Effective Date: 10/01/22

Buckeye Health Plan
Medicaid Criteria Updates –Q3 2022

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Policy/ Coverage Criteria Guideline	Applicable Business	Revision Summary Description
Clinically Significant Change(s)		
CP.PHAR.81 Pazopanib (Votrient)	Commercial, HIM, Medicaid	3Q 2022 annual review: for RCC added additional option for von Hippel-Lindau (VHL)-associated disease per NCCN; for STS added additional option for "member is ineligible for IV chemotherapy or is not a candidate for anthracycline-based regimens" per NCCN and added Qinlock and Sprycel as additional options for prior therapies in GIST; removed ovarian cancer as an off-label use as this is a NCCN Category 2B recommendation; added generic oral oncology redirection language if available per template; references reviewed and updated.
CP.PHAR.89 Peginterferon Alfa-2a,b (Pegasys, PegIntron)	Commercial, HIM, Medicaid	3Q 2022 annual review: removed Sylatron brand and corresponding melanoma criteria from policy as it has been discontinued with a Medispan obsolete date of 09/28/2021; per NCCN the following changes were made: added chronic myeloid leukemia off-label indication and updated Erdheim-Chester disease, essential thrombocythemia, polycythemia vera, and systemic mastocytosis off-label indications; references reviewed and updated.
CP.PHAR.302 Ixazomib (Ninlaro)	Commercial, HIM, Medicaid	3Q 2022 annual review: for MM removed use as a single agent for subsequent therapy in transplant candidates as this has been downgraded to a NCCN category 2B recommendation; clarified combination use with dexamethasone and Pomalyst requires two prior therapies per NCCN; RT4: added limitations of use for maintenance therapy and newly diagnosed MM per updated prescribing information, for MM added requirement that member has received at least one prior therapy, removed maintenance use as a single agent after prior autologous stem cell transplant; for systemic light chain amyloidosis added requirements for use as a single agent or in combination per NCCN; references reviewed and updated.

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CP.PHAR.303 Brentuximab (Adcetris)	Commercial, HIM, Medicaid	3Q 2022 annual review: per NCCN Compendium clarified extranodal NK/T-cell lymphoma should be in the relapsed or refractory setting and removed requirement for nasal type; clarified hepatosplenic T-cell lymphoma should be after two first-line therapy regimens; references reviewed and updated.
CP.PHAR.310 Daratumumab, Daratumumab-Hyaluronidase-fihj (Darzalex, Darzalex Faspro)	Commercial, HIM, Medicaid	3Q 2022 annual review: per NCCN added additional combination regimens for MM primary therapy in those eligible for ASCT, for MM subsequent therapy added combination use with Xpovio and clarified use as monotherapy is allowable only after at least 3 prior lines of therapy or if double-refractory to PI and immunomodulatory agent; references reviewed and updated.
CP.PHAR.322 Pembrolizumab (Keytruda)	Commercial, HIM, Medicaid	3Q 2022 annual review: RT4: updated FDA Approved Indication(s) section to include newly approved indication for use as monotherapy for MSI-H or dMMR endometrial carcinoma (no change to criteria required); revisions per NCCN – melanoma: added requirement for use as a single agent or in combination with Lenvima or Yervoy; NSCLC: added requirement for no contraindications to PD-1/PD-L1 inhibitors, clarified criteria regarding disease mutation status (disease should be negative for actionable biomarkers and prior targeted therapy is now required only for ROS1 and EGFR S768I, L861Q, and/or G719X mutations), added pathway for use as single-agent continuation maintenance therapy if previously given first line as part of a chemotherapy regimen; HNSCC: added pathway for combination use with docetaxel or gemcitabine; cHL: added pathway for combination use with GVD in adults; cSCC, HCC, PMBCL: added requirement for use as a single agent; urothelial carcinoma: added requirement for use as a single agent for locally advanced or metastatic disease in members who are ineligible for or have previously received platinum-containing chemotherapy; MSI-H/dMMR cancers: added additional cancers for which Keytruda may be used first line (ampullary adenocarcinoma, non-nasopharyngeal head and neck cancer, pancreatic adenocarcinoma),

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		removed requirement for oxaliplatin contraindication for small bowel adenocarcinoma, added requirement for use as a single agent; RCC: added requirement for use as a single agent for adjuvant treatment; TMB-H cancer: added pathway for use as first-line for ampullary adenocarcinoma or pancreatic adenocarcinoma, added requirement for use as a single agent; off-label uses: added additional coverable cancers (adrenocortical carcinoma, alveolar soft part sarcoma, anaplastic large cell lymphoma, small cell lung cancer), added pathway for use as first line for thymic carcinoma, removed use for malignant pleural mesothelioma, updated mycosis fungoides to allow stage IIB, updated anal carcinoma to require no prior treatment with Keytruda or Opdivo, updated cancers where Keytruda is to be used only as subsequent therapy to require use as a single agent, updated extranodal NK/T-cell lymphoma to remove nasal type specification; revised legacy WellCare Medicaid initial approval durations from 12 months to 6 months to align with CNC Medicaid; references reviewed and updated.
CP.PHAR.351 Daptomycin (Cubicin, Cubicin RF)	Commercial, HIM, Medicaid	3Q 2022 annual review: added requirement for use of generic daptomycin if request if for brand Cubicin/Cubicin RF; references reviewed and updated.
CP.PHAR.382 Panobinostat (Farydak)	Commercial, HIM, Medicaid	3Q 2022 annual review: revised to limit approved MM uses to FDA-labeled indication as NCCN no longer includes recommendations for regimens including panobinostat due to recent market withdrawal; added Appendix D with additional information regarding the discontinuation of Farydak; references reviewed and updated.
CP.PHAR.383 Trifluridine-tipiracil (Lonsurf)	Commercial, HIM, Medicaid	3Q 2022 annual review: per NCCN, added appendiceal adenocarcinoma as a type of colon cancer that is eligible for coverage, added requirement for use as a single agent (CRC, GC/GEJ) or in combination with bevacizumab (CRC), and added pathway for approval if member is not a surgical candidate for GC/GEJ; per PI, revised max dosing criterion to include body-weight dosing and allow therapy only on Days 1-5 and 8-12 of every 28-day cycle; added requirement

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		for documentation of body surface area for dose calculation purposes; references reviewed and updated.
CP.PHAR.416 Caplacizumab-yhdp (Cablivi)	Commercial, HIM, Medicaid	Added alternate pathway for confirmation of diagnosis with ADAMTS13 level with additional information in Appendix D.
CP.PHAR.425 Metreleptin (Myalept)	Commercial, HIM, Medicaid	3Q 2022 annual review: added prescriber requirement; clarified that leptin deficiency should be confirmed by laboratory testing per clinical study design; clarified that congenital generalized lipodystrophy should be confirmed by gene mutation; updated HCPCS codes; references reviewed and updated.
CP.PHAR.431 Selinexor (Xpovio)	Commercial, HIM, Medicaid	3Q 2022 annual review: for MM added option for combination use with Darzalex Faspro, as well as carfilzomib and dexamethasone per NCCN; for DLBCL added additional DLBCL subtypes (e.g., histological transformation from indolent lymphomas, AIDS-related DLBCL, primary effusion lymphoma, HHV8-positive DLBCL NOS) , added additional descriptors for progressive disease and clarified refractory includes no or partial response to align with verbiage from NCCN compendium; references reviewed and updated.
CP.PHAR.432 Tafamidis (Vyndaqel, Vyndamax)	Commercial, HIM, Medicaid	3Q 2022 annual review: added requirement that Vyndaqel/Vyndamax is not prescribed concurrently with Onpattro and Tegsedi; references reviewed and updated.
CP.PHAR.433 Polatuzumab vedotin-piiq (Polivy)	Commercial, HIM, Medicaid	3Q 2022 annual review: for DLBCL per NCCN modified to only require one prior therapy and allow use as a single agent, updated Appendix D with DLBCL subtypes to align with NCCN; for Section I,B Other NCCN Recommended Uses criteria set, removed HGBL as this is considered a DLBCL subtype, per NCCN modified to only require at least one prior therapy for all requests and require member is not a transplant candidate for all requests other than FL; references reviewed and updated.

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CP.PHAR.438 Trientine (Syprine, Cuvrior)	Commercial, HIM, Medicaid	RT4: added new dose form, Cuvrior; updated Appendix D with information regarding the difference in FDA indications for Cuvrior and Syprine.
CP.PHAR.495 Mitomycin for Pyelocalyceal Solution (Jelmyto)	Commercial, HIM, Medicaid	3Q 2022 annual review: updated initial approval criteria to include "member is not candidate for or seeking nephroureterectomy as definitive treatment" to mirror NCCN bladder cancer guidelines, added Appendix D for additional information from NCCN Compendium to support this addition; references reviewed and updated.
CP.PHAR.496 Pemigatinib (Pemazyre)	Commercial, HIM, Medicaid	3Q 2022 annual review: added requirement for use as a single agent for cholangiocarcinoma per NCCN; modified max dose requirement to specify treatment is for 14 days per every 21-day cycle per PI; references reviewed and updated.
CP.PHAR.502 Ripretinib (Qinlock)	Commercial, HIM, Medicaid	3Q 2022 annual review: added additional option for progressive GIST; clarified criteria should require either that the request is following failure of 3 kinase inhibitors or member has a PDGFRA exon 18 mutation, not both; for continued therapy added dose escalation option to 300 mg per day if member experienced disease progression on 150 mg/day per NCCN; added generic oral oncology redirection language if available per template; references reviewed and updated.
CP.PHAR.539 Loncastuximab tesirine-lpyl (Zynlonta)	Commercial, HIM, Medicaid	3Q 2022 annual review: per NCCN compendium, added use in AIDS-related DLBCL, primary effusion lymphoma, and HHV8-positive DLBCL not otherwise specified; added additional off-label use in member that is not a candidate for transplant and request is for second-line therapy for partial response, no response, or progressive disease following chemoimmunotherapy in patients with histologic transformation to DLBCL; clarified Commercial approval duration is the longer of 6 months or member's renewal date; updated HCPCS code; references reviewed and updated.

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CP.PHAR.540 Dostarlimab-gxly (Jemperli)	Commercial, HIM, Medicaid	3Q 2022 annual review: per NCCN – for all indications, added that cancer can also be MSI-H; for solid tumors, added that cancer can also be metastatic, added additional examples of solid tumors that are eligible for coverage, and added requirement for use as a single agent; references reviewed and updated.
CP.PHAR.543 Maralixibat (Livmarli)	Commercial, HIM, Medicaid	3Q 2022 annual review: corrected maximum daily dose from 1 bottle per day to 3 mL per day; modified required pruritis from medium to moderate scratching to align with verbiage from the Itch Reported Outcome score used in the ICONIC trial; references reviewed and updated.
CP.PHAR.547 Infigratinib (Truseltiq)	Commercial, HIM, Medicaid	3Q 2022 annual review: added requirement for use as a single agent per NCCN; modified max dose requirement to specify treatment is for 21 days per every 28-day cycle per PI; references reviewed and updated.
CP.PMN.40 Acitretin (Soriatane)	Medicaid	3Q 2022 annual review: removed legacy Wellcare separate initial approval duration; references reviewed and updated.
CP.PMN.199 Esketamine (Spravato)	Commercial, HIM, Medicaid	Reduced trial duration of antidepressants for TRD from at least 8 weeks to 4 weeks
CP.PMN.236 Amisulpride (Barhemsys)	Commercial, HIM, Medicaid	3Q 2022 annual review: revised initial approval criteria for PONV prophylaxis to require failure of one multimodal combination therapy; updated appendix B to include examples of combination agents recommended by Anesthesia & Analgesia guideline; reference reviewed and updated.
CP.PMN.240 Gabapentin ER (Gralise, Horizant)	Commercial, HIM, Medicaid	3Q 2022 annual review: updated RLS approval criteria – removed trial of ropinirole and pramipexole, added trial of gabapentin IR and generic pregabalin to align with RLS Foundation clinical guidelines, updated Appendix B: therapeutic alternative table to include.

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CP.PMN.277 Ulcer Therapy Combinations (Omeclamox Pak, Pylera, Talicia, Voquezna)	Commercial, HIM, Medicaid	RT4: added Voquezna Triple/Dual Pak to criteria with specific redirection based on *H. pylori* clarithromycin- and amoxicillin-sensitivity.
New		
CP.PHAR.587 Pegzilarginase (AEB1102)	Commercial, HIM, Medicaid	Policy created pre-emptively
CP.PHAR.588 Nivolumab and Relatlimab (Opdualag)	Commercial, HIM, Medicaid	Policy created
CP.PHAR.589 Bulevirtide (Hepcludex)	Commercial, HIM, Medicaid	Policy created pre-emptively
CP.PMN.281 Topiramate ER (Qudexy XR, Trokendi XR	Commercial, HIM, Medicaid	Policy created per May SDC and prior clinical guidance.
No Significant Change(s)		
CP.PHAR.11 Burosumab-twza (Crysvita)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.27 Tolvaptan (Jynarque, Samsca)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; changed Commercial length of benefit to " 12 months or duration of request, whichever is less", updated Section V to state "Samsca initiation and re-initiation should occur in a hospital"; updated Samsca contraindication section removing "need to raise serum sodium acutely" to align with prescribing information; provided duration clarification for continued hyponatremia treatment with Samsca; references reviewed and updated.
CP.PHAR.28 Immunization coverage	Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.

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CP.PHAR.61 Cinacalcet (Sensipar)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.82 Collagenase (Xiaflex)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.83 Vorinostat (Zolinza)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; legacy WCG initial approval duration consolidated to 6 months; references reviewed and updated.
CP.PHAR.95 Thyrotropin alfa (Thyrogen)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.109 Tesamorelin (Egrifta SV)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; added quantity restriction (1 vial per day) to dosing requirement; updated HCPCS codes; references reviewed and updated.
CP.PHAR.145 Deferasirox (Exjade, Jadenu)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.146 Deferoxamine (Desferal)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; added criterion that member must use generic deferoxamine; references reviewed and updated.
CP.PHAR.147 Deferiprone (Ferriprox)	Commercial, Medicaid	3Q 2022 annual review: no significant changes; clarified redirection to Exjade/Jadenu is for generic deferasirox; references reviewed and updated.
CP.PHAR.150 Mecasermin (Increlex)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.169 Vigabatrin (Sabril)	HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.270 Paricalcitol Injection (Zemplar)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.277 Cytomegalovirus Immune Globulin (Cytogam)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.

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CP.PHAR.285 Nintedanib (Ofev)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; for legacy WellCare, modified initial approval duration from 12 months to 6 months to align with other lines of business; references reviewed and updated.
CP.PHAR.286 Pirfenidone (Esbriet)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.287 Obeticholic acid (Ocaliva)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; added "without cirrhosis or with compensated cirrhosis who do not have evidence of portal hypertension" to indication and initial criteria per PI; removal of Child Pugh B/C dosing as it is contraindicated per PI; references reviewed and updated.
CP.PHAR.312 Blinatumomab (Blincyto)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.323 Plerixafor (Mozobil)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; modified examples of G-CSF products to only indicate Zarxio which is the preferred product; references reviewed and updated.
CP.PHAR.338 Cerliponase alfa (Brineura)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.379 Etelcalcetide (Parsabiv)	HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.381 Mechlorethamine (Valchlor)	Commercial, HIM, Medicaid	3Q 2022 annual review: revised approval duration for commercial line of business from length of benefit to "12 months or duration of request, whichever is less"; added Langerhans cell histiocytosis to section B as NCCN recommended use (off label); no significant changes; references reviewed and updated.
CP.PHAR.384 Lutetium Lu 177 dotatate (Lutathera)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.

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CP.PHAR.385 Corticosteroids for ophthalmic injection (Iluvien, Ozurdex, Retisert, Xipere, Yutiq)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; updated HCPCS code for Xipere; references reviewed and updated.
CP.PHAR.423 Erdafitinib (Balversa)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes, references reviewed and updated.
CP.PHAR.424 Fulvestrant (Faslodex Injection)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; added "adenosarcoma without sarcomatous overgrowth" to disease classification for the indication of uterine sarcoma per NCCN guideline (2A category); continued approval duration for commercial line of business changed from 12 months to 6 months or to the member's renewal date, whichever is longer; references reviewed and updated.
CP.PHAR.487 Osilodrostat (Isturisa)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.488 Apomorphine (Apokyn, Kynmobi)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; updated language in section I from "or" to "and" for dose limits; separated approval duration for Apokyn and Kynmobi for Commercial line of business; references reviewed and updated.
CP.PHAR.492 Teplizumab	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated.
CP.PHAR.494 Capmatinib (Tabrecta)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; added option for recurrent disease per NCCN; references reviewed and updated.
CP.PHAR.497 Tucatinib (Tukysa)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; revised redirection language to failure of one or more anti-HER2 based regimens; updated Appendix B with NCCN examples of systemic therapies for HER2-positive recurrent or metastatic disease; added oral generic redirection language; references reviewed and updated.

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CP.PHAR.498 Burprenorphine (Brixadi)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes as drug is still not FDA approved; clarified oral formulations of buprenorphine with examples in criteria; removal of Probuphine (discontinued product); references reviewed and updated.
CP.PHAR.500 Lurbinectedin (Zepzelca)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; removed option to bypass platinum containing regimen if contraindicated or clinically significant adverse effects are experienced per prescribing information; references reviewed and updated.
CP.PHAR.501 Pertuzumab-trastuzumab-hyaluronidase-zzxf (Phesgo)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; changed approval duration for commercial line of business to "6 months or to the member's renewal date, whichever is longer"; references reviewed and updated.
CP.PHAR.541 Sotrovimab (VIR-7831)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.542 Talimogene laherparepvec (Imlygic)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.544 Amivantamab-vmjw (Rybrevant)	Commercial, HIM , Medicaid	3Q 2022 annual review: no significant changes; updated HCPCS code; per NCCN compendium added additional option for recurrent NSCLC; references reviewed and updated.
CP.PHAR.545 Betibeglogene autotemcel	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated.
CP.PHAR.546 Carbetocin	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated.
CP.PHAR.548 Palovarotene	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated.
CP.PHAR.549 Sotorasib (Lumakras)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; added option for recurrent disease per NCCN; removed option to bypass failure of at least one systemic therapy if contraindicated or clinically

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		significant adverse effects are experienced per prescribing information; references reviewed and updated.
CP.PMN.09 Lindane shampoo	Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.44 Pyrimethamine (Daraprim)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.59 Quantity Limit Override and Dose Optimization	Medicaid	Added dose optimization criteria (CP.PMN.13 retired).
CP.PMN.60 SSRI SNRI Duplicate Therapy	Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.76 Calcifediol (Rayaldee)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; adjusted Commercial authorization duration from “Length of Benefit” to “12 months or duration of request, whichever is less”; references reviewed and updated.
CP.PMN.83 Short ragweed pollen allergen extract (Ragwitek)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.84 Timothy grass pollen allergen extract (Grastek)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.85 Mixed pollens allergen extract (Oralair)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.111 House dust mite allergen extract (Odactra)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.139 Naloxone (Evzio)	Commercial, Medicaid	3Q 2022 annual review: no significant changes; approval duration for Legacy WCG consolidated to 6/12 months; redirection to generic naloxone nasal spray; references reviewed and updated.

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CP.PMN.144 Epinephrine (Auvi-Q, Epipen, Epipen Jr) Quantity Limit	Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.152 Lofexidine (Lucemyra)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; changes in verbiage in Section I to clarify intent; removal of hypertension dosing regimen in Appendix B; references reviewed and updated.
CP.PMN.163 Sodium zirconium cyclosilicate (Lokelma)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.202 Benzyl alcohol (Ulesfia)	Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.205 Patiromer (Veltassa)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.207 Triclabendazole (Egaten)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated
CP.PMN.208 Halobetasol-Tazarotene (Duobrii)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.211 Midazolam (Nayzilam)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.239 Chenodiol (Chenodal)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.243 Progesterone (Crinone, Endometrin, Milprosa)	Commercial*, HIM*, Medicaid*	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.245 Opicapone (Ongentys)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.

^ Document can be found with the new drug material

Effective Date: 10/01/22

Buckeye Health Plan
Medicaid Criteria Updates –Q3 2022

Buckeye Health Plan (BHP) routinely reviews their Prior Authorization (PA) and Medical Necessity (MN) criteria. Decisions on PA and MN criteria content are coordinated with input from pharmacy and medical practitioners, Buckeye Health Plan representatives, and review of current available medical literature and professional standards of practice. Below is the list of changes to the Medicaid criteria this quarter.
For the most current program description you may call Provider Services at 1-866-296-8731 (TTY/TTD

CP.PMN.246 Fenfluramine (Fintepla)	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated. RT4: added criteria for newly FDA-approved indication of LGS.
CP.PMN.247 Rivaroxaban (Xarelto)	Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.269 Ivermectin	Commercial, HIM, Medicaid	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.272 Mavaxamten (Camzyo)^	Commercial, HIM, Medicaid	RT1: no significant changes; references reviewed and updated.
Strategy Development Committee (SDC) Criteria changes based on SDC decisions		
CP.PHAR.103 Immune Globulins	Commercial, HIM, Medicaid	3Q 2022 annual review: removed “Dermatomyositis, autoimmune blistering” from Section III, since coverage for this indication is included in the criteria for Sections I.B. (dermatomyositis) and I.O. (pemphigus disorders); removed “Systemic vasculitides” and “Wegener’s granulomatosis” from Section III, based on 2021 ACR guidelines and 2016 EULAR guidelines providing some support use of IG products for patients with refractory GPA/MPA; per May SDC and prior clinical guidance added requirement for use of Gammunex-C or Gammaked if Gammagard (or health plan-preferred immune globulin product) is unavailable due to shortage; references reviewed and updated.
Retired		
CP.PHAR.429 Valproate Sodium for Intravenous Injection (Depacon)	Only available in generic form, which is at Tier 1 without PA for both Medicaid and HIM; low cost drug without a brand. Confirmed by SDC.	
CP.PMN.13 Dose Optimazation	Combined with CP.PMN.59 Quantity Limit Override and Dose Optimization 04.26.22.docx per PA Ops request	
CP.PMN.241 Lactitol (Pizensy)	Retired policy due to the "discontinued status for Sebela's NDA for Pizensy"; confirmed by SDC.	

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OH.PHAR.PPA.20 Continuous Glucose Monitors	Retired policy due to removal of PA for FreeStyle Libre and Dexcom CGMs (Guardian and Eversense are covered through Buckeye's medical benefit only.

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