

**UnitedHealthcare Community Plan of Ohio Clinical
Pharmacy Program Guideline Changes**

UnitedHealthcare Community Plan's Clinical Pharmacy Program Guidelines are updated on an ongoing basis by our Pharmacy and Therapeutics Committee. Our changes reflect recent developments in pharmaceutical health care so we're aligned with national treatment standards. The following summary outlines our most recent updates.

New Guidelines

Guideline Name	Eff. Date	Comments
CGRP	May 1,2018	New Program
Iron Chelators	May 1, 2018	New program
Synribo	May 1, 2018	New program

Guideline Modifications

Guideline Name	Eff. Date	Comments
Anticonvulsants	May 1, 2018	Added continuation of therapy language for Gabitril to match what we have for other non-preferred anticonvulsants.
Daraprim	May 1, 2018	Added criteria for PCP prophylaxis and clarified existing criteria.
Entresto	May 1, 2018	Updated metoprolol to remove specification of metoprolol succinate. Revised ejection fraction from 35% to 40%.
Farydak	May 1, 2018	Revised criteria to include combination therapy with Revlimid/dexamethasone as recommended by NCCN. Added NCCN recommended review criteria.
ICS. LABA Combo	May 1, 2018	Added prerequisite requirements into the non-preferred sections. Changed step therapy lookback to 30 days for all drugs.
Impavido	May 1, 2018	Clarified authorization duration to 28 days
Irritable Bowel Syndrome-Constipation	May 1, 2018	Renamed Irritable Bowel Syndrome-Constipation (replacing previous title of Amitiza, Linzess, Movantik, Trulance). Added Symproic to the criteria. Updated Trulance criteria based on new indication for irritable bowel syndrome with constipation.

Jakafi	May 1, 2018	Added off-label criteria for management of steroid refractory GVHD based on consultant feedback and review of emerging evidence. Added NCCN recommended review criteria.
Long Acting Opioids-OHIO	May 1, 2018	Expanded attestation for the MED section: treatment goals, treatment plan, screening for substance abuse/opioid dependence, and medical comorbidities questions combined into an attestation and documentation requirements removed.
Lynparza	May 1, 2018	Added breast cancer to coverage criteria. Updated background and references. Added NCCN recommended regimen review criteria.
Mekinist	May 1, 2018	Updated background information to include new indication in NSCLC with BRAF V600E mutation. Updated criteria to include NCCN recommendation of adjuvant treatment in combination with Tafenlar in stage III disease. Updated references. Added NCCN recommended regimen review criteria.
MS Agents	May 1, 2018	Added reauthorization criteria for non-preferred drugs to allow for continuation of ongoing therapy if patient has had a positive clinical response.
Ninlaro	May 1, 2018	Added NCCN recommended regimen review criteria.
Non-solid Dosage Forms	May 1, 2018	Updated Community Plan language in the background. Rearranged indication(s) and dosing criteria. Separated criteria into preferred and non-preferred products and updated trial/fail language.
Provigil, Nuvigil	May 1, 2018	Modified the language around the diagnosis for shift work disorder to include circadian rhythm, shift work disorder, to match the ICD10 code. Updated off-label sections to allow for use of armodafinil.
Sutent	May 1, 2018	Updated background and criteria to include new labeled indication of adjuvant therapy for high risk RCC following nephrectomy. Added NCCN recommended review criteria. Updated references.
Tafenlar	May 1, 2018	Updated background information to include new indication in NSCLC with BRAF V600E mutation. Updated criteria to include NCCN recommendation of adjuvant treatment in combination with Mekinist in stage III disease. Added NCCN recommended review criteria. Updated references.
Test Strips	May 1, 2018	Added note to outline Quantity Limits
Topical Retinoid Products	May 1, 2018	Clarified step therapy language- step does not need to be through three preferred retinoids, as long as one of the products is Differin OTC.

Zelboraf	May 1, 2018	Updated background and criteria to include new indication for Erdheim-Chester Disease and NCCN recommended off-label use in BRAF mutation positive colon, rectal, and thyroid cancer. Added NCCN recommended regimens review criteria.
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Archived Guidelines

Guideline Name	Comments
Deferasirox	Accounted for in iron chelators policy
Ferriprox	Accounted for in iron chelators policy
Zinbryta	Product withdrawn from market

If you have any questions regarding this summary, please call Provider Services at **800-600-9007**. Thank you.