

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.

New Guidelines

Guideline name	Effective date	Comments
Exkivity™	February 1, 2022	New Guideline
Livmarli™	February 1, 2022	New Guideline
Opzelura	February 1, 2022	New Guideline

Guideline modifications

Guideline name	Effective date	Comments
Cabometyx®	February 1, 2022	Updated background and criteria to include Endometrial carcinoma and new indication for thyroid cancer.
Cotellic®	February 1, 2022	Updates per NCCN recommendations to CNS cancer and histiocytic neoplasms.
Gavreto™	February 1, 2022	Added criteria for thyroid carcinoma according to label and NCCN compendium.
Global Medical Necessity	February 1, 2022	Added review criteria for circumstances where the request is for an isomer, pro-drug, metabolite or similar active ingredient or chemical entity to a preferred medication.

Hycamtin®	February 1, 2022	Added clinical criteria for uterine neoplasms per NCCN recommendations.
Iclusig®	February 1, 2022	Updated Ph+ALL and CML criteria to reflect package insert and NCCN recommendations.
Intron® A	February 1, 2022	Removed discontinued product, Sylatron™. Updated background and criteria to align with label and NCCN guidelines.
Isotretinoin	February 1, 2022	Updated NCCN language.
Jakafi®	February 1, 2022	Include new indication for treatment of chronic GCHD. Updated coverage criteria for pediatric acute lymphoblastic leukemia and CART-T cell related toxicities per NCCN recommendations.
Lenvima™	February 1, 2022	Updated background and criteria for new approval for use in combination with Keytruda (pembrolizumab), for treatment advanced RCC. Updated criteria per NCCN recommendations. Removed anaplastic thyroid carcinoma criteria as it is no longer recommended by NCCN.
Mirvaso®	February 1, 2022	Removed step through agents no longer supported by consensus guidelines.
Rhofade™	February 1, 2022	Removed step through agents no longer supported by consensus guidelines.
Synribo™	February 1, 2022	Updated criteria per NCCN and Label that recommendation for all indications is resistance and/or intolerance to two or more tyrosine kinase inhibitors.
Tagrisso™	February 1, 2022	Updated coverage rational for new treatment indication.
Tasigna®	February 1, 2022	Clarified B-cell type ALL in coverage criteria.
Tukysa™	February 1, 2022	Added criteria for CNS cancers according to NCCN compendia.
Vizimpro®	February 1, 2022	Updated coverage criteria based on NCCN recommendations.

Guideline archival

Guideline name	Effective date	Comments
Bynfezia Pen™	February 1, 2022	Product off market, program archived

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