated.
CP.PHAR.232 OnabotulinumtoxinA (Botox)	Commercial, HIM, Medicaid	Ad Hoc update: max dose for chronic anal fissures updated from 25 units to 100 units per treatment session per ACG guidelines;
CP.PHAR.235 Atezolizumab (Tecentriq)	Commercial, HIM, Medicaid	1Q 2023 annual review: added criterion for malignant peritoneal mesothelioma per NCCN; adjusted dose to not exceed 1,680 mg every 4 weeks for all indications per PI; section V updated per PI; revised commercial approval duration to the current standard for injectables of "6 months or to member's renewal date, whichever is longer"; references reviewed and updated. RT4: for urothelial carcinoma, removed FDA approved accelerated indication per updated PI and changed to off-label as still supported by NCCN.
CP.PHAR.260 Rituximab (Rituxan, Riabni, Ruxience, Truxima, Rituxan Hycela)	Commercial, HIM, Medicaid	Criteria added for off-label use in DM.
CP.PHAR.283 Lomitapide (Juxtapid)	Commercial, Medicaid	1Q 2023 annual review: per 2022 ACC expert consensus decision pathway, lowered minimum LDL requirement to 55 mg/dL for members with ASCVD at very high risk and added corresponding Appendix H; references reviewed and updated.
CP.PHAR.301 Erwinia Asparaginase (Erwinaze, Rylaze)	Commercial, HIM, Medicaid	1Q 2023 annual review: added age requirements for ALL and LBL indication; added usage of Erwinaze for ALL for those age ≥18 years with substantial comorbidities per NCCN; added criterion for T-cell lymphoma per NCCN; revised commercial approval duration to the current

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		standard for injectables of "6 months or to member's renewal date, whichever is longer"; Legacy WellCare approval durations consolidated to 3 or 6 months; references reviewed and updated.
CP.PHAR.327 Nusinersen (Spinraza)	Commercial, HIM, Medicaid	1Q 2023 annual review: updated appendix B dosing due to pediatric extension of Evrysdi; references reviewed and updated.
CP.PHAR.336 Dupilumab (Dupixent)	Commercial, HIM, Medicaid	1Q 2023 annual review: RT4: criteria added for new FDA indication of PN; for all indications, modified list of agents for which concurrent use is not allowed to include non-asthma biologic immunomodulators and JAK inhibitors; references reviewed and updated.
CP.PHAR.360 Olaparib (Lynparza)	Commercial, HIM, Medicaid	1Q 2023 annual review: removed previously FDA-approved indication from initial criteria due to update in NCCN 4.2022 version that changed olaparib from category 2A to category 3 for recurrence therapy for platinum-sensitive disease and platinum-resistant disease; updated Appendix D; references reviewed and updated.
CP.PHAR.361 Tisagenlecleucel (Kymriah)	Commercial, HIM, Medicaid	1Q 2023 annual review: for LBCL added NCCN supported use in AIDS-related DLBCL, primary effusion lymphoma, and HHV8-positive DLBCL; references reviewed and updated.
CP.PHAR.362 Axicabtagene ciloleucel (Yescarta)	Commercial, HIM, Medicaid	1Q 2023 annual review: for LBCL added NCCN supported use in primary effusion lymphoma and HHV8-positive DLBCL; references reviewed and updated.
CP.PHAR.366 Acalabrutinib (Calquence)	Commercial, HIM, Medicaid	1Q 2023 annual review: added HIM to the policy since it is now Tier 4 with PA on the Ambetter formulary; added NCCN-recommended off-label use for nodal marginal zone lymphoma; references reviewed and updated.
CP.PHAR.367 Letermovir (Prevymis)	Commercial, HIM, Medicaid	1Q 2023 annual review: removed redirection to valacyclovir or ganciclovir per 2021 American Society for Transplantation and Cellular Therapy Guidelines and bypass that was allowed for CMV-seropositive recipients as this is the only indicated use for Prevymis, added requirement for initial approval that member is CMV-seropositive; for continued therapy added the following requirement to support existing approval duration: Member has not received Prevymis therapy beyond 100 days post-transplantation; added HCPCS code J8499; references reviewed and updated.
CP.PHAR.368 Pemetrexed (Alimta, Pemfexy)	HIM, Medicaid	1Q 2023 annual review: for thymomas/thymic carcinomas added option for members who cannot tolerate first-line combination regimens per NCCN; updated product availability of Pemfexy; references reviewed and updated.
CP.PHAR.370 Emicizumab-kxwh (Hemlibra)	Commercial, HIM, Medicaid	1Q 2023 annual review: Removed “life-threatening” from “life-threatening or serious bleed” criterion as definition of what is serious vs life-threatening may not be mutually exclusive and there exists potential for misinterpretation; references reviewed and updated.
CP.PHAR.402 Emapalumab-lzsg (Gamifant)	Commercial, HIM, Medicaid	1Q 2023 annual review: per prescribing information added requirement that Gamifant is prescribed in combination with dexamethasone, for continued therapy added requirement that member has not received a successful bone marrow transplant or HSCT; removed inactive HCPCS code C9050; references reviewed and updated.
CP.PHAR.408 Niraparib (Zejula)	Commercial, HIM, Medicaid	1Q 2023 annual review: RT4: removed previously approved indication for use in advanced HRD positive ovarian cancer after > 3 lines of chemotherapy due to change in NCCN 5.2022 guideline which changed indication from category 2a to 3; added prescriber attestation

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		requirement for use in advanced HRD positive ovarian cancer after > 3 lines of chemotherapy; removed added Appendix E; consolidated Legacy Wellcare initial approval duration from 12 months to 6 months consistent with standard Medicaid initial approval duration; updated template wording for continued therapy and other diagnoses/indication sections; references reviewed and updated.
CP.PHAR.411 Amifampridine (Firdapse, Ruzurgi)	Commercial, HIM, Medicaid	1Q 2023 annual review: RT4 pediatric extension updated with age limit down to 6 years; added requirement that member does not have a history of seizures as use is contraindicated; references reviewed and updated.
CP.PHAR.440 Elexacaftor-ivacaftor-tezacaftor (Trikafta)	Commercial, HIM, Medicaid	1Q 2023 annual review: removed "if member has received at least 12 weeks of therapy" for ppFEV1 criteria in the continuation of therapy section to align with approach in other CF policies; consolidated Legacy Wellcare initial approval duration from 12 months to 6 months consistent with standard Medicaid initial approval duration; updated appendix D; references reviewed and updated.
CP.PHAR.450 Luspatercept-aamt (Reblozyl)	Commercial, HIM, Medicaid	1Q 2023 annual review: for TDT continued therapy, clarified criterion that positive response to therapy as evidenced by at least a 33% reduction in transfusion burden from baseline is required after 9 weeks of treatment (3 doses) at the maximum dose unless the request is for a dose increase prior to 9 weeks of treatment; per NCCN Compendium, removed requirement for combination w/G-CSF for MDS indication; references reviewed and updated.
CP.PHAR.451 Voxelotor (Oxbryta	Commercial, HIM, Medicaid	1Q 2023 annual review: updated maximum dosing requirements to allow dose adjustments for CYPA3A4 inducers; references reviewed and updated.
CP.PHAR.452 Tazemetostat (Tazverik)	Commercial, HIM, Medicaid	1Q 2023 annual review: for FL removed Copiktra and Zydelig as redirect options per removal from NCCN guidelines, clarified requirement of ≥ 2 prior therapies applies to EZH2 mutation positive disease, for EZH2 mutation status is negative or unknown added option for relapsed/refractory disease and no satisfactory alternative treatment as NCCN supports use as second line therapy in this setting; references reviewed and updated.
CP.PHAR.454 Avapritinib (Ayvakit)	Commercial, HIM, Medicaid	1Q 2023 annual review: Per NCCN Compendium, added "recurrent, progressive" GIST diagnosis option and requirement for single-agent therapy; added hematology specialist option to MLNE indication to align with other Centene policies with MLNE coverage criteria; removed legacy WellCare approval durations as these should align with Medicaid; references reviewed and updated.
CP.PHAR.456 Fam-trastuzumab deruxtecan-nxki (Enhertu)	Commercial, HIM, Medicaid	1Q 2023 annual review: added off-label use for advanced or metastatic colon and rectal cancers per NCCN; for NSCLC removed the criterion to require treatment of non-HER2 mutations first, to align with NCCN recommendations; added recurrent gastric or GEJ cancer as a covered indication per NCCN; RT4: added language to the FDA Approved Indications section re: using an FDA-approved test to identify HER2-low breast cancer; references reviewed and updated.
CP.PHAR.464 Selumetinib (Koselugo)	Commercial, HIM, Medicaid	1Q 2023 annual review: added off-label use for Langerhans cell histiocytosis per NCCN; modified off-label use for glioma to limit coverage to WHO grade 1 glioma as supported by NCCN; references reviewed and updated.

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CP.PHAR.465 Teprotumumab (Tepezza)	Commercial, HIM, Medicaid	1Q 2023 annual review: Added dosing requirements for vial quantity using the online dose calculator or dose rounding recommendations based on newly added Appendix E; per prescribing information added the following option for thyroid lab assessment: "Member has a recent (within the last 30 days) free thyroxine (FT4) and total triiodothyronine (T3) or free T3 (FT3) levels less than 50% above or below the laboratory defined reference range and is undergoing treatment to correct the mild hypo- or hyperthyroidism to maintain a euthyroid state"; references reviewed and updated.
CP.PHAR.467 Zanubrutinib (Brukinsa)	Commercial, HIM, Medicaid	1Q 2023 annual review: Per NCCN Compendium added monotherapy criterion to MCL, MZL, and CLL/SLL indications, and removed intolerance/contraindication to other BTK inhibitors criterion from CLL/SLL criteria as Brukinsa is a preferred regimen for CLL/SLL; for MCL and CLL/SLL, add requirement for no previous disease progression on Imbruvica and positive for BTK C481S mutation per NCCN; removed requirement that Brukinsa is not prescribed concurrently with Calquence or Imbruvica from MZL indication as the monotherapy requirement was added; for MZL added requirement for previous anti-CD20 therapy to align with PI and NCCN; from references reviewed and updated.
CP.PHAR.492 Teplizumab-mzwv (Tzield) ^ (with new drugs)	Commercial, HIM, Medicaid	RT1: drug is now FDA approved – updated criteria per FDA labeling: modified language to refer to various stages of T1D, added that member should not have type 2 diabetes, and revised max dose; added that member should not have symptoms of diabetes; added requirement for documentation of current BSA for dose calculation purposes; references reviewed and updated.
CP.PHAR.511 Evinacumab-dgnb (Evkeeza)	Commercial, Medicaid	1Q 2023 annual review: per 2022 ACC expert consensus decision pathway, lowered minimum LDL requirement to 55 mg/dL for members with ASCVD at very high risk and added corresponding Appendix H; revised redirection from Repatha to Praluent per SDC/DA/previously P&T approved clinical guidance and removed HIM line of business due to differing preferencing strategy; updated HCPCS codes with drug-specific code; references reviewed and updated.
CP.PHAR.517 Human Growth Hormone (Somapacitan, Somatropin)	Medicaid	1Q 2023 annual review: FDA indication updated for Humatrope; for HIV-associated wasting or cachexia added criteria member is currently on antiretroviral therapy and for initial approval added restriction of (up to 12 months total); references reviewed and updated.
CP.PHAR.568 Inclisiran (Leqvio)	Commercial, HIM, Medicaid	1Q 2023 annual review: per 2022 ACC expert consensus decision pathway, lowered minimum LDL requirement to 55 mg/dL for members with ASCVD at very high risk and added corresponding Appendix I; references reviewed and updated.
CP.PHAR.570 Ropeginterferon alfa-2b-njft (Besremi)	Commercial, HIM, Medicaid	1Q 2023 annual review: Revised initial criteria from "JAK2V617K" to "JAK2V617F" to reflect correct mutation studied in population; corrected the polycythemia vera hemoglobin and hematocrit criteria to read ">" the minimum values for men and women hemoglobin and hematocrit per the WHO diagnostic criteria; for continued therapy, added criteria that for members with achievement of hematological stability for at least one year while on a stable dose of BESREMi, dose does not exceed 500 mcg every 4 weeks unless medical justification

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		supports otherwise; added definition of hematological stability in Appendix D per PI; references reviewed and updated.
CP.PHAR.571 Tixagevimab-Cilgavimab (Evusheld)	Commercial, HIM, Medicaid	1Q 2023 annual review: updated initial criteria's dosing regimen from tixagevimab 150 mg (1 vial) and cilgavimab 150 mg to tixagevimab 300 mg (2 vials) and cilgavimab 300 mg (2 vials) and provided further clarification for continued therapy dosing: if prior dose was administered ≤ 3 months then repeat dose of tixagevimab 150 mg (1 vial) and cilgavimab 150 mg (1 vial) vs if prior dose was administered > 3 months then repeat dose of tixagevimab 300 mg (2 vials) and cilgavimab 300 mg (2 vials) per updated EUA; references reviewed and updated.
CP.PHAR.572 Budesonide (Tarpeyo)	Commercial, HIM, Medicaid	1Q 2023 annual review: per clinical trial inclusion criteria added the following requirement: Recent (within the last 30 days) eGFR ≥ 35 mL/min/1.73 m^2; references reviewed and updated.
CP.PHAR.580 Etranacogene Dezaparvovec (Hemgenix) ^ (with new drugs)	Commercial, HIM, Medicaid	Drug is now FDA approved – criteria updated per FDA labeling: clarified that documentation is required for inhibitor level assay; added criterion for subsequent negative factor IX inhibitor test if member has an initial positive test result for factor IX inhibitors per PI; added criteria for normal baseline liver assessments and hepatologist attestation of Hemgenix eligibility if sustained liver enzymes or radiological liver abnormalities present per PI; added factor IX recombinant products for routine prophylaxis in Appendix B; added criterion that member has not received prior gene therapy; added neutralizing anti-AAV5 antibodies information to Appendix D; updated sites of serious bleeds per WHF guideline in Appendix D; template changes applied to other diagnoses/indications; references reviewed and updated.
CP.PHAR.590 Omaveloxolone (RTA-408)	Commercial, HIM, Medicaid	Per health plan feedback: added requirement of "maximal exercise testing on a recumbent stationary bike" to initial criteria.
CP.PHAR.592 Beremagene Geperpavec (Vyjuvek)	Commercial, HIM, Medicaid	For initial criteria, clarified "member is not positive for anti-COL7 antibodies at baseline" with addition of "no evidence of immune response to COL7 as evidenced by immunofluorescence" aligning with other RDEB policy.
CP.PMN.04 Non-Calcium Phosphate Binders (Auryxia, Fosrenol, Renagel, Renvela, Velphoro)	Commercial, HIM, Medicaid	1Q 2023 annual review: for Fosrenol, Renvela, and Renagel requests added requirement that member must use generic; references reviewed and updated.
CP.PMN.05 Rifapentine (Priftin)	Medicaid	1Q 2023 annual review: for active pulmonary TB per updated CDC/WHO recommendations added requirements for optional 4 month daily Priftin regimen prescribed in combination with isoniazid, moxifloxacin, and pyrazinamide as well as maximum dosing requirements, also added option for HIV-positive use requiring CD4 count ≥ 100 cells/mm^3; references reviewed and updated.
CP.PMN.14 SGLT2 inhibitors	Medicaid	1Q 2023 annual review: added bypass of metformin for members with ASCVD, indicators of high ASCVD risk, HF, or CKD per ADA guidelines; references reviewed and updated.
CP.PMN.19 Aprepitant (Aponvie, Cinvanti, Emend)	HIM, Medicaid	Q 2023 annual review: RT4 added Aponvie to policy; updated FDA approved indications section to align with prescribing information for their respective products; for the prevention of chemotherapy-induced nausea/vomiting added requirement that request is for generic aprepitant

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		capsules, Emend, or Cinvanti as these are the only products FDA-approved for this indication; references reviewed and updated.
CP.PMN.24 Ciclopirox (Penlac)	Commercial, HIM, Medicaid	1Q 2023 annual review: removed requirement for brand Penlac redirection to generic as branded product is obsolete; references reviewed and updated.
CP.PMN.64 Quetiapine ER (Seroquel XR)	Commercial, HIM, Medicaid	1Q 2023 annual review: added must use generic quetiapine XR language; for bipolar disorder, added max 600 mg per day for children and adolescents; addition of dementia related psychosis to section III; added references reviewed and updated.
CP.PMN.74 Granisetron (Sancuso, Sustol)	Commercial, HIM, Medicaid	1Q 2023 annual review: PONV criteria set (previously removed as a result of Kytril discontinuation) was added back with additional age requirement as criteria would still apply for IV requests; added IV dose limits for chemotherapy-induced nausea/vomiting requests; modified to generalize beyond Stage IV or metastatic cancer to the following redirection bypass: "Request is for treatment associated with cancer for a State with regulations against step therapy in certain oncology settings"; references reviewed and updated.
CP.PMN.90 Benznidazole	Commercial, HIM, Medicaid	1Q 2023 annual review: updated contraindications to include Cockayne syndrome, added requirement that member does not have Cockayne syndrome due to irreversible and potentially fatal hepatotoxicity; references reviewed and updated.
CP.PMN.92 CNS Stimulant	Commercial, HIM, Medicaid	1Q 2023 annual review: modified age requirement for Evekeo ODT from at least 3 years to at least 6 years and removed 2.5 mg strength per updated prescribing information; added Aptensio dose in section V and VI; references reviewed and updated.
CP.PMN.93 Dextromethorphan-Quinidine (Nuedexta)	Commercial, HIM, Medicaid	1Q 2023 annual review: for continuation of therapy request, added the following as an option to identify positive response: decreased frequency of PBA episodes; references reviewed and updated.
CP.PMN.100 Risedronate (Actonel, Atelvia)	Commercial, HIM, Medicaid	1Q 2023 annual review: Paget's disease initial criteria– revised alendronate trial duration from 6 months to 12 months to align with other bisphosphate policies; references reviewed and updated.
CP.PMN.105 Tavaborole (Kerydin)	Commercial, HIM, Medicaid	1Q 2023 annual review: added requirement for use of generic tavaborole for brand Kerydin requests; clarified dose limits in criteria from 1 bottle per claim to 1 bottle per 30 days; references reviewed and updated.
CP.PMN.158 Netupitant and Palonosetron (Akynzeo IV)	HIM, Medicaid	1Q 2023 annual review: added requirement that member is scheduled to receive moderately to highly emetogenic cancer chemotherapy to align with other clinical policies for drugs used for this indication; modified to generalize beyond Stage IV or metastatic cancer to the following redirection bypass: "Request is for treatment associated with cancer for a State with regulations against step therapy in certain oncology settings"; references reviewed and updated.
CP.PMN.159 Dronabinol (Marinol, Syndros)	Commercial, Medicaid	1Q 2023 annual review: added requirement that member must use generic dronabinol capsule, unless contraindicated, clinically significant adverse effects or experienced, or member is unable to swallow capsules; modified to generalize beyond Stage IV or metastatic cancer to the following redirection bypass: "Request is for treatment associated with cancer for a State with regulations against step therapy in certain oncology settings"; references reviewed and updated.

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CP.PMN.166 Luliconazole cream (Luzu)	Commercial, HIM, Medicaid	1Q 2023 annual review: added requirement for use of generic luliconazole for brand Luzu requests; references reviewed and updated.
CP.PMN.186 Cenegermin-bkbj (Oxervate)	Commercial, HIM, Medicaid	1Q 2023 annual review: for continued therapy added the following criteria to clarify maximum treatment duration: Member has not received ≥ 16 weeks total of Oxervate treatment per affected eye(s); clarified continued therapy approval duration limited to lifetime 2 courses of treatment *per affected eye*; references reviewed and updated.
CP.PMN.187 Icosapent ethyl (Vascepa)	HIM, Medicaid	1Q 2023 annual review: no significant changes; removed Commercial line of business; removed redirection to generic icosapent ethyl for brand Vascepa requests for CVD risk reduction indication; references reviewed and updated.
CP.PMN.212 Bedaquiline (Sirturo)	Commercial, HIM, Medicaid	1Q 2023 annual review: for use without Pretomanid added requirement for weight ≥ 15 kg per prescribing information; for use with Pretomanid lowered age requirement from 17 to 15 years per updated WHO 2022 guidance, added alternative option if there is no documented fluoroquinolone resistance for off-label use when prescribed in combination with moxifloxacin, clarified approval duration from 6 months to 26 weeks; for continued therapy reinforced therapy duration requirements that were previously only referenced in the approval duration; references reviewed and updated.
CP.PMN.222 Pretomanid	Commercial, HIM, Medicaid	1Q 2023 annual review: lowered age requirement from 17 to 15 years per updated WHO 2022 guidance, clarified approval duration from 6 months to 26 weeks; for continued therapy reinforced therapy duration requirements that were previously only referenced in the approval duration; added alternative option if there is no documented fluoroquinolone resistance for off-label use when prescribed in combination with moxifloxacin; references reviewed and updated.
CP.PMN.237 Bempedoic acid (Nexletol), bempedoic acid-ezetimibe (Nexlizet)	Commercial, HIM, Medicaid	1Q 2023 annual review: per 2022 ACC expert consensus decision pathway, lowered minimum LDL requirement to 55 mg/dL for members with ASCVD at very high risk and added corresponding Appendix I; references reviewed and updated.
CP.PMN.240 Gabapentin ER (Gralise, Horizant)	Commercial, HIM, Medicaid	Revised PHN criteria to require trial of pregabalin IR OR ER instead of pregabalin IR AND ER.
CP.PMN.274 Diclofenac (Pennsaid)	Medicaid	1Q 2023 annual review: added redirection to generic; references reviewed and updated.
New		
CP.PCH.49 Omalizumab (Xolair)	Commercial, HIM	Policy created per November SDC (adapted from CP.PHAR.01).
CP.PHAR.602 Atidarsagene autotemcel (OTL-200)	Commercial, HIM, Medicaid	Policy created pre-emptively
CP.PHAR.603 Exagamglogene autotemcel (Exa-Cel)	Commercial, HIM, Medicaid	Policy created pre-emptively
CP.PHAR.604 Futibatinib (Lytgobi)	Commercial, HIM, Medicaid	Policy created

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CP.PHAR.599 RP-L201	Commercial, HIM, Medicaid	Policy created pre-emptively
CP.PHAR.606 Spesolimab-sbzo (Spevigo)	Commercial, HIM, Medicaid	Policy created
CP.PHAR.607 Deucravacitinib (Sotyktu)	Medicaid	Policy created
CP.PHAR.608 Furosemide (Furoscix)	Commercial, HIM, Medicaid	Policy created
CP.PHAR.609 Prademagene Zamikeracel (EB-101)	Commercial, HIM, Medicaid	Policy created pre-emptively
CP.PHAR.610 Sodium thiosulfate (Pedmark	Commercial, HIM, Medicaid	Policy created
CP.PHAR.611 Teclistamab-cqyv (Tecvayli)	Commercial, HIM, Medicaid	Policy created
CP.PHAR.612 Tremelimumab-actl (Imjudo	Commercial, HIM, Medicaid	Policy created
CP.PMN.284 Dextromethorphan-bupropion (Auvelity)	Commercial, HIM, Medicaid	Policy created.
CP.PMN.286 Glaucoma Agents (Omlonti, Rhopressa, Rocklatan, Vyzulta)	Commercial, HIM, Medicaid	Policy created: adapted from previously approved individual drug policies – CP.PMN.118 Rhopressa/ Rocklatan and CP.PMN.108 Vyzulta (all to be retired); RT4: added newly FDA approved agent, Omlonti; references reviewed and updated.
No Significant Change(s)		
CP.PCH.37 Aripiprazole ODT (Abilify)	Commercial, HIM	1Q 2023 annual review: no significant changes; for schizophrenia and bipolar disorder clarified quantity limits; references reviewed and updated.
CP.PHAR.24 Fostamatinib (Tavalisse)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.52 Interferon Gamma- 1b (Actimmune)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; template changes applied to other diagnoses/indications section; references reviewed and updated.
CP.PHAR.58 Denosumab (Prolia Xgeva)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes, reference reviewed and updated.
CP.PHAR.80 Vandetanib (Caprelsa)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; per NCCN guidelines added persistent disease as a covered tumor type and added that coverage for DTC is only when unamenable to radioactive iodine therapy; Legacy Wellcare approval durations consolidated with Medicaid and HIM to 6 months; references reviewed and updated.
CP.PHAR.91 Vemurafenib (Zelboraf)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; per NCCN updated the types of recommended off-label hairy cell leukemia and adult CNS tumors, and added coverage for off-label pediatric

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		CNS cancers; Legacy Wellcare approval durations consolidated with Medicaid and HIM to 6 months; references reviewed and updated.
CP.PHAR.94 Alpha1-Proteinase Inhibitors	Commercial, HIM*, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.96 Naltrexone (Vivitrol)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.97 Eculizumab (Soliris)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.101 Mifepristone (Korlym)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.165 Ferumoxytol (Feraheme)	HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.166 Ferric Gluconate (Ferrlecit)	HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.167 Iron Sucrose (Venofer)	HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.177 Ecallantide (Kalbitor)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; updated Appendix D lab reference range and mutations associated with HAE; references reviewed and updated.
CP.PHAR.178 Icatibant (Firazyr)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; updated Appendix D lab reference range and mutations associated with HAE; references reviewed and updated.
CP.PHAR.184 Aflibercept (Eylea)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; clarified initial criteria from “worse than” to state BCVA 20/50 “or worse”; references reviewed and updated.
CP.PHAR.186 Ranibizumab (Byooviz, Lucentis, Susvimo)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.188 Teriparatide (Forteo)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.189 Ibandronate injection (Boniva)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.190 Ambrisentan (Letairis)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.192 Epoprostenol (Flolan, Veletri)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.193 Iloprost (Ventavis)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.194 Macitentan (Opsumit)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; reference reviewed and updated.
CP.PHAR.195 Riociguat (Adempas)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; reference reviewed and updated.

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CP.PHAR.196 Selexipag (Uptravi)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; reference reviewed and updated.
CP.PHAR.197 Sildenafil (Revatio)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; reference reviewed and updated.
CP.PHAR.198 Tadalafil (Adcirca, Alyq, Tadliq)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; reference reviewed and updated.
CP.PHAR.200 Mepolizumab (Nucala)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; added Tezspire as another agent with which Nucala should not be used concurrently; references reviewed and updated.
CP.PHAR.202 C1 Esterase Inhibitors (Berinert Cinryze Haegarda Ruconest)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; updated Appendix D lab reference range and mutations associated with HAE; references reviewed and updated.
CP.PHAR.203 Cosyntropin (Cortrosyn)	HIM, Medicaid	1Q 2023 annual review: no significant changes; modified dosing limits for age 2 or less to 0.125 mg per prescribing information; removed inactive HCPCS code J0833; references reviewed and updated.
CP.PHAR.204 Trabectedin (Yondelis)	HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.207 Glycerol phenylbutyrate (Ravicti)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; updated “CPSI” with “CPS1” to clarify the enzyme name; references reviewed and updated.
CP.PHAR.208 Sodium phenylbutyrate (Buphenyl, Pheburane)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; updated “CPSI” with “CPS1” to clarify the enzyme name; references reviewed and updated.
CP.PHAR.209 Aztreonam (Cayston)	HIM, Medicaid	1Q 2023 annual review: no significant changes; consolidated Legacy Wellcare initial approval duration from 12 months to 6 months consistent with standard Medicaid initial approval duration; references reviewed and updated.
CP.PHAR.210 Ivacaftor (Kalydeco)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; consolidated Legacy Wellcare initial approval duration from 12 months to 6 months consistent with standard Medicaid initial approval duration; updated Appendix D; references reviewed and updated.
CP.PHAR.211 Tobramycin (Bethkis, Kitabis Pak, TOBI, TOBI Podhaler)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; updated limitations of use section to reflect FEV1 from most current prescribing information; consolidated Legacy Wellcare initial approval duration from 12 months to 6 months consistent with standard Medicaid initial approval duration; references reviewed and updated.
CP.PHAR.212 Dornase alfa (Pulmozyme)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; consolidated Legacy Wellcare initial approval duration from 12 months to 6 months consistent with standard Medicaid initial approval duration; references reviewed and updated.
CP.PHAR.217 Anti-inhibitor Coagulant Complex (Feiba)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.219 Factor IX Complex, Human (Profilnine)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.220 Factor VIIa Recombinant (NovoSeven RT, SevenFact)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.

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CP.PHAR.223 Reslizumab (Cinqair)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; added Tezspire as another agent with which Cinqair should not be used concurrently; references reviewed and updated.
CP.PHAR.224 Enoxaparin (Lovenox)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; updated appendix D with current NCCN compendium language; updated template language for continued therapy and other diagnoses/indication sections; references reviewed and updated.
CP.PHAR.225 Dalteparin (Fragmin)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; RT4: added newly approved 10,000 IU/4 mL (2,500 IU/mL) dosage strength; updated appendix D with current NCCN compendium language; updated template language for continued therapy and other diagnoses/indication sections; references reviewed and updated.
CP.PHAR.226 Fondaparinux (Arixtra)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; updated appendix D with current NCCN compendium language; updated template language for continued therapy and other diagnoses/indication sections; references reviewed and updated.
CP.PHAR.234 Ferric Carboxymaltose (Injectafer)	HIM, Medicaid	1Q 2023 annual review: no significant changes; added updated vial strength of 100 mg/2 mL; FDA-approved age expansion was updated to reflect approval for pediatric patients 1 year of age and older who have either intolerance to oral iron or have had an unsatisfactory response to oral iron; references reviewed and updated.
CP.PHAR.282 Parathyroid hormone (Natpara)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.288 Eteplirsen (Exondys 51)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; updated Section III to match template; references reviewed and updated.
CP.PHAR.289 Buprenorphine (Sublocade)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; removal of references to discontinued product Probuphine; references reviewed and updated.
CP.PHAR.300 Bezlotoxumab (Zinplava)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.329 Siltuximab (Sylvant)	HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.330 Protein C Concentrate Human (Ceprotin)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.331 Deflazacort (Emflaza)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.333 Avelumab (Bavencio)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; per NCCN added recurrent MCC as a covered indication, for gestational trophoblastic neoplasia added requirement for either high-risk disease or recurrent or progressive disease after a platinum-based regimen, and for RCC added the requirement for clear cell histology; applied standard template language and format for approval durations; references reviewed and updated.
CP.PHAR.345 Abaloparatide (Tymlos)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.350 Rucaparib (Rubraca)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; updated Appendix D; references reviewed and updated.

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CP.PHAR.371 Triamcinolone ER Injection (Zilretta)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.372 Voretigene neparvovec-rzyl (Luxturna)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.373 Benralizumab (Fasenra)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; added Tezspire as another agent with which Fasenra should not be used concurrently; references reviewed and updated.
CP.PHAR.377 Tezacaftor-Ivacaftor (Symdeko)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; consolidated Legacy Wellcare initial approval duration from 12 months to 6 months consistent with standard Medicaid initial approval duration; updated Appendix D and Appendix E; references reviewed and updated.
CP.PHAR.388 Chloramphenicol	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.396 Lanadelumab-fylo (Takhzyro)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; added note that Takhzyro prefilled syringe request for HIM line of business pharmacy benefit is non-formulary and added reference to the formulary exception policy HIM.PA.103; updated Appendix D lab reference range and mutations associated with HAE; references reviewed and updated.
CP.PHAR.401 Amikacin (Arikayce)	Commercial, HIM, Medicaid	1Q 2021 annual review: no significant changes; references to HIM.PHAR.21 revised to HIM.PA.154; references reviewed and updated.
CP.PHAR.405 Inotersen (Tegsedi)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; template changes applied to other diagnoses/indications section; references reviewed and updated.
CP.PHAR.407 Lusutrombopag (Mulpleta)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.409 Talazoparib (Talzenna)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; revised “medical justification” to “member must use” language per updated template; updated Appendix D; references reviewed and updated.
CP.PHAR.410 Bortezomib (Velcade)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.412 Gilteritinib (Xospata	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; for MLNE off-label usage required documentation of chronic phase or blast phase to align with NCCN recommendations; Legacy Wellcare approval duration consolidated with Medicaid/HIM to 6 months; references reviewed and updated.
CP.PHAR.413 Glasdegib (Daurismo)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.414 Larotrectinib (Vitrakvi)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; Legacy WellCare approval durations consolidated to 6/12 months; references reviewed and updated.
CP.PHAR.415 Ravulizumab-cwvz (Ultomiris)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; removed notation referring HIM requests to HIM.PA.103; references reviewed and updated.
CP.PHAR.428 Romosozumab-aqqg (Evenity)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.

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CP.PHAR.444 Afamelanotide (Scenesse)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; Appendix C updated with contraindications; references reviewed and updated.
CP.PHAR.445 Brolucizumab (Beovu)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.448 Mometasone furoate (Sinuva)	Commercial, HIM-Medical Benefit, Medicaid	1Q 2023 annual review: no significant changes; updated HCPCS code; references reviewed and updated.
CP.PHAR.449 Crizanlizumab-tmca (Adakveo)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.453 Golodirsen (Vyondys 53)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; updated Section III to match template; references reviewed and updated.
CP.PHAR.455 Enfortumab Vedotin-ejfv (Padcev)	HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.457 Givosiran (Givlaari)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; added hepatologist as specialty able to prescribe or be in consultation with; references reviewed and updated.
CP.PHAR.458 Inebilizumab-cdon (Uplizna)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.459 Iobenguane I 131 (Azedra)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; added hepatologist as specialty able to prescribe or be in consultation with; references reviewed and updated.
CP.PHAR.461 Nadofaragene Firadenovec (Instiladrin)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated.
CP.PHAR.463 Satralizumab-mwge (Enspryng)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.466 Valoctocogene Roxaparvovec	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated.
CP.PHAR.470 Casimersen (Amondys 45)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; updated Section III to match template; updated HCPCS code; references reviewed and updated.
CP.PHAR.472 Brexucabtagene autoleucel (Tecartus)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; added Carvykti as examples listed for CAR-T therapies; references reviewed and updated.
CP.PHAR.473 Lumasiran (Oxlumo)	Commercial, HIM, Medicaid	1Q 2023 annual review: HCPCS code updated; no sigifncant changes; references reviewed and updated. RT4: added new indication of lowering of plasma oxlate levels in PH1; removal of eGFR requirement, added ability to use plasma oxalate (POx) levels ≥ 20 µmol/L as documentation, and if on dialysis member is on hemodialysis only for at least 4 weeks based on study population characteristics in ILLUMINATE-C trial.
CP.PHAR.477 Risdiplam (Evrysdi	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.

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CP.PHAR.484 Viltolarsen (Viltepso)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.485 Berotralstat (Orladeyo	Commercial, Medicaid	1Q 2023 annual review: no significant changes; updated Appendix D lab reference range and mutations associated with HAE; references reviewed and updated.
CP.PHAR.491 Setmelanotide (Imcivree)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.499 Lonafarnib (Zokinvy)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; updated Appendix D to include Progeria Research Foundation Diagnostic Testing Program link; references reviewed and updated.
CP.PHAR.515 Avacopan (Tavneos)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.516 Fostemsavir (Rukobia)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; updated Appendices A and B; references reviewed and updated.
CP.PHAR.518 Mannitol (Bronchitol)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; updated Appendix D; references reviewed and updated.
CP.PHAR.522 Margetuximab-cmkb (Margenza)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.523 Naxitamab-gqgk (Danyelza)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.524 Pegcetacoplan (Empaveli, APL-2)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; revised tentative product availability for APL-2 from 15 mg/1 mL to 15 mg/0.1 mL per manufacturer; references reviewed and updated.
CP.PHAR.525 Vosoritide (Voxzogo)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.555 Efgartigimod alfa-fcab (Vyvgart)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.562 Allogeneic cultured keratinocytes and dermal fibroblasts (StrataGraft)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; updated HCPCS code; references reviewed and updated.
CP.PHAR.563 Allogenic processed thymus tissue-agdc (Rethymic)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; clarified PCR assay is an example of CMV infection diagnosis with the addition of "e.g."; references reviewed and updated.
CP.PHAR.564 Antithrombin III (ATryn, Thrombate III)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.565 Asciminib (Scemblix)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; added exclusion for A337T or P465S contraindicated mutations per NCCN guidelines; references reviewed and updated.
CP.PHAR.567 Cipaglucosidase alfa-miglustat (AT-GAA)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes as the drug is not yet FDA-approved; references reviewed and updated.
CP.PHAR.569 Donislecel (Lantidra)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated.

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CP.PHAR.573 Cabotegravir, Cabotegravir-Rilpivirine (Apretude Cabenuva)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; updated HCPCS code for cabotegravir; references reviewed and updated.
CP.PHAR.574 Sirolimus Protein-Bound Particles (Fyarro), topical gel (Hyftor)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.576 Tezepelumab (Tezspire)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.03 DPP-4 inhibitors	Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.12 Clozapine (Fazaclo	Medicaid	1Q 2023 annual review: no significant changes; added dementia-related psychosis to section III; references reviewed and updated.
CP.PMN.15 Asenapine (Saphris, Secuado)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; for Saphris, added must use generic asenapine tablet language; added dementia-related psychosis to section III; references reviewed and updated.
CP.PMN.20 Aspirin-dipyridamole (Aggrenox)	HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.22 Brand Name Override	Medicaid	1Q 2023 annual review: no significant changes; added the following clarification to chart note requirements of adverse effects: If clinically significant adverse effects were experienced *to alternative therapies required in criterion 2 above,* provider submits chart note documentation; references reviewed and updated.
CP.PMN.25 Efinaconazole (Jublia)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.27 Linezolid (Zyvox)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.29 Olanzapine ODT (Zyprexa Zydis)	Medicaid	1Q 2023 annual review: no significant changes; changed age limit for treatment resistant depression to ≥ 18 years old per PI; template changes applied to continued therapy section; references reviewed and updated.
CP.PMN.32 Iloperidone (Fanapt)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; added dementia-related psychosis to section III; references reviewed and updated.
CP.PMN.34 Ranolazine (Ranexa, Aspruzyo Sprinkle)	Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.45 Ondansetron (Zuplenz)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; modified to generalize beyond Stage IV or metastatic cancer to the following redirection bypass: “Request is for treatment associated with cancer for a State with regulations against step therapy in certain oncology settings”; references reviewed and updated.
CP.PMN.50 Lurasidone (Latuda)	Commercial, HIM, Medicaid	Q1 2023 annual review: no significant changes; addition of dementia-related pyschosis to section III for diagnoses/indications for which coverage is not authorized; references reviewed and updated.

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CP.PMN.52 Omega-3-Acid Ethyl Esters (Lovaza)	Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.57 Febuxostat (Uloric)	HIM, Medicaid	1Q 2023 annual review: no significant changes; updated dosing in Appendix B; updated template language for continued therapy and other diagnoses/indication sections; references reviewed and updated.
CP.PMN.62 Tedizolid (Sivextro)	HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.67 Sacubitril-Valsartan (Entresto)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.68 Brexpiprazole (Rexulti)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; added dementia related psychosis to Section III; updated boxed warnings per PI; references reviewed and updated.
CP.PMN.70 Ivabradine (Corlanor)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.72 Metformin ER (Glumetza, Fortamet)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.81 Buprenorphine-naloxone (Bunavail, Cassipa, Suboxone, Zubsolv)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.82 Buprenorphine (Subutex)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.88 Alendronate (Binosto, Fosamax plus D)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.89 Amantadine ER (Gocovri,Osmolex ER	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.91 Cariprazine (Vraylar)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; addition of dementia-related psychosis to section III for diagnoses/indications for which coverage is not authorized; references reviewed and updated.
CP.PMN.95 Fluticasone propionate (Xhance)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.96 Ibandronate Oral (Boniva)	Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.97 Opioid Analgesics	Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.99 Prasterone (Intrarosa)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; modified redirection language per template to state “clinically significant adverse effects are experienced or all are contraindicated”; references reviewed and updated.
CP.PMN.101 Rivastigmine (Exelon)	Medicaid	1Q 2023 annual review: no significant changes; added must use generic language for Exelon patch; references reviewed and updated.
CP.PMN.102 Rolapitant (Varubi)	HIM, Medicaid	1Q 2023 annual review: no significant changes; modified to generalize beyond Stage IV or metastatic cancer to the following redirection bypass: “Request is for treatment associated with

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		cancer for a State with regulations against step therapy in certain oncology settings"; references reviewed and updated.
CP.PMN.103 Secnidazole (Solosec)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.104 Tasimelteon (Hetlioz)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.107 Topical Immunomodulator	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.113 Safinamide (Xadago	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.115 Delafloxacin (Baxdela)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.121 Lisdexamfetamine (Vyvanse)	Medicaid	1Q 2023 annual review: no significant changes; updated maximum quantity in continued criteria to include chewable tablets to align with initial criteria; updated topiramate maximum dose in section B; updated section V dosing regimen in from QD to QAM to align with prescribing information; references reviewed and updated.
CP.PMN.123 Colchicine (Colcrys)	Medicaid	1Q 2023 annual review: no significant changes; updated dosing in Appendix B; updated template language for continued therapy and other diagnoses/indication sections; references reviewed and updated.
CP.PMN.129 Pramlintide (Symlin)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.141 Dolasetron (Anzemet)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; modified to generalize beyond Stage IV or metastatic cancer to the following redirection bypass: "Request is for treatment associated with cancer for a State with regulations against step therapy in certain oncology settings"; references reviewed and updated.
CP.PMN.151 QL of Blood Glucose Test Strips Not Receiving Insulin	Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.188 Omadacycline (Nuzyra)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.189 Sarecycline (Seysara)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.217 Istradefylline (Nourianz)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.219 Lefamulin (Xenleta)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.220 Peanut allergen powder (Palforzia)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.

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CP.PMN.223 Rifabutin (Mycobutin)	HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.224 Tenapanor (Ibsrela)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.225 Trifarotene (Aklief)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.227 Edoxaban (Savaysa)	Medicaid	1Q 2023 annual review: no significant changes; updated appendix D with current NCCN compendium language; updated template language for continued therapy and other diagnoses/indication sections; references reviewed and updated.
CP.PMN.231 Cenobamate (Xcopri)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.232 Lumateperone (Caplyta	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; added dementia-related psychosis to section III; references reviewed and updated.
CP.PMN.257 Clascoterone (Winlevi	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; added generic adapalene as an option; updated dosing for retinoid alternatives in Appendix B to align with other retinoid policies; references reviewed and updated.
CP.PMN.258 Conjugated estrogens-bazedoxifene (Duavee)	HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.259 Inhaled asthma and COPD agents	Medicaid	1Q 2023 annual review: no significant changes; for Xopenex, consolidated legacy WellCare initial approval duration from 12 month to 6 months, consistent with standard Medicaid approval duration; references reviewed and updated.
CP.PMN.260 Loteprednol etabonate (Eysuvis)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.261 Dichlorphenamide (Keveyis)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.271 Maribavir (Livtencity)	Commercial, HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.273 Varenicline (Tyrvaya)	HIM, Medicaid	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PST.01 Step Therapy	Medicaid	1Q 2023 annual review: no significant changes; added Temixys to policy with similar step requirements as Cimduo; references reviewed and updated.
Strategy Development Committee (SDC) Criteria changes based on SDC decisions		
CP.PCH.44 Pancrelipase (Creon, Pancreaze, Pertyze, Viokace, Zenpep)	Commercial, HIM	Per November SDC: for Pancrease removed redirection to of Creon and Zenpep; for Pertzye and Viokace requests added Pancreaze as required step through drug in addition to Creon and Zenpep.
CP.PHAR.01 Omalizumab (Xolair)	Medicaid	1Q 2023 annual review: no significant changes; modified CIU to CSU; added Tezspire as another agent with which Xolair should not be used concurrently; references reviewed and updated. Per November SDC: removed Comm/HIM lines of business and created separate policy; for asthma and CSU indications removed prescriber specialist requirement; for nasal

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		polyps removed requirements for bilateral disease, use of systemic and intranasal corticosteroids; for CSU modified trial redirection to only require one antihistamines.
CP.PHAR.242 Adalimumab (Humira) Biosimilars	Medicaid	Per November SDC, removed step therapy requiring redirection to branded biologics for all indications in initial and continued therapy section; for HS, removed redirection to oral retinoids and hormonal treatment.
CP.PMN.183 GLP-1 receptor agonists	Medicaid	1Q 2023 annual review: RT4: added new dosage strength (2 mg/3 mL pen) for Ozempic; RT4: added pediatric expansion for age ≥ 10 years for Trulicity; references reviewed and updated. Per November SDC, updated redirections from requiring metformin + SGLT2 to requiring two agents from any of the following classes: biguanides, SU, TZD, DPP-4 inhibitors, SGLT2 inhibitors; added bypass of required trial agents for members with ASCVD, indicators of high ASCVD risk, or chronic kidney disease per ADA guidelines; for non-preferred GLP-1 agents added criteria to require preferred GLP-1 products (e.g., Bydureon, Bydureon BCise, Byetta, Trulicity, Adlyxin).
Retired		
CP.PHAR.185 Pegaptanib (Macugen)		Product discontinued and MediSpan obsolete date 9/17/2022 has passed
CP.PMN.108 Latanoprostene Bunod (Vyzulta)		Consolidated in to a new class policy - CP.PMN.286 Glaucoma Agents (Omlonti, Rhopressa, Rocklatan, Vyzulta)
CP.PMN.118 Netarsudil (Rhopressa), Netarsudil-Latanoprost (Rocklatan)		Consolidated in to a new class policy - CP.PMN.286 Glaucoma Agents (Omlonti, Rhopressa, Rocklatan, Vyzulta)

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