

UnitedHealthcare Community Plan of Ohio Clinical Pharmacy Program Guideline changes

UnitedHealthcare Community Plan's Clinical Pharmacy Program Guidelines are continually updated by our Pharmacy and Therapeutics Committee. Changes reflect recent developments in pharmaceutical health care to align with national treatment standards. The following summary outlines our most recent updates.

Guideline modifications

Guideline name	Effective date	Comments
Alecensa®	November 1, 2022	Added criteria per NCCN recommendations for histiocytic neoplasms and t-cell lymphomas.
Koselugo	November 1, 2022	Added coverage criteria for Langerhans cell histiocytosis per NCCN guidelines.
Mekinist®	November 1, 2022	Updated criteria to include new indication for solid tumors with BRAF V600E mutation per package insert.
Mektovi®	November 1, 2022	Added criteria for NCCN recommendations for histiocytic neoplasms and serous carcinoma.
Piqray®	November 1, 2022	Updated coverage criteria for initial authorization for breast cancer to include premenopausal women treated with ovarian ablation/suppression per NCCN guidelines.
Tafinlar®	November 1, 2022	Updated criteria to include new indication for solid tumors with BRAF V600E mutation per package insert.
Vemlidy®	November 1, 2022	Updated step criteria.

If you have questions about this summary, please call Provider Services at 800-600-9007.