nh healthy families

NH Healthy Families Pharmacy & Therapeutics Committee
1Q 2021 Combined Guideline Summary

Policy/ Coverage Criteria Guideline	Revision Summary Description
CP.PHAR.05 Hyaluronate derivatives	Revised requirement for diagnosis confirmation by radiologic imaging – generalized to imaging beyond just radiologic type (i.e., to include MRIs); imaging reference added.
CP.PHAR.40 Octreotide Acetate (Sandostatin, Sandostatin LAR, Bynfezia, Mycapssa)	1Q 2021 annual review: advanced adrenal pheochromocytoma /paraganglioma added per NCCN; references reviewed and updated.
NH.PHAR.55 Human Growth Hormone (Somapacitan, Somatropin)	Updated policy to incorporate Somapacitan new product line. Updated dosing charts, references, and indications sections.
CP.PHAR.59 Zoledronic Acid (Reclast, Zometa	1Q 2021 annual review: The MM/solid tumor common criteria line item, at risk for skeletal related event, is removed for solid tumor and for MM is replaced with receiving or initiating therapy for symptomatic disease per pivotal trials/NCCN; references reviewed and update.
CP.PHAR.63 Everolimus (Afinitor, Afinitor Disperz, Zortress)	1Q 2021 annual review: oral oncology generic redirection language added; for HL, WM//LPL, thymoma, or thymic carcinoma, unresectable or disease not responding to previous therapy added; references reviewed and updated.
CP.PHAR.96 Naltrexone (Vivitrol)	1Q 2021 annual review: references reviewed and updated
CP.PHAR.97 Eculizumab (Soliris)	1Q 2021 annual review: for PNH and aHUS, added requirement against concurrent use with Ultomiris; for NMOSD, specified that Ruxience is the preferred rituximab product; references reviewed and updated.
CP.PHAR.124 Alirocumab (Praluent)	1Q 2021 annual review: removed HoFH from diagnoses not covered based on positive results from ODYSSEY HoFH study; references reviewed and updated.
CP.PHAR.135 Baricitinib (Olumiant)	Added criteria for Coronavirus-19 Infection (FDA Emergency Use Authorization); Added criteria for RAPID3 assessment for RA given limited in-person visits during COVID-19 pandemic, updated appendices.
CP.PHAR.166 Ferric Gluconate (Ferrlecit)	1Q 2021 annual review: added off-label dosing limits per label or practice guidelines for iron deficiency anemia without CKD; references reviewed and updated.
CP.PHAR.167 Iron Sucrose (Venofer)	1Q 2021 annual review: added off-label dosing limits per label or practice guidelines for iron deficiency anemia without CKD; references reviewed and updated.
CP.PHAR.178 Icatibant (Firazyr)	1Q 2020 annual review: HAE lab reference range updated; initial auth duration revised to 6 months for alignment; references updated.
CP.PHAR.180 Eltrombopag (Promacta)	1Q 2021 annual review: for aplastic anemia clarified use either as first-line combination therapy or second-line as monotherapy, removed upper age limit for combination therapy per clinical trial baseline characteristics of study population; references reviewed and updated.
CP.PHAR.188 Teriparatide (Forteo)	1Q 2021 annual review: removal of osteosarcoma black box warning per package insert update; references reviewed and updated.
CP.PHAR.200 Mepolizumab (Nucala)	1Q 2021 annual review: criteria added for new FDA indication: hypereosinophilic syndrome indication (HES); updated Appendix B and D; references reviewed and updated.
CP.PHAR.209 Aztreonam (Cayston)	1Q 2021 annual review: added prescriber restriction of pulmonologist or infection disease specialist to initial criteria; added positive response to therapy examples: reduction in respiratory symptoms (e.g., cough, wheezing, sputum production, or pulmonary exacerbations due to Pseudomonas aeruginosa) in continuation criteria; references reviewed and updated.
CP.PHAR.211 Tobramycin	1Q 2021 annual review: added prescriber restrictions of pulmonologist or infection disease specialist references reviewed and updated.
CP.PHAR.212 Dornase alfa (Pulmozyme)	1Q 2021 annual review: added age restriction of 5 years and older; references reviewed and updated.
CP.PHAR.224 Enoxaparin (Lovenox)	1Q 2021 annual review: added HIM line of business; added generic redirection language to initial and continuation criteria; references reviewed and updated.
CP.PHAR.226 Fondaparinux (Arixtra)	Q 2021 annual review: added criteria if request is for Arixtra, medical justification supports inability to use generic fondaparinux to initial and continuation criteria; reviewed and updated.
CP.PHAR.241 Abatacept (Orencia)	Updated pJIA criteria to require diagnosis as evidenced by ≥ 5 joints, cJADAS assessment, and rediretion to Enbrel and Xeljanz per SDC. Additionally, updated criteria to allow tiered redirection or bypass of MTX in the event of sacroiliitis or high disease activity. Added criteria for RAPID3 assessment for RA given limited in-person visits during COVID-19 pandemic, updated appendices.

nh healthy families

NH Healthy Families Pharmacy & Therapeutics Committee
1Q 2021 Combined Guideline Summary

NH.PHAR.242 Adalimumab (Humira), Humira Biosimilars	Updated pJIA criteria to require diagnosis as evidenced by ≥ 5 joints, cJADAS assessment, and rediretion to Enbrel and Xeljanz per SDC. Additionally, updated criteria to allow tiered redirection or bypass of MTX in the event of sacroiliitis or high disease activity. Updated reference and appendix sections. Added criteria for RAPID3 assessment for RA given limited in-person visits during COVID-19 pandemic, updated appendices.
CP.PHAR.244 Anakinra (Kineret)	Added criteria for RAPID3 assessment for RA given limited in-person visits during COVID-19 pandemic, updated appendices.
CP.PHAR.247 Certolizumab (Cimzia)	Added criteria for RAPID3 assessment for RA given limited in-person visits during COVID-19 pandemic, updated appendices.
CP.PHAR.250 Etanercept (Enbrel)	Updated pJIA criteria to require diagnosis as evidenced by ≥ 5 joints and cJADAS assessment. Additionally, updated criteria to allow tiered redirection or bypass of MTX in the event of sacroiliitis or high disease activity. Added criteria for RAPID3 assessment for RA given limited in-person visits during COVID-19 pandemic, updated appendices.
CP.PHAR.253 Golimumab (Simponi, Simponi Aria)	RT2: pJIA FDA approved indication added with Enbrel redirection. RT4: PsA FDA approved age extension to pediatrics added (age 2 and older). Added criteria for RAPID3 assessment for RA given limited in-person visits during COVID-19 pandemic; updated appendices.
CP.PHAR.254 Infliximab (Avsola, Inflectra, Remicade, Renflexis)	Added criteria for RAPID3 assessment for RA given limited in-person visits during COVID-19 pandemic, updated appendices.
CP.PHAR.260 Rituximab (Rituxan, Ruxience, Truxima, Rituxan Hycela	Added criteria for RAPID3 assessment for RA given limited in-person visits during COVID-19 pandemic, updated appendices.
CP.PHAR.263 Tocilizumab (Actemra)	Updated pJIA criteria to require diagnosis as evidenced by ≥ 5 joints, cJADAS assessment, and rediretion to Enbrel and Xeljanz per SDC. Additionally, updated criteria to allow tiered redirection or bypass of MTX in the event of sacroiliitis or high disease activity. Added criteria for RAPID3 assessment for RA given limited in-person visits during COVID-19 pandemic, updated appendices.
CP.PHAR.267 Tofacitinib (Xeljanz Xeljanz XR)	RT2: Added criteria for newly FDA-approved indication for Xeljanz: pcJIA; RT4: updated Xeljanz new dosage form: oral solution; references reviewed and updated. Added criteria for RAPID3 assessment for RA given limited in-person visits during COVID-19 pandemic, updated appendices.
CP.PHAR.283 Lomitapide (Juxtapid)	1Q 2021 annual review: added requirement for adherence to statin therapy on re-auth; references reviewed and updated.
CP.PHAR.284 Mipomersen (Kynamro)	1Q 2021 annual review: added requirement for adherence to statin therapy on re-auth; references reviewed and updated.
CP.PHAR.296 Pegfilgrastim (Neulasta, Nyvepria, Fulphila, Udenyca, Ziextenzo)	Add requirement for confirmation that there is at least 12 days between pegfilgrastim dose and the next cycle of chemotherapy.
CP.PHAR.346 Sarilumab (Kevzara)	Added criteria for RAPID3 assessment for RA given limited in-person visits during COVID-19 pandemic, updated appendices.
CP.PHAR.361 Tisagenlecleucel (Kymriah)	1Q 2021 annual review: clarified acceptable types of LBCL diagnoses per FDA indication and NCCN compendium; for ALL removed exclusion for active CNS disease per NCCN support for use in extramedullary disease; references updated
CP.PHAR.362 Axicabtagene ciloleucel (Yescarta)	1Q 2021 annual review: clarified acceptable types of LBCL diagnoses per FDA indication and NCCN compendium; references updated
CP.PHAR.370 Emicizumab-kxwh (Hemlibra)	1Q 2021 annual review: added requirement for documentation of member's body weight for calculation of appropriate dosage; removed references to valoctocogene as it was denied approval by the FDA and likely will not face FDA review again until at least late 2022; references reviewed and updated.
CP.PHAR.402 Emapalumab-lzsg (Gamifant)	1Q 2021 annual review: added criteria for diagnosis confirmation per clinical trial inclusion criteria and competitor market analysis; references reviewed and updated.
CP.PHAR.407 Lusutrombopag (Mulpleta)	1Q 2021 annual review: added requirement that Mulpleta is not prescribed concurrently with other thrombopoietin receptor agonists; references reviewed and updated.
CP.PHAR.411 Amifampridine (Firdapse, Ruzurgi)	1Q 2021 annual review: added requirement for diagnostic testing to confirm diagnosis; references reviewed and updated
CP.PHAR.415 Ravulizumab-cwvz (Ultomiris)	1Q 2021 annual review: removed "TBD HIM" line of business since Ultomiris is NF for HIM while there are therapeutic alternatives on F (e.g., Soliris); added HIM-Medical Benefit; added requirement against concurrent use with Soliris; RT4: added new strength vials- 300 mg/3 mL and 1,100 mg/11 mL; references reviewed and updated.
CP.PHAR.443 Upadacitinib (Rinvoq)	Added criteria for RAPID3 assessment for RA given limited in-person visits during COVID-19 pandemic, updated appendices.
CP.PHAR.448 Mometasone furoate (Sinuva)	1Q 2021 annual review: clarified that 1 implant may be placed per sinus per PI; added re-authorization criteria based on results of a repeat administration study in patients with ethmoid sinus polyps grade ≥ 1 per PI; references reviewed and updated.
CP.PHAR.455 Enfortumab Vedotin-ejfv (Padcev)	1Q 2021 annual review: recurrent UC added and trial settings (e.g., neoadjuvant) removed to encompass NCCN recommended uses; references reviewed and updated.

nh healthy families

NH Healthy Families Pharmacy & Therapeutics Committee
1Q 2021 Combined Guideline Summary

CP.PHAR.463 Satralizumab-mwge (Enspryng)	1Q 2021 annual review: drug is now FDA approved - criteria updated per FDA labeling: added requirement that member does not have active HBV or TB since both are contraindications; added requirement against concurrent use with rituximab, Soliris, or Uplizna; references reviewed and updated.
CP.PHAR.464 Selumetinib (Koselugo)	1Q 2021 annual review: clarified PNs are inoperable as per FDA label; references reviewed and updated.
CP.PHAR.467 Zanubrutinib (Brukinsa)	1Q 2021 annual review: oral oncology generic redirection language added; references reviewed and updated.
CP.PHAR.472 Brexucabtagene autoleucel (Tecartus)	1Q 2021 annual review: clarified CNS disease should be ruled out by MRI; references reviewed and updated.
CP.PMN.03 DPP-4 inhibitors	1Q 2021 annual review: removed criteria for combination DPP4/SGLT2 products and directed requests to the SGLT2 policy instead; references reviewed and updated.
CP.PMN.20 Aspirin-dipyridamole (Aggrenox)	1Q 2021 annual review: added generic redirection language to initial and continuation criteria; references reviewed and updated.
NH.PMN.22 Brand Name Override	1Q 2021 annual review: added language to require use of preferred biosimilars if available; references reviewed and updated.
CP.PMN.24 Ciclopirox (Penlac)	1Q 2021 annual review: added HIM lines of business; added requirement for use of generic Penlac; clarified redirection applies to age 18 or older similar to Jublia and Kerydin; references reviewed and updated.
CP.PMN.34 Ranolazine (Ranexa)	1Q 2021 annual review: added redirection to generic ranolazine in initial and continuation criteria; references updated.
CP.PMN.74 Granisetron (Kytril, Sancuso, Sustol)	1Q 2021 annual review: removed HIM-Medical Benefit line of business and removed NCCN dose language for I.A and I.C; references reviewed and updated. 1Q 2021 annual review: modified initial approval duration from 6 to 12 months; references reviewed and updated. RT4: added new dosage form Hetlioz LQ and new indication for nighttime sleep disturbances in SMS; for non-24 added age 18 or older and requirement that request is for Hetlioz per updated prescribing information.
CP.PMN.104 Tasimelteon (Hetlioz)	1Q 2021 annual review: modified initial approval duration from 6 to 12 months; references reviewed and updated. RT4: added new dosage form Hetlioz LQ and new indication for nighttime sleep disturbances in SMS; for non-24 added age 18 or older and requirement that request is for Hetlioz per updated prescribing information.
CP.PMN.105 Tavaborole (Kerydin)	1Q 2021 annual review: clarified redirection applies to age 18 or older similar to Jublia; references reviewed and updated.
CP.PMN.113 Safinamide (Xadago)	1Q 2021 annual review: monotherapy limitation of use removed per FDA label update - indication for adjunctive use remains unchanged; references reviewed and updated.
CP.PMN.123 Colchicine (Colcrys)	1Q 2021 annual review: added HIM line of business; modified FMF approval duration to 12 months for Medicaid/HIM; for FMF indication added examples of positive response included in Appendix D to section II; references reviewed and updated.
CP.PMN.199 Esketamine (Spravato)	Criteria for major depressive disorder with suicidal ideation or behavior revised to state: member is recently (within the last 5 days) discharged from “or currently in an” acute or subacute inpatient care for suicidality.
CP.PMN.212 Bedaquiline (Sirturo)	1Q 2021 annual review: for requests in combination with Pretomanid revised prescriber requirement from infectious disease specialist to an expert in the treatment of tuberculosis; references reviewed and updated.
CP.PMN.221 Pitolisant (Wakix)	1Q 2021 annual review: RT4: updated criteria to reflect expansion of FDA indication to include cataplexy; updated hypersensitivity contraindication based on label updates; references reviewed and updated.
CP.PMN.223 Rifabutin (Mycobutin), Rifabutin, omeprazole, amoxicillin (Talicia)	1Q21 annual review: added “off-label” for Mycobutin for *H. pylori* infection; added redirection to generic rifabutin in initial and continuation criteria; references reviewed and updated.
CP.PMN.227 Edoxaban (Savaysa)	1Q 2021 annual review: added cancer associated venous thromboembolic disease as per NCCN recommendations; references updated.
CP.PST.01 Step Therapy	1Q 2020 annual review: Added Strattera requiring step through of amphetamine, amphetamine-dextroamphetamine, dexmethylphenidate, lisdexamfetamine dimesylate, or methylphenidate (retire CP.PST.17); removed step through requirements for Breo Ellipta to align with Centene core formulary.
CP.PHAR.515 Avacopan (CCX168)	Policy created.
CP.PHAR.516 Fostemsavir (Rukobia)	Policy created.
CP.PHAR.518 Mannitol (Bronchitol)	Policy created.
CP.PHAR.519 Bamlanivimab (LY-CoV555)	Policy created.
CP.PHAR.520 Casirivimab and Imdevimab (REGN-COV2)	Policy created.
CP.PMN.257 Clascoterone (Winlevi)	Policy created.
CP.PMN.258 Conjugated estrogens-bazedoxifene (Duavee)	Policy created.
CP.PMN.259 Inhaled asthma and COPD agents	Policy created.

nh healthy families

NH Healthy Families Pharmacy & Therapeutics Committee
1Q 2021 Combined Guideline Summary

CP.PMN.260 Loteprednol etabonate (Eysuvis)	Policy created.
CP.PMN.261 Dichlorphenamide (Keveyis)	Policy created.
CP.PHAR.01 Omalizumab (Xolair)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.14 Hydroxyprogesterone caproate (Makena)	1Q 2021 annual review: no significant changes; generic formulation availability added for single and multi-dose vials for information; references reviewed and updated.
CP.PHAR.24 Fostamatinib (Tavalisse)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.43 Sapropterin (Kuvan)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.52 Interferon Gamma- 1b (Actimmune)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.58 Denosumab (Prolia Xgeva)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.94 Alpha1-Proteinase Inhibitors	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.101 Mifepristone (Korlym)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.114 Teduglutide (Gattex)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.115 Pegloticase (Krystexxa)	1Q 2021 annual review: no significant changes; added requirement in continued therapy that member is not concurrently taking other oral urate-lowering therapy to Section I for initial approval; references updated.
CP.PHAR.123 Evolocumab (Repatha)	1Q 2021 annual review: no significant changes; references reviewed and updated.
NH.PHAR.128 Erenumab-aaoe (Aimovig)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.165 Ferumoxytol (Feraheme)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.168 Corticotropin (H.P. Acthar)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.177 Ecallantide (Kalbitor)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.179 Romiplostim (Nplate)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.181 Hemin (Panhematin)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.184 Aflibercept (Eylea)	1Q 2021 annual review: no significant changes; converted HIM-Medical Benefit to HIM; references updated
CP.PHAR.185 Pegaptanib (Macugen)	1Q 2021 annual review: no significant changes, added HIM LOB; references reviewed and updated.
CP.PHAR.186 Ranibizumab (Lucentis)	1Q 2021 annual review: no significant changes; references reviwed and updated.
CP.PHAR.187 Verteporfin (Visudyne)	1Q 2021 annual review: no significant changes; added HIM line of business; references reviewed and updated.
CP.PHAR.189 Ibandronate injection (Boniva)	1Q 2021 annual review: no significant changes; references reviewed and updated
CP.PHAR.190 Ambrisentan (Letairis)	1Q 2021 annual review: no significant changes; references updated. CP.PHAR.190 Ambrisentan (Letairis)
CP.PHAR.191 Bosentan (Tracleer)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.192 Epoprostenol (Flolan, Veletri)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.193 Iloprost (Ventavis)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.194 Macitentan (Opsumit)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.195 Riociguat (Adempas)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.196 Selexipag (Uptravi)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.197 Sildenafil (Revatio)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.198 Tadalafil (Adcirca, Alyq)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.199 Treprostinil (Orenitram, Remodulin, Tyvaso)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.202 C1 Esterase Inhibitors (Berinert Cinryze Haegarda Ruconest)	1Q 2021 annual review: no significant changes; reconciled FDA indication language; RT4: pediatric extension for Haegarda, ≥ 6 years, updated age restriction criteria; references reviewed and updated.
CP.PHAR.203 Cosyntropin (Cortrosyn)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.208 Sodium phenylbutyrate (Buphenyl)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.210 Ivacaftor (Kalydeco)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.213 Lumacaftor-ivacaftor (Orkambi)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.214 Desmopressin (DDAVP, Stimate, Nocdurna, Noctiva)	Removed reference to non-formulary HIM policy for Nocdurna and Noctiva requests; references updated.
CP.PHAR.223 Reslizumab (Cinqair)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.225 Dalteparin (Fragmin)	1Q 2021 annual review: no significant changes; references reviewed and updated.

nh healthy families

NH Healthy Families Pharmacy & Therapeutics Committee
1Q 2021 Combined Guideline Summary

CP.PHAR.234 Ferric Carboxymaltose (Injectafer)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.282 Parathyroid hormone (Natpara)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.300 Bezlotoxumab (Zinplava)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.327 Nusinersen (Spinraza	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.329 Siltuximab (Sylvant)	Lab parameters removed from criteria sets given they do not represent a treatment contraindication references updated.
CP.PHAR.330 Protein C Concentrate Human (Ceprotin)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.331 Deflazacort (Emflaza)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.336 Dupilumab (Dupixent)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.345 Abaloparatide (Tymlos)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.367 Letermovir (Prevymis)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.371 Triamcinolone ER Injection (Zilretta)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.372 Voretigene neparvovec-rzyl (Luxturna)	1Q 2021 annual review: no significant changes; converted HIM-Medical Benefit to HIM; references updated
CP.PHAR.373 Benralizumab (Fasenra)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.377 Tezacaftor-Ivacaftor (Symdeko)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.388 Chloramphenicol	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.396 Lanadelumab-fylo (Takhzyro)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.401 Amikacin (Arikayce)	1Q 2021 annual review: no significant changes; references reviewed and updated.
NH.PHAR.403 Fremanezumab-vfrm (Ajovy)	1Q 2021 annual review: no significant changes; references reviewed and updated.
NH.PHAR.404 Galcanezumab-gnlm (Emgality)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.405 Inotersen (Tegsedi)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.428 Romosozumab-aqqg (Evenity)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.440 Elexacaftor-ivacaftor-tezacaftor (Trikafta)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.444 Afamelanotide (Scenesse)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.445 Brolucizumab (Beovu)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.446 Flibanserin (Addyi)	1Q 2021 annual review: added HIM line of business; no significant changes; references reviewed and updated.
CP.PHAR.449 Crizanlizumab-tmca (Adakveo)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.450 Luspatercept-aamt (Reblozyl)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.451 Voxelotor (Oxbryta)	1Q 2021 annual review: no significant changes; references reviewed and updated.
NH.PHAR.453 Golodirsen (Vyondys 53)	RETIRE IN LIEU OF CORPORATE POLICY
CP.PHAR.453 Golodirsen (Vyondys 53)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.457 Givosiran (Givlaari)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.458 Inebilizumab-cdon (Uplizna)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.459 Iobenguane I 131 (Azedra)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.460 Monomethyl fumarate (Bafiertam)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.461 Nadofaragene Firadenovec (Instiladrin)	1Q 2021 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated.
CP.PHAR.462 Ozanimod (Zeposia)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.465 Teprotumumab (Tepezza)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.466 Valoctocogene Roxaparvovec	1Q 2021 annual review: no significant changes as drug is not FDA-approved; references reviewed and updated.
CP.PHAR.484 Viltolarsen (Viltepso)	1Q 2021 annual review: no significant changes; references reviewed and updated
CP.PHAR.489 Eptinezumab (Vyepti)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.04 Non-Calcium Phosphate Binders (Auryxia, Fosrenol, Renagel, Renvela, Velphoro)	1Q 2021 annual review: no significant changes; results reviewed and updated.
CP.PMN.05 Rifapentine (Priftin)	1Q 2021 annual review: no significant changes; results reviewed and updated
CP.PMN.14 SGLT2 inhibitors	1Q 2021 annual review: no significant changes; removed lower limb amputation boxed warning for canagliflozin from Appendix C per updated PI; references reviewed and updated.
CP.PMN.19 Aprepitant (Cinvanti, Emend)	1Q 2021 annual review: no significant changes; removed HIM-Medical Benefit; references reviewed and updated.

nh healthy families

NH Healthy Families Pharmacy & Therapeutics Committee
1Q 2021 Combined Guideline Summary

CP.PMN.21 Becaplermin (Regranex)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.25 Efinaconazole (Jublia)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.27 Linezolid (Zyvox)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.45 Ondansetron (Zuplenz)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.52 Omega-3-Acid Ethyl Esters (Lovaza)	1Q 2021 annual review: no significant changes; added HIM line of business; clarified that redirection to generic Lovaza applies to re-auth as well; references reviewed and updated.
CP.PMN.57 Febuxostat (Uloric)	1Q 2021 annual review: no significant changes; added examples of positive response included in Appendix D to section II; references reviewed and updated.
CP.PMN.62 Tedizolid (Sivextro)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.67 Sacubitril-Valsartan (Entresto)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.70 Ivabradine (Corlanor)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.72 Metformin ER (Glumetza, Fortamet)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.81 Buprenorphine-naloxone (Bunavail, Cassipa, Suboxone, Zubsolv)	1Q 2021 annual review: no significant changes; policies combined for Medicaid and HIM lines of business; HIM: added NF Zubsolv and generalized the existing redirection to Suboxone SL tabs to apply to all agents on the policy; retired HIM.PA.35; references updated.
CP.PMN.82 Buprenorphine (Subutex)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.88 Alendronate (Binosto, Fosamax plus D)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.89 Amantadine ER (Gocovri,Osmolex ER)	1Q 2021 annual review: added HIM line of business; no significant changes; references reviewed and updated.
CP.PMN.90 Benznidazole	1Q 2021 annual review: no significant changes; references reviewed and reviewed.
CP.PMN.92 CNS Stimulants	1Q 2021 annual review: no significant changes; references reviewed and reviewed.
CP.PMN.93 Dextromethorphan-Quinidine (Nuedexta)	1Q 2021 annual review: no significant changes; references reviewed and reviewed.
CP.PMN.94 Etidronate (Didronel)	1Q 2021 annual review: no significant changes; references reviewed and reviewed.
CP.PMN.95 Fluticasone propionate (Xhance)	1Q 2021 annual review: no significant changes; references reviewed and reviewed.
CP.PMN.96 Ibandronate Oral (Boniva)	1Q 2021 annual review: no significant changes; references reviewed and reviewed.
CP.PMN.99 Prasterone (Intrarosa)	1Q 2021 annual review: HIM line of business added; no significant changes; references reviewed and updated.
CP.PMN.100 Risedronate (Actonel, Atelvia)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.101 Rivastigmine (Exelon)	No significant changes; updated dosage and administration to include oral solution; references reviewed and updated.
CP.PMN.102 Rolapitant (Varubi)	No significant changes; updated contraindications and dosing information per PI; references reviewed and updated.
CP.PMN.103 Secnidazole (Solosec)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.107 Topical Immunomodulators	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.108 Latanoprostene Bunod (Vyzulta)	1Q 2021 annual review: no significant changes; added HIM line of business since Vyzulta is NF and policy is slightly stricter than NF policy; references reviewed and updated.
CP.PMN.115 Delafloxacin (Baxdela)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.129 Pramlintide (Symlin)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.141 Dolasetron (Anzemet)	1Q 2021 annual review: no significant changes; removed NCCN dose language; references reviewed and updated.
CP.PMN.150 Lesinurad (Zurampic), Lesinurad-allopurinol (Duzallo)	1Q 2021 annual review: no significant changes; added examples of positive response included in Appendix D to section II; references reviewed and updated.
CP.PMN.151 QL of Blood Glucose Test Strips Not Receiving insulin	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.158 Netupitant and Palonosetron (Akynzeo)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.159 Dronabinol (Marinol, Syndros)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.160 Nabilone (Cesamet)	1Q 2021 annual review: no significant changes; references reviewed and updated
CP.PMN.166 Luliconazole cream (Luzu)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.183 GLP-1 receptor agonists	No significant changes; added new dosage strength (4 mg/3 mL) form for Ozempic; references updated.
CP.PMN.186 Cenegermin-bkbj (Oxervate)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.187 Icosapent ethyl (Vascepa)	No significant changes; added redirection to generic icosapent ethyl for brand Vascepa requests; references updated.

NH Healthy Families Pharmacy & Therapeutics Committee
1Q 2021 Combined Guideline Summary

CP.PMN.188 Omadacycline (Nuzyra)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.189 Sarecycline (Seysara)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.217 Istradefylline (Nourianz)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.218 Lasmiditan (Reyvow)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.219 Lefamulin (Xenleta)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.220 Peanut allergen powder (Palforzia)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.222 Pretomanid	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.224 Tenapanor (Ibsrela)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.225 Trifarotene (Aklief)	1Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.231 Cenobamate (Xcopri)	1Q 2021 annual review: no significant changes; removed HIM-Medical Benefit; references reviewed and updated
CP.PMN.232 Lumateperone (Caplyta)	1Q 2021 annual review: no significant changes; removed HIM-Medical Benefit; references reviewed and updated
CP.PMN.237 Bempedoic acid (Nexletol), bempedoic acid-ezetimibe (Nexlizet)	1Q 2021 annual review: no significant changes; removed HIM-Medical Benefit; references reviewed and updated
CP.PMN.07 Xopenex HFA/Inhalation Solution	Retired, replaced by CP.PMN.259 Inhaled Agents for Asthma and COPD
CP.PMN.31 Advair Diskus/HFA	Retired, replaced by CP.PMN.259 Inhaled Agents for Asthma and COPD
CP.PMN.146 Trelegy Ellipta	Retired, replaced by CP.PMN.259 Inhaled Agents for Asthma and COPD
CP.PMN.147 Utibron Neohaler	Retired, replaced by CP.PMN.259 Inhaled Agents for Asthma and COPD
CP.PMN.148 Anoro Ellipt	Retired, replaced by CP.PMN.259 Inhaled Agents for Asthma and COPD
CP.PMN.200 Duaklir Pressair	Retired, replaced by CP.PMN.259 Inhaled Agents for Asthma and COPD
CP.PMN.201 Brovana	Retired, replaced by CP.PMN.259 Inhaled Agents for Asthma and COPD
CP.PMN.203 Arcapta Neohaler	Retired, replaced by CP.PMN.259 Inhaled Agents for Asthma and COPD
CP.PMN.204 Striverdi Respimat	Retired, replaced by CP.PMN.259 Inhaled Agents for Asthma and COPD
CP.PMN.229 Breo Ellipta	Retired, replaced by CP.PMN.259 Inhaled Agents for Asthma and COPD
CP.PMN.230 Dulera	Retired, replaced by CP.PMN.259 Inhaled Agents for Asthma and COPD
CP.PST.17 Atomoxetine (Strattera)	Retired, combined in with CP.PST.01

Coverage Criteria Guideline	Revision Summary Description
NH.PHAR.01 72 Hour Emergency Supply of Medication	Annual Review. No changes deemed necessary.
NH.PHAR.02 Approval of Brand Name Override	Annual Review. No Changes
CC.PHAR.03 Drug Recall Notification	Updated and simplified EPS policy with best practices to align with WellCare, Meridian, and NCQA's policies. DART will monitor the weekly FDA Enforcement Reports and recall website on a regular basis and only start acting on the recalls after they have been classified as Class I or Class II. A recall is considered actionable if it is a Class I recall, or it is a Class II recall AND affects all lot numbers of the NDC being recalled. Turnaround timeframe to mail out the member and prescriber notice letters from the date of the FDA recall classification or the market withdrawal notification has also been updated to 14 calendar days for Class I Drug Recalls and 30 calendar days for Class II Drug Recalls and Drug Market Withdrawals. DART will run a Utilization Management (UM) report to identify and notify members who have received the recalled or withdrawn drug in the 90 calendar days prior to the date the notifications were discovered (unless another timeframe was specified in the FDA notification). Changed Envolve's membership to Centene's membership in Procedure #2. Added FDA websites to References section. Added definitions for Market Withdrawal and Medication Safety Alert to Definitions section.
NH.PHAR.05 Lost, Stolen, Spilled or Broken Medications or Vacation Override	Annual Review, No Changes
NH.PHAR.08 Pharmacy Prior Authorization and Medical Necessity Criteria	Annual Review, no changes

NH Healthy Families Pharmacy & Therapeutics Committee
1Q 2021 Combined Guideline Summary

NH.PHAR.09 Pharmacy Program	Updated medication management section and added additional details related to the DUR program related to changes in the MCM contract
NH.PHAR.10 Preferred Drug List	Annual Review, No Changes
CC.PHAR.12 Specialty Pharmacy Program	Added that Administrative Clerks (in addition to Pharmacy Technicians) can receive verbal PA requests and triage PA requests into the PA system for review. Added that approval notifications are mailed to members where required by the state. Added that a minimum of one outreach attempt is made in section 2 a. Added EPS.PHARM.03A Medicaid Prior Authorization Review Process to References section.
NH.PHAR.12 Specialty Pharmacy Program	RETIRE IN LIEU OF CORPORATE POLICY MORE IN LINE WITH PROCEDURE
NH.PHAR.13 Pharmacy and Therapeutics Committee	Added to the Membership & Organization section: Length of term information, appropriate credentialing of voting members, required annual Conflict of Interest training and signed documentation, and employees of pharmaceutical manufacturers or product sponsor representatives may not serve as members or attend meetings. Added a new section 3 for Attendance & Participation. Added information to 1 g. that describes a process for the P&T Committee to review for clinical appropriateness, protocols and procedures for formulary management activities. Added information to 1 h. that defines how the P&T Committee interfaces with the quality improvement and drug utilization management programs.
NH.PHAR.14 Pharmacy Lock-In Program	Changes appeal timeframe afforded to member from 30 to 60 days
NH.PHAR.15 Continuity of Care	Annual Review, no changes
CC.PHAR.20 LTE DESI Drugs	Annual Review. No changes deemed necessary.
NH.PHAR.20 Medication Therapy management Program	Updated eligibility for categories outreached for comprehensive medication services to better align with new MCM contract changes. Removed reference to OutcomesMTM
CC.PHAR.23 Clinical Pharmacy Policy Web Posting	Annual Review. Added Adobe Experience Manager for AEM acronym.
NH.PHAR.135 Drug Utilization Review	Updated polypharmacy section. Updated to add language around the SUPPORT provisions from MCM Contract