

Effective date: 06/07/19



Buckeye Health Plan

Medicaid Criteria Updates – Q2 2019

Buckeye Health Plan (BHP) routinely reviews their Prior Authorization (PA) and Medical Necessity (MN) criteria. Decisions on PA and MN criteria content are coordinated with input from pharmacy and medical practitioners, Buckeye Health Plan representatives, and review of current available medical literature and professional standards of practice. Below is the list of changes to the Medicaid criteria this quarter.

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Coverage Criteria Guideline	Applicable Business	Revision Summary Description
Clinically Significant Change(s)		
CP.PHAR.16 Palivizumab (Synagis)	Medicaid	2Q 2019 annual review: RSV seasonal patterns are updated in Appendix D per the CDC and state health departments to indicate a season onset as early as September extending to as late as May (Florida seasonal information is updated to indicate possible year-round onset).
CP.PHAR.55 Somatropin (Human Growth Hormone)	Medicaid	2Q 2019 annual review: added requirement for initial approval for use in children that member's bone age is ≤ 15 years if girl or ≤ 17 years if boy, consistent with existing requirement for continued therapy; references reviewed and updated.
CP.PHAR.60 Capecitabine (Xeloda)	Medicaid	2Q 2019 annual review: the following NCCN recommended uses are added: adjuvant breast cancer, gestational trophoblastic neoplasia, poorly controlled carcinoid syndrome, poorly differentiated or large/small cell neuroendocrine tumor; histologies removed from off-label uses; age added to all criteria sets if not previously listed; references reviewed and updated.
CP.PHAR.64 Topotecan (Hycamtin)	Medicaid	2Q 2019 annual review: Capsules added as an option for Merkel cell carcinoma and intrathecal route notated for leptomeningeal metastasis per NCCN; references reviewed and updated.



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CP.PHAR.65 Imatinib (Gleevec)	Medicaid	2Q 2019 annual review: additional mutations added if chronic myelomonocytic leukemia per NCCN; hematologist removed from off-label uses; references reviewed and updated.
CP.PHAR.68 Gefitinib (Iressa)	Medicaid	2Q 2019 annual review: NCCN designation of advanced added to NSCLC; references reviewed and updated.
CP.PHAR.71 Lenalidomide (Revlimid)	Medicaid	2Q 2019 annual review: added hematologist prescriber option; updated NCCN compendium supported uses to include primary CNS lymphoma and hepatosplenic gamma-delta T-cell lymphoma; MM: added use as a single agent in steroid-intolerant patients with previously treated myeloma with relapse or progressive disease; MCL: added option for second-line therapy in combination with Rituxan; reference reviewed and updated.
CP.PHAR.74 Erlotinib (Tarceva)	Medicaid	2Q 2019 annual review: NCCN designation of advanced added to NSCLC; CNS metastasis moved from off-label section and incorporated into NSCLC criteria set; age added to off-label indications; trial requirement removed from RCC since non-clear cell histology; continuation of care added; references reviewed and updated.
CP.PHAR.76 Nilotinib (Tasigna)	Medicaid	2Q 2019 annual review: hematologist added to CML/ALL; references reviewed and updated.
CP.PHAR.78 Thalidomide (Thalomid)	Medicaid	2Q 2019 annual review: myeloproliferative neoplasms – removed requirement for use in combination with prednisone to align with NCCN compendium; removed

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		Waldenstrom macroglobulinemia/lymphoplasmacytic lymphoma criteria set as this indication is no longer supported by NCCN compendium; references reviewed and updated.
CP.PHAR.90 Crizotinib (Xalkori)	Medicaid	2Q 2019 annual review: NCCN designation of advanced added to NSCLC; references reviewed and updated.
CP.PHAR.97 Eculizumab (Soliris)	Medicaid	Aligned criteria with Ultomiris policy; for PNH, allowed documentation of detectable GPI-deficient hematopoietic clones for flow cytometry; specified examples of positive response to therapy in Section II.A; references reviewed and updated.
CP.PHAR.105 Bosutinib (Bosulif)	Medicaid	2Q 2019 annual review: hematologist added to CML/ALL criteria; references reviewed and updated.
CP.PHAR.107.Regorafenib (Stivarga)	Medicaid	2Q 2019 annual review: HCC – added Lenvima as optional first-line treatment required prior to Stivarga; added NCCN compendium supported indications for soft tissue sarcomas; references reviewed and updated.
CP.PHAR.108 Omacetaxine (Synribo)	Medicaid	2Q 2019 annual review: Ph+ designation added to CML; hematologist added to CML/ALL criteria; references reviewed and updated.
CP.PHAR.112 Ponatinib (Iclusig)	Medicaid	2Q 2019 annual review: Ph+ designation added to CML; hematologist added to CML/ALL criteria; references reviewed and updated.

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CP.PHAR.128 Erenumab-aaoc (Aimovig)	Medicaid	Added requirement that Aimovig is not prescribed concurrently with Botox or other injectable CGRP inhibitors; modified continuation of therapy to require maintenance of positive response.
CP.PHAR.176 Paclitaxel protein-bound (Abraxane)	Medicaid	2Q 2019 annual review: added NCCN 2A off-label uses: endometrial carcinoma and hepatic cholangiocarcinoma; references reviewed and updated.
CP.PHAR.180 Eltrombopag (Promacta)	Medicaid	Criteria added for new FDA indication: first-line treatment of aplastic anemia in combination with standard immunosuppressive therapy; added oral suspension formulation (including NF disclaimer for HIM); references updated and reviewed.
CP.PHAR.228 Trastuzumab, Biosimilars, Trastuzumab-Hyaluronidase	Medicaid	2Q 2019 annual review: Herceptin biosimilars and Herceptin combination product added (biosimilars - Herzuma, Ontruzant; combination product - Herceptin Hylecta); intrathecal treatment for breast cancer related CNS metastasis is moved to the breast cancer criteria set; NCCN recommended use for endometrial carcinoma are added; references reviewed and updated.
CP.PHAR.229 Ado-Trastuzumab (Kadcycla)	Medicaid	2Q 2019 annual review: expanded COC to all covered indications from just breast cancer; references reviewed and updated.
CP.PHAR.232 OnabotulinumtoxinA (Botox)	Medicaid	2Q 2019 annual review: added requirement that Botox is not prescribed concurrently with injectable CGRP inhibitors; removed coverage for hyperhidrosis for HIM due to benefit exclusion; references reviewed and updated.



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CP.PHAR.236 Darbepoetin Alfa (Aranesp)	Medicaid	2Q 2019 annual review: added age requirement for myelofibrosis; references reviewed and updated.
CP.PHAR.237 Epoetin alfa (Epogen, Procrit), Epoetin alfa-epbx (Retacrit)	Medicaid	2Q 2019 annual review: added NCCN compendium supported uses for myelofibrosis-associated anemia and anemia due to myelodysplastic syndrome; references reviewed and updated
CP.PHAR.241 Abatacept (Orencia)	Medicaid	2Q 2019 annual review: removed trial and failure requirement of conventional DMARDs (e.g., MTX)/NSAIDs for PsA per ACR/NPF 2018 guidelines; references reviewed and updated.
CP.PHAR.242 Adalimumab (Humira)	Medicaid	2Q 2019 annual review: removed trial and failure of conventional DMARDs (e.g., MTX)/NSAIDs for PsA per 2018 ACR/NPF guidelines; revised approval duration to 6 months if request is for continuation of therapy with a new (e.g., increased dose/frequency) regimen; references reviewed and updated.
CP.PHAR.243 Alemtuzumab (Lemtrada)	Medicaid	2Q 2019 annual review: for re-auth, removed restriction for a total of 2 treatment courses per updated FDA labeling which allows for 2 or more treatment courses; references reviewed and updated.
CP.PHAR.245 Apremilast (Otezla)	Medicaid	2Q 2019 annual review: removed trial and failure requirement of conventional DMARDs (e.g., MTX)/NSAIDs for PsA per ACR/NPF 2018 guidelines; references reviewed and updated.

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CP.PHAR.247 Certolizumab (Cimzia)	Medicaid	2Q 2019 annual review: removed trial and failure requirement of conventional DMARDs (e.g., MTX)/NSAIDs for biologic DMARDs for PsA per ACR/NPF 2018 guidelines; references reviewed and updated.
CP.PHAR.250 Etanercept (Enbrel)	Medicaid	2Q 2019 annual review: removed trial and failure requirement of conventional DMARDs (e.g., MTX)/NSAIDs for biologic DMARDs for PsA per ACR/NPF 2018 guidelines; references reviewed and updated.
CP.PHAR.253 Golimumab (Simponi, Simponi Aria)	Medicaid	2Q 2019 annual review: removed trial and failure requirement of conventional DMARDs (e.g., MTX)/NSAIDs for PsA per ACR/NPF 2018 guidelines; revised GI specialist to gastroenterologist for UC; references reviewed and updated.
CP.PHAR.254 Infliximab (Remicade, Renflexis, Inflectra)	Medicaid	2Q 2019 annual review: removed trial and failure requirement of conventional DMARDs (e.g., MTX)/NSAIDs for biologic DMARDs for PsA per ACR/NPF 2018 guidelines; references reviewed and updated.
CP.PHAR.257 Ixekizumab (Taltz)	Medicaid	2Q 2019 annual review: removed trial and failure requirement of conventional DMARDs (e.g., MTX)/NSAIDs for PsA per ACR/NPF 2018 guidelines; added HIM-Medical Benefit; references reviewed and updated.
CP.PHAR.258 Mitoxantrone (Novantrone)	Medicaid	2Q 2019 annual review: MS: specified that generic forms of glatiramer are preferred; all blood cancers: added hematologist prescriber option; ANLL: added requirement for combination use; lymphoma: added requirement for combination use and clarified



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		non-Hodgkin lymphomas to specific lymphoma types; added off-label criteria for ALL per NCCN; references reviewed and updated.
CP.PHAR.259 Natalizumab (Tysabri)	Medicaid	2Q 2019 annual review: for MS: modified trial/failure requirement from 2 preferred agents to just Gilenya (the only preferred agent recommended as first-line for highly active disease) per updated AAN MS guidelines which now recommend Tysabri as first-line for highly active disease; references reviewed and updated.
CP.PHAR.261 Secukinumab (Cosentyx)	Medicaid	2Q 2019 annual review: removed trial and failure of conventional DMARDs (e.g., MTX)/NSAIDs for PsA per 2018 ACR/NPF guidelines; revised approval duration to 6 months if request is for continuation of therapy with a new (e.g., increased dose/frequency) regimen; references reviewed and updated.
CP.PHAR.264 Ustekinumab (Stelara)	Medicaid	2Q 2019 annual review: removed trial and failure requirement of conventional DMARDs (e.g., MTX)/NSAIDs for PsA per ACR/NPF 2018 guidelines; removed redirection to Humira for PsO for members < 18 years old; references reviewed and updated.
CP.PHAR.267 Tofacitinib (Xeljanz, Xeljanz XR)	Medicaid	2Q 2019 annual review: removed trial and failure requirement of conventional DMARDs (e.g., MTX)/NSAIDs for PsA per 2018 PsA guidelines; revised GI specialist to gastroenterologist for UC; updated policy to reflect Xeljanz XR is formulary; references reviewed and updated.

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CP.PHAR.273 Vismodegib (Erivedge)	Medicaid	2Q 2019 annual review: summarized NCCN and FDA approved uses for improved clarity by removing specific requirements for locally advanced, nodal, or distant metastasis (approach aligns with previously approved corporate policy for Odomzo); references reviewed and updated.
CP.PHAR.294 Osimertinib (Tagrisso)	Medicaid	2Q 2019 annual review: NCCN designation of advanced added to NSCLC; sensitizing EGFR mutations restated as examples; Vizimpro added as a trial option for prior NSCLC therapy per NCCN; references reviewed and updated.
CP.PHAR.298 Afatinib (Gilotrif)	Medicaid	2Q 2019 annual review: NCCN designation of advanced added to NSCLC; EGFR mutations restated as examples; NSCLC CNS metastasis moved from off-label section and incorporated into NSCLC criteria set; references reviewed and updated.
CP.PHAR.308 Elotuzumab (Empliciti)	Medicaid	RT4: added newly FDA-approved use with pomalidomide for MM; references reviewed and updated.
CP.PHAR.316 Cabazitaxel (Jevtana)	Medicaid	2Q 2019 annual review: added prescriber requirement; references reviewed and updated.
CP.PHAR.319 Ipilimumab (Yervoy)	Medicaid	2Q 2019 annual review: added coverage for malignant pleural mesothelioma; references reviewed and updated.
CP.PHAR.336 Dupilumab (Dupixent)	Medicaid	Increased initial approval duration of AD from 16 weeks to 6 months; clarified positive response to therapy examples.

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CP.PHAR.342 Brigatinib (Alunbrig)	Medicaid	2Q 2019 annual review: NCCN designation of advanced added to NSCLC; Xalkori and Zykadia trials removed per NCCN recommendation of Alunbrig as first-line therapy for ALK positive NSCLC; references reviewed and updated.
CP.PHAR.344 Midostaurin (Rydapt)	Medicaid	2Q 2019 annual review: AML: hematologist added, FDA-approved test requirement removed; references reviewed and updated.
CP.PHAR.349 Ceritinib (Zykadia)	Medicaid	2Q 2019 annual review: NCCN designation of advanced NSCLC added; NCCN recommended use for Zykadia as first-line therapy for ROS1 positive NSCLC added; references reviewed and updated.
CP.PHAR.361 Tisagenlecleucel (Kymriah)	Medicaid	LBCL: Removed requirement for CD19 tumor expression.
CP.PHAR.362 Axicabtagene ciloleucel (Yescarta)	Medicaid	Removed requirement for CD19 tumor expression.
CP.PHAR.369 Alectinib (Alecensa)	Medicaid	2Q 2019 annual review: NCCN designation of advanced added to NSCLC; references reviewed and updated.
CP.PHAR.403 Fremanezumab-vfrm (Ajoovy)	Medicaid	Added requirement that Ajoovy is not prescribed concurrently with Botox or other injectable CGRP inhibitors; modified continuation of therapy to require maintenance of positive response.

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CP.PHAR.404 Galcanezumab-gnlm (Emgality)	Medicaid	Added requirement that Emgality is not prescribed concurrently with Botox or other injectable CGRP inhibitors; modified continuation of therapy to require maintenance of positive response.
CP.PMN.49 Dabigatran (Pradaxa)	Medicaid	2Q 2019 annual review: removed trial of warfarin per guidelines and specialist feedback; references reviewed and updated.
CP.PMN.75 Tazarotene (Tazorac)	Medicaid	2Q 2019 annual review removed specialist requirement for acne vulgaris; references reviewed and updated.
CP.PMN.86 Oxymetazoline (Rhofade)	Medicaid	2Q 2019 annual review: policy split from CP.PMN.86 Brimonidine (Mirvaso), Oxymetazoline (Rhofade) into individual drug policies; added age limit; references reviewed and updated.
CP.PMN.110 Crisaborole (Eucrisa)	Medicaid	2Q 2019 annual review: added contraindications; references reviewed and updated.
CP.PMN.138 Age Limit Override (Codeine, Tramadol, Hydrocodone)	Medicaid	2Q 2019 annual review: Updated the initial approval duration for cough to 7 days to align with the treatment duration for pain. References reviewed and updated.
CP.PMN.168 Ospemifene (Osphena)	Medicaid	Criteria added for new FDA indication: treatment of moderate to severe vaginal dryness; references reviewed and updated.
New Policies		
CP.PHAR.415 Ravulizumab-cwvz (Ultomiris)	Medicaid	2Q 2019 Policy created.

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CP.PHAR.416 Caplacizumab-yhdp (Cabliivi)	Medicaid	2Q 2019 Policy created.
CP.PMN.191 Age Limit for Topical Tretinoin	Medicaid	2Q 2019 Policy created.
CP.PMN.192 Brimonidine (Mirvaso)	Medicaid	Policy created. 2Q 2019 annual review: policy split from CP.PMN.86 Brimonidine (Mirvaso), Oxymetazoline (Rhofade) into individual drug policies; added age limit; references reviewed and updated.
CP.PMN.193 Hydroxyurea (Siklos)	Medicaid	2Q 2019 Policy created per SDC.
CP.PMN.194 Prucalopride (Motegrity)	Medicaid	2Q 2019 Policy created.
CP.PMN.195 Revenfenacin (Yupelri)	Medicaid	2Q 2019 Policy created.
CP.PMN.196 Rifamycin (Aemcolo)	Medicaid	2Q 2019 Policy created.
CP.PMN.197 Esketamine (Spravato)	Medicaid	2Q 2019 Policy created.
CP.PMN.198 Overactive Bladder Agents	Medicaid	2Q 2019 Policy created.
CP.PMN.199 Esketamine (Spravato)	Medicaid	2Q 2019 Policy created.
No Significant Clinical Changes		
CP.PHAR.50 Binimetinib (Mektovi)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.58 Denosumab (Prolia, Xgeva)	Medicaid	2Q 2019 annual review: no significant changes; added geriatrician as a prescriber specialist option for osteoporosis; references reviewed and updated.

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CP.PHAR.69 Sorafenib (Nexavar)	Medicaid	2Q 2019 annual review: no significant changes; added commercial line of business; references reviewed and updated.
CP.PHAR.72 Dasatinib (Sprycel)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.73 Sunitinib (Sutent)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.75 Bexarotene (Targretin)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.77 Temozolomide (Temodar)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.84 Abiraterone (Zytiga, Yonsa)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.92 Tetrabenazine (Xenazine)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.106 Enzalutamide (Xtandi)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.116 Pomalidomide (Pomalyst)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.120 Sipuleucel-T (Provenge)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.127 Encorafenib (Braftovi)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.135 Baricitinib (Olumiant)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.152 Laronidase (Aldurazyme)	Medicaid	2Q 2019 annual review: no significant changes; added clarification on rounding the requested dose up to the nearest whole vial size to avoid inappropriate denials based on existing vial availability; references reviewed and updated.
CP.PHAR.153 Eliflustrat (Cerdelga)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.

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CP.PHAR.154 Imiglucerase (Cerezyme)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.155 Cysteamine oral (Cystagon, Procysbi)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.156 Idursulfase (Elaprase)	Medicaid	2Q 2019 annual review: no significant changes; referenced reviewed and updated.
CP.PHAR.157 Taliglucerase Alfa (Elelyso)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.158 Agalsidase Beta (Fabrazyme)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.159 Sebelipase Alfa (Kanuma)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.160 Alglucosidase Alfa (Lumizyme)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.161 Galsulfase (Naglazyme)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.162 Elosulfase Alfa (Vimizim)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.163 Velaglucerase Alfa (VPRIV)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.164 Miglustat (Zavesca)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.

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CP.PHAR.227.Pertuzumab (Perjeta)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.230 AbobotulinumtoxinA (Dysport)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.231 IncobotulinumtoxinA (Xeomin)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.233 RimabotulinumtoxinB (Myobloc)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.238 Methoxy polyethylene glycol-epoetin beta (Mircera)	Medicaid	2Q 2019 annual review: No significant changes; references reviewed and updated.
CP.PHAR.239 Dabrafenib (Tafinlar)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.240 Trametinib (Mekinist)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.244 Anakinra (Kineret)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.246 Canakinumab (Ilaris)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.248 Dalfampridine (Ampyra)	Medicaid	2Q 2019 annual review: no significant changes; removed PPMS from diagnoses not covered since the FDA approved indication does not limit use to RRMS or SPMS; references reviewed and updated.
CP.PHAR.249 Dimethyl Fumarate (Tecfidera)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.



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CP.PHAR.251 Fingolimod (Gilenya)	Medicaid	2Q 2019 annual review: no significant changes; removed requirement for no concurrent use of Class Ia or III anti-arrhythmic drugs based on updated contraindication in FDA label; references reviewed and updated.
CP.PHAR.252 Glatiramer Acetate (Copaxone, Glatopa)	Medicaid	2Q 2019 annual review: no significant changes; modified re-direction to indicate that generic glatiramer is preferred before all strengths of Copaxone per SDC; added Commercial line of business since re-directions are now the same; updated Sections V and VI to reflect that Copaxone, Glatopa, and generic glatiramer are all available in the same dosage forms with the same dosing regimens; references reviewed and updated.
CP.PHAR.255 Interferon Beta-1a (Avonex, Rebif)	Medicaid	2Q 2019 annual review: no significant changes; specified that generic forms of glatiramer are preferred; references reviewed and updated.
CP.PHAR.256 Interferon Beta-1b (Betaseron, Extavia)	Medicaid	2Q 2019 annual review: no significant changes; clarified that all re-directions apply only to members 18 years or older; removed Aubagio from list of step through agents as it is not preferred; specified that generic forms of glatiramer are preferred; references reviewed and updated.
CP.PHAR.260 Rituximab (Rituxan, Truxima, Rituxan Hycela)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.262 Teriflunomide (Aubagio)	Medicaid	2Q 2019 annual review: no significant changes; specified that generic forms of glatiramer are preferred; references reviewed and updated.

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Buckeye Health Plan

Medicaid Criteria Updates – Q2 2019

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CP.PHAR.263 Tocilizumab (Actemra)	Medicaid	2Q 2019 annual review: no significant changes; revised GI specialist to gastroenterologist for specialist requirement for SJIA; added autoinjector formulation; references reviewed and updated.
CP.PHAR.265 Vedolizumab (Entyvio)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.266 Riloncept (Arcalyst)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.271 Peginterferon Beta-1a (Plegridy)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.272 Sonidegib (Odomzo)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.335 Ocrelizumab (Ocrevus)	Medicaid	2Q 2019 annual review: no significant changes; specified that generic forms of glatiramer are preferred; references reviewed and updated.
CP.PHAR.337 Telotristat Ethyl (Xermelo)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.339 Durvalumab (Imfinzi)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.340 Valbenazine (Ingrezza)	Medicaid	2Q 2019 annual review: no significant changes; revised requirement for non-concomitant use from valbenazine to deutetrabenazine; references reviewed and updated.
CP.PHAR.341 Deutetrabenazine (Austedo)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.343 Edaravone (Radicava)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.

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CP.PHAR.346 Sarilumab (Kevzara)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.364 Guselkumab (Tremfya)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.374 Vestronidase alfa-vjvk (Mepsevii)	Medicaid	2Q 2019 annual review:; references reviewed and updated.
CP.PHAR.375 Brodalumab (Siliq)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.376 Apalutamide (Erleada)	Medicaid	2Q 2019 annual review: no significant changes; added length of benefit approval for commercial line of business; references reviewed and updated.
CP.PHAR.378 Ibalizumab-uiyk (Trogarzo)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.380 Cobimetinib (Cotellic)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.386 Tildrakizumab-asmn (Ilumya)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PHAR.406 Lorlatinib (Lorbrena)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.13 Dose Optimization	Medicaid	2Q 2019 annual review: removed Commercial line of business as this is included in CP.CPA.190 Formulary Exceptions policy; added reference to CP.PMN.59 Quantity Limit Override policy for QL exceptions.
CP.PMN.33 Pregabalin (Lyrica, Lyrica CR)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.35 Armodafinil (Nuvigil)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.

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CP.PMN.39 Modafinil (Provigil)	Medicaid	2Q 2019 annual review: no significant changes; removed commercial line of business and moved to CP.CPA.83; references reviewed and updated.
CP.PMN.42 Sodium Oxybate (Xyrem)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.48 Cyclosporine ophthalmic emulsion (Restasis)	Medicaid	2Q 2019 annual review: no significant changes; added contraindications; references reviewed and updated
CP.PMN.58 Propranolol (Hemangeol)	Medicaid	2Q 2019 annual review: no significant changes; added clinical practice guidelines for management of infantile hemangiomas to references; added contraindications; references reviewed and updated.
CP.PMN.61 ACEI and ARB Duplicate Therapy	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.79 Doxycycline (Doryx, Oracea, Acticlate)	Medicaid	2Q 2019 annual review: no significant changes; added contraindications; references reviewed and updated.
CP.PMN.80 Minocycline ER (Solodyn, Ximino)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.113 Safinamide (Xadago)	Medicaid	2Q 2019 annual review: no significant changes; added contraindications; no significant changes; references reviewed and updated.
CP.PMN.117 Naproxen and Esomeprazole (Vimovo)	Medicaid	2Q 2019 annual review: no significant changes. References reviewed and updated.
CP.PMN.118 Netarsudil (Rhopressa)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.

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CP.PMN.119 Ozenoxacin (Xepi)	Medicaid	2Q 2019 annual review: no significant changes; product availability updated; references reviewed and updated.
CP.PMN.120 Ibuprofen and Famotidine (Duexis)	Medicaid	2Q 2019 annual review: no significant changes. References reviewed and updated.
CP.PMN.122 Celecoxib (Celebrex)	Medicaid	2Q 2019 annual review: no significant changes. References reviewed and updated.
CP.PMN.124 Itraconazole (Sporonax, Onmel)	Medicaid	2Q 2019 annual review: no significant changes; removed age requirement due to lack of age restriction in guidelines; corrected dosing typo in continued therapy section for blastomycosis, histoplasmosis, and aspergillosis; references reviewed and updated.
CP.PMN.125 Milnacipran (Savella)	Medicaid	2Q 2019 annual review: no significant changes; added contraindications and boxed warnings; references reviewed and updated.
CP.PMN.126 Toremifene (Fareston)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.127 Fentanyl IR (Abstral, Actiq, Fentora, Lazanda, Subsys)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated.
CP.PMN.128 Dutasteride (Avodart, Jalyn)	Medicaid	2Q 2019 annual review: no significant changes; added contraindications and boxed warnings; references reviewed and updated.
CP.PMN.130 Cysteamine ophthalmic (Cystaran)	Medicaid	2Q 2019 annual review: no significant changes; references reviewed and updated
CP.PMN.136 Mecamylamine (Vecamyl)	Medicaid	2Q 2019 annual review: no significant changes; added contraindications; references reviewed and updated.



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CP.PMN.137 Carbamazepine ER (Equetro)	Medicaid	2Q 2019 annual review: no significant changes; added contraindications and boxed warning for SJS/TEN in HLA-B*1502;; references reviewed and updated.
CP.PMN.183 GLP-1 Receptor Agonists	Medicaid	Clarified that failure of metformin must be evidenced by HbA1c at least 7%.
Policies to retire		
CP.PHAR.269 Daclizumab (Zinbryta)	Medicaid	Retire, drug is no longer on the market.
CP.PMN.133 Bupropion/naltrexone (Contrav)	Medicaid	Retire, policy not needed for Medicaid
CP.PMN.135 Phentermine (Adipex-P, Lomaira)	Medicaid	Retire, policy not needed for Medicaid
CP.PST.14 Glucagon-Like Peptide-1 (GLP-1) Agonists	Medicaid	Retire, replaced by CP.PMN.183 Glucagon-Like Peptide-1 (GLP-1) Agonists
CP.PST.19 Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	Medicaid	Retire, replaced by CP.PMN.14 Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors

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