Effective date: 06/01/17

Buckeye Health Plan
Medicaid Criteria Updates – Q2 2017

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 1-800-750-0750) or visit the Buckeye Health Plan website at www.buckeyehealthplan.com

Coverage Guideline Policy & Procedure	Status	Revision Summary or Description
CP.PMN.01 Atomoxetine (Strattera)	Revised/Reviewed	Converted to new integrated template; Initial approval: removed requirement that atomoxetine will be used as mono-therapy at therapy initiation; updated generalized FDA recommended max dose statement to include specific max dose; Re-auth: removed statement related to granting continuity of care with provider's documentation of current use; removed requirement "if request is for dual therapy with a CNS stimulant, member must have failed atomoxetine mono-therapy at maximum indicated dose, unless contraindicated"; added "Member is responding positively to therapy"; modified generalized FDA recommended max dose statement to include specific max dose; Updated references.
CP.PMN.04 Non-Calcium Containing Phosphate Binders	Revised/Reviewed	Converted to new integrated template. Initial: Added diagnosis of hyperphosphatemia; modified trial/failure requirement to allow for clinically significant adverse effects as an option; changed serum calcium level of > 9.5mg/dL to corrected serum calcium of > 10.2mg/dL for hypercalcemia as defined per KDOQI guidelines; modified requirement related to PTH levels of < 150 to include 2 consecutive measurements per KDOQI guidelines; added verbiage "and/or other

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		soft tissue calcifications" to vascular calcification statement per KDOQI guidelines; added generalized FDA maximum recommended dose statement. Re-auth: added positive response to therapy requirement and generalized FDA maximum recommended dose statement; Updated references.
CP.PMN.05 Rifapentine (Priftin)	Revised/Reviewed	Updated to integrated template; removed age requirement it is not an absolute contraindications per FDA labeling; added examples of anti-tuberculosis drugs; added ≥ 9 month trial of isoniazid for latent TB infection due to CDC recommendations.
CP.PMN.06 ezetimibe (Zetia) and ezetimibe and simvastatin (Vytorin)	Retired	Created new policies for each drug and retired this one.
CP.PMN.07 Levalbuterol (Xopenex HFA and Xopenex Inhalation Solution)	Revised/Reviewed	Converted to new integrated template; Modified QL of HFA from 1 inhaler/30 days to 2 inhalers/30 days (in line with QL for PDL Proventil, Proair HFA); Specified duration of approval for initial and re-auth criteria; added positive response to therapy requirement on re-auth; updated references.
CP.PMN.10 Methylphenidate Transdermal System(Daytrana)	Revised/Reviewed	Converted to new integrated template; Initial: modified age requirement from ages 6-17 years to ≥ 6 years per new template; Modified QL requirement from 30 patches per month to include specific max dosing and 1 patch/day. Re-auth: removed 1) provider's documentation or claims history shows that member has ADHD/ADD and is currently receiving Daytrana patch and 2) age requirement of 6-17 years; updated to include "Currently receiving medication via Centene benefit…" per template; added positive response to therapy requirement; modified QL to include specific max dose and 1 patch/day; Updated references
CP.PMN.20 Aspirin/dipyridamole (Aggrenox)	Revised/Reviewed	Converted to new integrated template. Modified stroke diagnosis criteria to exclude the word "recent" as 1) there is no defined time frame for recent and 2) antiplatelet therapy is indicated for secondary prevention in all stroke patients regardless of when the stroke occurred. Removed requirement for diagnosis of stroke to have been made by a neurology specialist or in consult with a neurologist or vascular specialist as other specialties can diagnose stroke (plus, documentation to support diagnosis is now required per new template). Modified aspirin therapy failure criteria and combined with stroke diagnosis criteria to be more concise: "…which occurred while on aspirin therapy" instead of "Failure of aspirin therapy (e.g., patients who have experienced TIAs or stroke on ASA therapy)." Added workflow document. Updated references.
CP.PMN.21 Becaplermin (Regranex)	Revised/Reviewed	Converted to new integrated template. Removed age restriction as that is not an absolute contraindication per the PI. Added requirement that request may not exceed 1 tube at a time. On re-auth, added that member must be responding positively to therapy. Added workflow document. Updated references.

CP.PMN.24 Ciclopirox (Penlac)	Revised/Reviewed	Converted to new integrated template. Combined requirements for diagnosis of onychomycosis and documentation of T. rubrum infection confirmed by testing into one criterion. Modified trial/failure requirement to: 1) require terbinafine be trialed at maximum indicated dose of 250 mg/day and 2) include option for clinically significant adverse effects. On re-auth, added that member must be responding positively to therapy. Added workflow document. Updated references.
CP.PMN.30 Paliperidone (Invega)	Revised/Reviewed	Converted to new integrated template. For initial, removed age restrictions as they are not absolute contraindications per FDA labeling; added requirement for antipsychotics to be trialed at maximum doses; removed that trialed antipsychotics should be indicated for specific diagnosis as Invega and clozapine (a last-line therapy) are the only atypical antipsychotics indicated for schizoaffective disorder, and per APA guidelines, both schizophrenia and schizoaffective disorder are managed similarly; and combined criteria sets for schizophrenia and schizoaffective disorder as they are the same. For re-auth, added criteria for continuation of care and added that member must be responding positively to therapy. Added workflow document. Updated references to include current practice guidelines.
CP.PMN.32 Iloperidone (Fanapt)	Revised/Reviewed	Converted to new integrated template; Initial: removed age requirement since not an absolute contraindication; Updated criterion related to failure of 2 PDL generic atypical antipsychotics to require trials at maximum indicated doses; Modified QL requirement "Request does not exceed 2 tablets/day" to include specific max dose. Re-auth: added criteria for continuity of care per new template format and removed requirement related to adherence to current regimen if request is for a dose increase; added requirement for positive response to therapy. Updated references to reflect current literature search.
CP.PMN.33 Pregabalin (Lyrica)	Revised/Reviewed	Clinical changes made to criteria -Diagnosis of Fibromyalgia – line #4 – removed fluoxetine as an accepted trial due to lack of sufficient evidence that it works -Continued therapy criteria: removed use for partial onset seizures and received this medication for at least 30 days.
CP.PMN.34 Ranolazine (Ranexa)	Revised/Reviewed	Converted to new integrated template. Initial: removed age requirement per new template and added prescriber specialty; modified trial and failure criteria to require use of beta-blocker and long-acting nitrate or calcium channel blocker and long-acting nitrate at therapeutic doses; modified generalized FDA maximum recommended dose and health plan approved daily QL to specific max dose and QL statement; removed requirement related to twice daily dosing since criteria modified to include specific QL of 2 tablets/day. Re-auth: added positive response to therapy requirement; modified generalized FDA maximum recommended dose and health plan approved daily QL to specific max dose and QL statement; removed requirement related to twice daily dosing since criteria modified to include specific QL of 2 tablets/day. Updated references.

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CP.PMN.43 Oral Bisphosphonates	Revised/Reviewed	Converted to new integrated template; Removed age limits; added positive response to therapy requirement for re-authorization; updated references.
CP.PMN.62 Tedizolid (Sivextro)	Revised/Reviewed	Converted to new integrated template; Modified requirement related to quantity limit of 1 tablet/day to the max; Removed specific number of PDL antibiotics (i.e., 2 PDL antibiotics) required for trial and failure to be in line with Zyvox criteria; Add that Sivextro will not be approved for treatment of infections/bacteria not susceptible tedizolid; added diagnosis of acute bacterial skin and skin structure infections (ABSSSI).
CP.PMN.76 Ezetimibe (Zetia)	Revised/Reviewed	New policy created Policy split from CP.PMN.06 ezetimibe (Zetia) and ezetimibe and simvastatin (Vytorin) (retired)
CP.PMN.77 Ezetimibe and Simvastatin (Vytorin)	Revised/Reviewed	New policy created. Policy split from CP.PMN.06 ezetimibe (Zetia) and ezetimibe and simvastatin (Vytorin) (retired)
CP.PPA.04 Oxycodone SR (Oxycontin)	Revised/Reviewed	Converted to new integrated template; Removed age requirements of Age ≥ 18 years OR Age ≥ 11 years already receiving and tolerant to a minimum daily opioid dose of at least 20 mg immediate-release oxycodone or equivalent because this is not an absolute contraindications per FDA labeling. Removed continued approval for once daily or twice daily dosing because quantity limit is 2 tablets daily based on core PDL; added positive response to therapy requirement for re-authorization.
CP.PPA.05 Topical Immunomodulators	Revised/Reviewed	Converted to new integrated template; Updated literature search; Removed the following age requirements: Member must be at an FDA approved age for use: Pimecrolimus 1% cream ≥ 2 years of age, Tacrolimus 0.03% ointment ≥ 2 years of age, Tacrolimus 0.1% ointment ≥ 16 years of age because age restrictions are not absolute contraindications per FDA labeling; added positive response to therapy requirement for re-authorization.
CP.PPA.08 Alzheimer Therapy	Retired	Retired - replace by a criteria for rivastigmine (Exelon®) as memantine is on core PDL without PA requirement.
CP.PPA.14 CNS Stimulants for Adult ADHD/ADD	Revised/Reviewed	Converted to new integrated template. For initial, combined diagnosis and diagnostician requirements into one criterion, and clarified trial/failure criteria to 1) require that agents are trialed at maximum indicated doses and 2) allow for clinically significant adverse effects as an option. For re-auth, added that 1) member must currently be receiving medication via Centene benefit or have previously met initial approval criteria per new template rule and 2) member must be responding positively to therapy. Added workflow document. Updated references.
CP.PPA.22 Rivastigmine (Exelon)	New	New policy created.
Proposed Criteria Introrosa	New - proposed	New policy created assignment of Policy number pending Strategy Development Committee (SDC).