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NH Healthy Families Pharmacy & Therapeutics Committee
21Q2 Combined Guideline Summary

Policy/ Coverage Criteria Guideline	Revision Summary Description
CP.PHAR.16 Palivizumab (Synagis)	2Q 2021 annual review: per prescribing information, added requirement for continued therapy that member will not reach 24 months of age at the start of RSV season; references reviewed and updated.
CP.PHAR.43 Sapropterin (Kuvan)	2Q 2021 annual review: to align with the previously Corporate-approved approach for the treatment of PKU, added requirements for a Phe-restricted diet and excluded coverage of concurrent use of Kuvan and Palynziq; references reviewed and updated.
CP.PHAR.78 Thalidomide (Thalomid)	2Q 2021 annual review: added hematology specialist option to MM and myeloproliferative neoplasm indications; removed "hyaline vascular histology" requirement from MCD to align with NCCN removal; added criteria for corticosteroid-refractory immune reconstitution inflammatory syndrome in Kaposi sarcoma per NCCN; references reviewed and updated.
CP.PHAR.88 Belimumab (Benlysta)	RT4: added criteria to reflect new indication for lupus nephritis in adults and aligned with Lupkynis (voclosporin);
CP.PHAR.92 Tetrabenazine (Xenazine)	2Q 2021 annual review: added off-label indication of TD supported by APA 2020 Practice Guideline and relevant appendices E, F, G, and H for supporting information; references reviewed and updated.
CP.PHAR.116 Pomalidomide (Pomalyst)	2Q 2021 annual review: added hematology specialist option to MM and amyloidosis indications; for systemic light chain amyloidosis, added requirement for combination with dexamethasone per NCCN; references reviewed and updated.
CP.PHAR.135 Baricitinib (Olumiant)	2Q 2021 annual review: added combination of bDMARDs under Section III; updated CDAI table with ">" to prevent overlap in classification of severity, updated dosage form to include 1 mg; references reviewed and updated.
CP.PHAR.152 Laronidase (Aldurazyme)	2Q 2021 annual review: clarified the covered subtypes of MPS I, to align with the FDA-approved indication; references reviewed and updated.
CP.PHAR.158 Agalsidase beta (Fabrazyme)	2Q 2021 annual review: added a requirement for a clinical geneticist specialist and no concomitant use with Galafold, in line with the previously P&T-approved approach for Fabry disease for Galafold; references reviewed and updated.
CP.PHAR.230 AbobotulinumtoxinA (Dysport)	2Q 2021 annual review: treatment plan requirement detailing number of Units per site and treatment session is changed to per indication and treatment session; treatment of multiple indications restriction removed and replaced with total treatment dose limitation (Section III); off-label uses added as follows per previously approved clinical guidance: adults (OAB/urinary incontinence, migraine, AH, blepharospasm, strabismus, sialorrhea, LD, OMD, UE dystonia, UE essential tremor; EA, HD, IAS achalasia, CAF; references reviewed and updated.
CP.PHAR.231 IncobotulinumtoxinA (Xeomin)	2Q 2021 annual review: chronic sialorrhea age updated to include pediatrics per FDA label; treatment plan requirement detailing number of Units per site and treatment session is changed to per indication and treatment session; treatment of multiple indications restriction removed and replaced with total treatment dose limitation (Section III); off-label uses added as follows per previously approved clinical guidance: adults (lower limb spasticity, OAB/urinary incontinence, migraine, AH, OMD, UE dystonia, UE essential tremor; references reviewed and updated.
CP.PHAR.232 OnabotulinumtoxinA (Botox)	2Q 2021 annual review: spasticity step therapy criteria updated; treatment plan requirement detailing number of Units per site and treatment session is changed to per indication and treatment session; treatment of multiple indications restriction removed and replaced with total treatment dose limitation (Section III); RT4: added newly FDA-approved diagnosis of pediatric detrusor overactivity; references reviewed and updated.
CP.PHAR.236 Darbepoetin alfa (Aranesp)	2Q 2021 annual review: for MDS and MF associated anemia added for continued therapy hemoglobin or transfusion response criteria per NCCN; references reviewed and updated.
NH.PHAR.237 Epoetin alfa (Epogen, Procrit), Epoetin alfa-epbx (Retacrit)	2Q 2021 annual review: for MDS and MF associated anemia added for continued therapy hemoglobin or transfusion response criteria per NCCN; references reviewed and updated.
CP.PHAR.241 Abatacept (Orencia)	2Q 2021 annual review: added combination of bDMARDs under Section III; updated CDAI table with ">" to prevent overlap in classification of severity; references reviewed and updated.
NH.PHAR.242 Adalimumab (Humira), Humira Biosimilars	2Q 2021 annual review: added additional criteria related to diagnosis of moderate-to-severe PsO per 2019 AAD/NPF guidelines specifying at least 3% BSA involvement or involvement of areas that severely impact daily function; added combination of bDMARDs under Section III; updated CDAI table with ">" to prevent overlap in classification of severity; references reviewed and updated. RT4: updated criteria to reflect pediatric extension for UC to include patients 5 years of age and older.
CP.PHAR.244 Anakinra (Kineret)	2Q 2021 annual review: RT4: added criteria for new indication of DIRA; added combination of bDMARDs under Section III; updated CDAI table with ">" to prevent overlap in classification of severity; references reviewed and updated.
CP.PHAR.245 Apremilast (Otezla)	2Q 2021 annual review: added additional criteria related to diagnosis of moderate-to-severe PsO per 2019 AAD/NPF guidelines specifying at least 3% BSA involvement or involvement of areas that severely impact daily function; references reviewed and updated.
CP.PHAR.246 Canakinumab (Ilaris)	2Q 2021 annual review: added requirements to confirm diagnosis/severity for periodic fever syndromes; added combination of bDMARDs under Section III; references reviewed and updated.
CP.PHAR.247 Certolizumab (Cimzia)	2Q 2021 annual review: added additional criteria related to diagnosis of moderate-to-severe PsO per 2019 AAD/NPF guidelines specifying at least 3% BSA involvement or involvement of areas that severely impact daily function; added combination of bDMARDs under Section III; updated CDAI table with ">" to prevent overlap in classification of severity; references reviewed and updated.

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CP.PHAR.249 Dimethyl fumarate (Tecfidera), diroximel fumarate (Vumerity), monomethyl fumarate (Bafiertam)	2Q 2021 annual review: added Bafiertam (CP.PHAR.460 retired); revised medical justification language to require use of the generic product; references reviewed and updated.
CP.PHAR.250 Etanercept (Enbrel)	2Q 2021 annual review: added additional criteria related to diagnosis of moderate-to-severe PsO per 2019 AAD/NPF guidelines specifying at least 3% BSA involvement or involvement of areas that severely impact daily function; added combination of bDMARDs under Section III; updated CDAI table with ">" to prevent overlap in classification of severity; references reviewed and updated.
CP.PHAR.253 Golimumab (Simponi, Simponi Aria)	2Q 2021 annual review: added combination of bDMARDs under Section III; updated CDAI table with ">" to prevent overlap in classification of severity; references reviewed and updated.
CP.PHAR.254 Infliximab (Avsola, Inflectra, Remicade, Renflexis)	2Q 2021 annual review: added additional criteria related to diagnosis of chronic severe PsO per 2019 AAD/NPF guidelines specifying at least 10% BSA involvement or involvement of areas that severely impact daily function; added combination of bDMARDs under Section III; updated CDAI table with ">" to prevent overlap in classification of severity; references reviewed and updated.
CP.PHAR.257 Ixekizumab (Taltz)	2Q 2021 annual review: added additional criteria related to diagnosis of moderate-to-severe PsO per 2019 AAD/NPF guidelines specifying at least 3% BSA involvement or involvement of areas that severely impact daily function, updated dose limits to reflect pediatric limits; added combination of bDMARDs under Section; references reviewed and updated.
CP.PHAR.260 Rituximab (Rituxan, Riabni, Ruxience, Truxima, Rituxan Hycela)	2Q 2021 annual review: added GVHD (2A) to NCCN Compendium (off-label) section; ensured alignment of biosimilars with Rituxan throughout policy; updated reference for HIM off-label use to HIM.PA.154 (replaces HIM.PHAR.21); RT4: added recently FDA-approved biosimilar Riabni to all policy criteria applicable to Rituxan; added combination of bDMARDs under Section III (less rebate risk than embedding in criteria); updated CDAI table with ">" to prevent overlap in classification of severity; references reviewed and updated.
NH.PHAR.261 Secukinumab (Cosentyx)	2Q 2021 annual review: added additional criteria related to diagnosis of moderate-to-severe PsO per 2019 AAD/NPF guidelines specifying at least 3% BSA involvement or involvement of areas that severely impact daily function; added combination of bDMARDs under Section III; references reviewed and updated.
CP.PHAR.263 Tocilizumab (Actemra)	2Q 2021 annual review: added combination of bDMARDs under Section III; updated CDAI table with ">" to prevent overlap in classification of severity; references reviewed and updated.
NH.PHAR.264 Ustekinumab (Stelara)	2Q 2021 annual review: added additional criteria related to diagnosis of moderate-to-severe PsO per 2019 AAD/NPF guidelines specifying at least 3% BSA involvement or involvement of areas that severely impact daily function; added combination of bDMARDs under Section III; references reviewed and updated.
CP.PHAR.265 Vedolizumab (Entyvio)	2Q 2021 annual review: added combination of bDMARDs under Section III; references reviewed and updated.
CP.PHAR.266 Rilonacept (Arcalyst)	2Q 2021 annual review: RT4: added criteria for new indication of DIRA; added requirements to confirm diagnosis/severity for CAPS; added combination of bDMARDs under Section III (less rebate risk than embedding in criteria); references reviewed and updated.
CP.PHAR.267 Tofacitinib (Xeljanz Xeljanz XR)	2Q 2021 annual review: added combination of bDMARDs under Section III; updated CDAI table with ">" to prevent overlap in classification of severity; references reviewed and updated.
NH.PHAR.275 Elbasvir-Grazoprevir (Zepatier)	2Q 2021 annual review: removed reference to appendix B for consistency with other HCV policies; updated dosing in section V to be consistent with PI; references reviewed and updated.
CP.PHAR.278 Dasabuvir-Ombitasvir-Paritaprevir-Ritonavir (Viekira Pak)	2Q 2021 annual review: removed extraneous approval duration reference re AASLD-IDSA 2017 guidance no longer recommending Viekira treatment of genotype 1a with compensated cirrhosis for 24 weeks; references reviewed and updated.
CP.PHAR.340 Valbenazine (Ingrezza)	2Q 2021 annual review: tetrabenazine trial added for TD; added tetrabenazine dosing information in Appendix B as a therapeutic alternative; APA guideline clarification added in Appendix H; references reviewed and updated.
CP.PHAR.341 Deutetrabenazine (Austedo)	2Q 2021 annual review: tetrabenazine trial added for TD and Appendix B updated to reflect this; dosing and contraindications updated in Appendix C; APA guideline clarification added in Appendix H; references reviewed and updated.
CP.PHAR.343 Edaravone (Radicava)	2Q 2021 annual review: added Appendix C for contraindications/boxed warnings and hence renamed previous Appendix C to Appendix D; updated section V administration to align with FDA-labeling; references reviewed and updated.
CP.PHAR.346 Sarilumab (Kevzara)	2Q 2021 annual review: added combination of bDMARDs under Section III; updated CDAI table with ">" to prevent overlap in classification of severity; references reviewed and updated.
NH.PHAR.347 Sofosbuvir-Velpatasvir-Voxilaprevir (Vosevi)	2Q 2021 annual review: updated criteria to include pibrentasvir as an acceptable option for previous treatment with an HCV regimen containing an NS5A inhibitor to align with appendix D table; references reviewed and updated.
CP.PHAR.364 Guselkumab (Tremfya)	2Q 2021 annual review: added additional criteria related to diagnosis of moderate-to-severe PsO per 2019 AAD/NPF guidelines specifying at least 3% BSA involvement or involvement of areas that severely impact daily function; added combination of bDMARDs under Section III; references reviewed and updated.

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CP.PHAR.375 Brodalumab (Siliq)	2Q 2021 annual review: added additional criteria related to diagnosis of moderate-to-severe PsO per 2019 AAD/NPF guidelines specifying at least 3% BSA involvement or involvement of areas that severely impact daily function; added combination of bDMARDs under Section III; references reviewed and updated.
CP.PHAR.386 Tildrakizumab-asmn (Ilumya)	2Q 2021 annual review: added additional criteria related to diagnosis of moderate-to-severe PsO per 2019 AAD/NPF guidelines specifying at least 3% BSA involvement or involvement of areas that severely impact daily function; added combination of bDMARDs under Section III; references reviewed and updated.
CP.PHAR.419 Elapegademase-lvlr (Revcovi)	2Q 2021 annual review: added a requirement for a prior failure or non-candidacy for BMT to align with previously Corporate P&T-approved approach for Adagen for the same indication; references reviewed and updated.
CP.PHAR.426 Risankizumab-rzaa (Skyrizi)	2Q 2021 annual review: added additional criteria related to diagnosis of moderate-to-severe PsO per 2019 AAD/NPF guidelines specifying at least 3% BSA involvement or involvement of areas that severely impact daily function; added combination of bDMARDs under Section III; references reviewed and updated.
CP.PHAR.443 Upadacitinib (Rinvoq)	2Q 2021 annual review: added combination of bDMARDs under Section III; updated CDAI table with ">" to prevent overlap in classification of severity; references reviewed and updated.
CP.PHAR.449 Crizanlizumab-tmca (Adakveo)	Corrected optional criteria that required at least 2 VOC to requiring at least 1 VOC within the past 6 months while on hydroxyurea.
CP.PHAR.468 Aducanumab	2Q 2021 annual review: added requirement for beta-amyloid plaque verification via diagnostic method as aducanumab has only shown efficacy in patients diagnosed with beta amyloid plaques; modified prescriber restriction to remove "in consultation with" and specify "geriatric" psychiatrist; references reviewed and updated.
CP.PHAR.470 Casimersen (Amondys 45) ^	2Q 2021 annual review: drug is now FDA approved; added option for continuation of therapy for patients who have been receiving the medication through another healthcare insurer and/or has been responding positively to therapy with stable disease; modified time frame for positive response parameters from within the last 30 days to within the last 6 months; added requirement for neurologist assessment within the last 6 months; LVEF requirement revised from > to ≥ 40%; references reviewed and updated.
CP.PHAR.474 Remestemcel-L (Prochymal)	2Q 2021 annual review: per published clinical trial, revised lower age limit to 2 months; clarified approval for continued therapy would be for 4 additional doses, up to a total of 12 doses; references reviewed and updated.
CP.PHAR.479 Decitabine-Cedazuridine (Inqovi)	2Q 2021 annual review: revised medical justification language to state 'member must use'; references reviewed and updated.
CP.PHAR.483 Lisocabtagene maraleucel (Breyanzi) ^	Drug is now FDA approved – criteria updated per FDA labeling; removed minimum absolute lymphocyte count requirement; references reviewed and updated.
CP.PHAR.504 Voclosporin (Lupkynis)	Drug is now FDA approved - criteria updated per FDA labeling: eGFR requirement removed, cyclophosphamide as an option for concurrent immunosuppressive therapy w/Lupkynis removed as this is not recommended per the labeling, and concurrently prescribed with "non-biologic" immunosuppressive therapy was changed to "background" immunosuppressive therapy; rheumatology specialist added, criterion for diagnosis of SLE added, clarification of maximum dose as 6 capsules/day added.
CP.PHAR.511 Evinacumab-dgnb (Evkeeza) ^	Drug is now FDA approved - criteria updated per FDA labeling: revised age limit from ≥ 18 years to ≥ 12 years; added requirement for documentation of body weight; added re-direction to Repatha per SDC and based on clinical guidance; added requirement for adherence to statin therapy on re-auth; references reviewed and updated.
CP.PHAR.514 Pralsetinib (Gavreto)	2Q 2021 annual review: added that disease must be advanced or metastatic for thyroid cancer; references reviewed and updated.
CP.PMN.35 Armodafinil (Nuvigil)	2Q 2021 annual review: added redirection to generic armodafinil; references reviewed and updated.
CP.PMN.39 Modafinil (Provigil)	2Q 2021 annual review: added redirection to generic modafinil if request is for brand; references reviewed and updated.
CP.PMN.42 Sodium Oxybate (Xyrem) and Calcium, Magnesium, Potassium, Sodium Oxybate (Xywav)	2Q 2021 annual review: added diagnostic criteria for narcolepsy with cataplexy and narcolepsy associated with excessive daytime sleepiness; added prescriber requirements for neurologist or sleep medicine specialist for all indications; references reviewed and updated.
CP.PMN.86 Oxymetazoline (Rhofade, Upneeq)	2Q 2021 annual review: added ivermectin 1% cream as an option for failure; references reviewed and updated.
CP.PMN.117 Esomeprazole-Naproxen (Vimovo)	2Q 2020 annual review: added weight requirement per PI; revised medical justification to member "must use" individual components; added that request is for generic formulation; references reviewed and updated.
CP.PMN.120 Famotidine-Ibuprofen (Duexis)	2Q 2021 annual review: revised requirement of medical justification for inability to use individual components to "must use" language; added risk factors for developing NSAID-induced gastric ulcers; revised initial and continued approval durations from 12 months; references reviewed and updated.
CP.PMN.130 Cysteamine ophthalmic (Cystaran, Cystadrops)	2Q 2021 annual review: revised Cystadrops dosing in approval criteria from a maximum of 3 bottles/month to a maximum of 1 bottle/week to align with the prescribing information; references reviewed and updated.
CP.PMN.191 Age Limit for Topical Tretinoin	2Q 2021 annual review: added redirection to preferred agents if request is for a non-preferred agent; references reviewed and updated.
CP.PMN.192 Brimonidine (Mirvaso)	2Q 2021 annual review: added ivermectin 1% cream as an option for failure; references reviewed and updated.

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CP.PMN.193 Hydroxyurea (Siklos)	2Q 2021 annual review: myelodysplastic syndromes added as option for off-label oncology indication per NCCN-supported category 2A recommendation; references reviewed and updated.
CP.PMN.194 Prucalopride (Motegrity)	2Q 2021 annual review: references reviewed and updated.
CP.PMN.199 Esketamine (Spravato)	2Q 2021 annual review: corrected upper age limit to less than 65 years; references reviewed and updated.
CP.PMN.212 Bedaquiline (Sirturo)	Clarified expert in the treatment of tuberculosis to include state or county public health department, specialists affiliated with any of the four TB Centers of Excellence as designated by the CDC, or ID specialists managing TB clinics.
CP.PMN.221 Pitolisant (Wakix)	2Q 2021 annual review: added diagnostic criteria for narcolepsy with cataplexy and narcolepsy associated with excessive daytime sleepiness; references reviewed and updated.
CP.PMN.222 Pretomanid	Clarified expert in the treatment of tuberculosis to include state or county public health department, specialists affiliated with any of the four TB Centers of Excellence as designated by the CDC, or ID specialists managing TB clinics.
CP.PHAR.526 Fibrinogen concentrate (human) (Fibryga, RiaSTAP)	Policy created.
CP.PHAR.527 Narsoplimab (OMS721)	Policy created.
CP.PHAR.528 Odevixibat (A4250)	Policy created.
CP.PHAR.531 Umbralisib (Ukoniq)	Policy created.
CP.PMN.262 Quinine Sulfate (Qualaquin)	Policy created.
CP.PHAR.153 Eliglustat (Cerdelga)	2Q 2021 annual review: no significant changes;
CP.PHAR.154 Imiglucerase (Cerezyme)	2Q 2021 annual review: no significant changes;
CP.PHAR.155 Cysteamine oral (Cystagon, Procysbi)	2Q 2021 annual review: no significant changes; revised Procysbi's Cystagon requirement to "must use" language; references reviewed and updated.
CP.PHAR.156 Idursulfase (Elaprase)	2Q 2021 annual review: no significant changes; referenced reviewed and updated.
CP.PHAR.157 Taliglucerase alfa (Elelyso)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.159 Sebelipase alfa (Kanuma)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.160 Alglucosidase (Lumizyme)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.161 Galsulfase (Naglazyme)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.162 Elosulfase alfa (Vimizim)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.163 Velaglucerase alfa (VPRIV)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.164 Miglustat (Zavesca)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.233 RimabotulinumtoxinB (Myobloc)	2Q 2021 annual review: no significant changes; treatment plan requirement detailing number of Units per site and treatment session is changed to per indication and treatment session; references reviewed and updated.
CP.PHAR.238 Methoxy polyethylene glycol-epoetin beta (Mircera)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.243 Alemtuzumab (Lemtrada)	2Q 2021 annual review: no significant changes; updated Appendix C with additional contraindications per revised PI; references updated.
CP.PHAR.248 Dalfampridine (Ampyra)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.251 Fingolimod (Gilenya)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.252 Glatiramer (Copaxone, Glatopa)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.255 Interferon beta-1a (Avonex, Rebif)	2Q 2021 annual review: no significant changes; updated Appendix C to indicate the albumin contraindication only applies to the vial for Avonex per revised PI; removed Avonex vial per PI; references reviewed and updated.
CP.PHAR.256 Interferon beta-1b (Betaseron, Extavia)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.259 Natalizumab (Tysabri)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.262 Teriflunomide (Aubagio)	2Q 2021 annual: no significant changes; updated Appendix C with revised boxed warning per FDA label; references reviewed and updated.
CP.PHAR.271 Peginterferon beta-1a (Plegridy)	2Q 2021 annual review: no significant changes; RT4: added new IM dosage form and updated Dosing and Administration to indicate that Plegridy can be administered SC or IM; references reviewed and updated.
CP.PHAR.335 Ocrelizumab (Ocrevus)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.374 Vestronidase alfa-vjbk (Mepsevii)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.378 Ibalizumab-uiyk (Trogarzo)	2Q 2021 annual review: no significant changes; updated Appendix C with hypersensitivity contraindication per updated FDA label; references reviewed and updated.
CP.PHAR.416 Caplacizumab-yhdp (Cablivi)	2Q 2021 annual review: no significant changes; references reviewed and updated.

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CP.PHAR.417 Brexanolone (Zulresso)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.422 Cladribine (Mavenclad)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.427 Siponimod (Mayzent)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.447 Mercaptopurine (Purixan)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.462 Ozanimod (Zeposia)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.471 Fosdenopterin	2Q 2021 annual review: no significant changes; clarified that age restriction applies to therapy initiation, not necessarily the time of the current request; references reviewed and updated.
CP.PHAR.476 Ubrogepant (Ubrelvy)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.477 Risdiplam (Evrysdi)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.480 Ferric Derisomaltose (Monoferric)	2Q 2021 annual review: no significant changes; updated max dosing per PI; references reviewed and updated.
CP.PHAR.481 Idecabtagene vicleucel (BB2121)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.482 Isatuximab-irfc (Sarclisa)	2Q 2021 annual review: no significant changes; added HCPCS code; references reviewed and updated.
CP.PHAR.486 Bimatoprost Implant (Durysta)	2Q 2021 annual review: no significant changes; added Coding Implications section; references reviewed and updated.
CP.PMN.33 Pregabalin (Lyrica, Lyrica CR)	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.48 Cyclosporine ophthalmic emulsion (Cequa, Restasis)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.49 Dabigatran (Pradaxa)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.58 Propranolol (Hemangeol)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.61 ACEI and ARB duplicate therapy	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.79 Doxycycline (Doryx, Oracea, Acticlate)	2Q 2021 annual review: no significant changes; updated IR doxycycline prior trial requirement to “must use” language; adjusted max dose of Acticlate and Doryx to match labeling for these two products; references reviewed and updated.
CP.PMN.80 Minocycline ER (Solodyn, Ximino, Minolira), Microspheres (Arestin), Foam (Zilxi)	2Q 2021 annual review: no significant changes; revised requirement for IR minocycline for acne vulgaris to “must use” language; references reviewed and updated.
CP.PMN.110 Crisaborole (Eucrisa)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.118 Netarsudil (Rhopressa), Netarsudil-Latanoprost (Rocklatan)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.119 Ozenoxacin (Xepi)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.122 Celecoxib (Celebrex, Elyxyb)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.124 Itraconazole (Sporanox, Tolsura)	2Q 2021 annual review: no significant changes; removed Onmel from policy since it is no longer available (MediSpan obsolete date of August 2020); clarified the specific agents that should be used if the preferred generic is unable to be used; revised “medical justification” to “must use” language; references reviewed and updated.
CP.PMN.125 Milnacipran (Savella)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.127 Fentanyl IR (Abstral, Actiq, Fentora, Lazanda, Subsys)	2Q 2021 annual review: no significant changes; revised prior trial requirement of generic Actiq to “must use” language; added notation throughout that Abstral, Fentora, and Lazanda are NF on HIM, and thus this policy doesn’t apply to those agents; references reviewed and updated.
CP.PMN.128 Dutasteride (Avodart, Jalyn)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.136 Mecamylamine (Vecamyl)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.137 Carbamazepine ER (Equetro)	2Q 2021 annual review: no significant changes; revised prior trial requirement to “must use” language; references reviewed and updated.
CP.PMN.138 Age Limit Override (Codeine, Tramadol, Hydrocodone)	2Q 2021 annual review: no significant changes; for section III. Diagnoses/Indications for which coverage is NOT authorized, replaced “Not applicable” with template language for that section; references reviewed and updated.
CP.PMN.154 Isavuconazonium (Cresemba)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.196 Rifamycin (Aemcolo)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.197 Clomipramine (Anafranil)	2Q 2021 annual review: no significant changes; updated Appendix D to include AAP ASD guideline recommendations; references updated.
CP.PMN.198 Overactive Bladder Agents	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.209 Solriamfetol (Sunosi)	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.234 EPSDT Benefit for Pediatric Members	2Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.235 Emtricitabine-tenofovir alafenamide (Descovy)	2Q 2021 annual review: no significant changes; specified that the generic form of Truvada should be tried when available; references updated.

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NH.PPA.12 Opioid Analgesics	Updated formatting of charts and PA Form
NH.PMN.81 Buprenorphine-naloxone (Bunavail, Cassipa, Suboxone, Zubsolv)	Policy Created
NH.PMN.183 GLP-1 receptor agonists	Policy Created
CP.PHAR.460 Monomethyl fumarate (Bafiertam)	Retired, added to CP.PHAR.249 Tecfidera/Vumerity.
CP.PMN.233 Lemborexant (Dayvigo)	Retired, replaced by CP.PMN.53 No Coverage Criteria/Off Label Use Policy

Formulary Changes – Remove non-BD Pen Needles from Formulary and prefer BD Pen Needles

Coverage Criteria Guideline	Revision Summary Description
NH.PHAR.02 Approval of Brand Name Override	Updated procedure, scope and definitions sections.
NH.PHAR.05 Lost Stolen Spilled or Broken Medication	Annual Review- Additional Notes section E: Changed Lost medication police reports to say Stolen medication police reports. Added that this policy applies to prescriptions that are damaged, lost, or stolen during travel.
CC.PHAR.07 Pharmaceutical Management	Added prescribing practitioners for receiving notification of FDA Class I-III Recalls. Update made to Procedure I.E.1.b. FDA Class I-III Recall notification section to mirror recently updated CC.PHAR.03 Drug Recall Notification policy: removed recalls that do not pose serious health hazards as an exception, and replaced it with recalled pharmaceuticals which are not covered by the pharmacy benefit.
NH.PHAR.13 Pharmacy and Therapeutics Committee	Membership & Organization: Changed the Secretary of the Committee is Centene's VP of Pharmacy Solutions Group to Centene's Director of Medical Affairs Pharmacy Operations. Updated the Strategy Development Committee (SDC) section to say that P&T works in coordination with SDC, instead of P&T decisions proceeding to SDC. Also added clarification that SDC decisions are consistent with P&T clinical decisions and state-specific regulatory requirements. Removed section that described how Centene P&T interfaces with PBM Quality Improvement (QI) and DUR programs. The PBM QI and DUR programs interface with the PBM P&T committee.
NH.PHAR.14 Pharmacy Lock In Program	Updated pharmacy lock-in criteria in section one, removed acronyms "NHHF" and "DHHS" and spelled out per NCQA preference
NH.PHAR.135 Drug Utilization Review	Removed acronym NHHF and replaced with NH Healthy Families
NH.PHAR.20 Medication Therapy Management Program	Removed acronym NHHF and replaced with NH Healthy Families
NH.PHAR.09 Pharmacy Program	Removed NHHF Acronym and replaced with NH Healthy Families