NH Healthy Families Pharmacy & Therapeutics Committee 22Q2 Combined Guideline Summary

Policy/ Coverage Criteria Guideline	Revision Summary Description
NH.PPA.12 Opioid Analgesics	Updated branding to be NH Healthy Families logo's and template instead of Envolve
NH.PHAR.82 Split Fill Program	Policy Created
NH.PMN.183 GLP-1 receptor agonists	Removed criteria for Trulicity as a non-preferred treatment option.
CP.PHAR.58 Denosumab (Prolia Xgeva)	For osteoporosis added option (in addition to contraindications or adverse effects) to bypass bisphosphonate trial if member has experienced a loss of BMD, lack of BMD increase, or has had an osteoporotic fracture or fragility fracture while receiving bisphosphonate therapy.
CP.PHAR.78 Thalidomide (Thalomid)	2Q 2022 annual review: added language for oral oncology generic redirection if available per template; for myeloproliferative neoplasms added notation that Retacrit is the preferred ESA; per NCCN modified KS requirements to allow use in non-AIDs related KS, added off-label criteria set for histiocytic neoplasms; added off-label use for aphthous stomatitis or ulcers;references reviewed and updated.
CP.PHAR.184 Aflibercept (Eylea)	Annual review.
CP.PHAR.188 Teriparatide (Forteo)	Per updated prescribing information regarding length of therapy, removed criteria and approval duration requirements that limited therapy to 2 years cumulative PTH analog therapy, added requirement if request is for continuation of cumulative PTH analog therapy beyond 2 years, provider attestation that member remains at or has returned to having a high risk for fracture (e.g., history of osteoporotic fracture or multiple risk factors for fracture) and that the risk versus benefit of continued therapy has been reviewed with the member, added general information regarding fracture risk assessments; added option (in addition to contraindications or adverse effects) to bypass bisphosphonate trial if member has experienced a loss of BMD, lack of BMD increase, or has had an osteoporotic fracture or fragility fracture while receiving bisphosphonate therapy;
CP.PHAR.230 AbobotulinumtoxinA (Dysport)	2Q 2022 annual review: revised max dose for blepharospasm from 60 units to 120 units per literature review; references reviewed and updated.
CP.PHAR.236 Darbepoetin alfa (Aranesp)	2Q 2022 annual review: for CKD removed redirection bypass for stage IV or metastatic cancer as it is not applicable for this indication; references reviewed and updated.
CP.PHAR.245 Apremilast (Otezla)	2Q 2022 annual review: for moderate-to-severe PsO, allowed phototherapy as alternative to systemic conventional DMARD if contraindicated or clinically significant adverse effects are experienced; RT4: added FDA use extension to mild PsO; references reviewed and updated.
CP.PHAR.246 Canakinumab (Ilaris)	2Q 2022 annual review: reiterated requirement against combination use with a bDMARD or JAKi from Section III to Sections I and II; references reviewed and updated.
CP.PHAR.250 Etanercept (Enbrel)	2Q 2022 annual review: for PsO, allowed phototherapy as alternative to systemic conventional DMARD if contraindicated or clinically significant adverse effects are experienced; reiterated requirement against combination use with a bDMARD or JAKi from Section III to Sections I and II; references reviewed and updated.
CP.PHAR.254 Infliximab (Avsola, Inflectra, Remicade, Renflexis)	2Q 2022 annual review: for PsO, allowed phototherapy as alternative to systemic conventional DMARD if contraindicated or clinically significant adverse effects are experienced; added off-label use for Kawasaki disease; removed unspecified iridocyclitis (ICD10 H20.9) from Section III; revised redirection language to biosimilars to "must use" to clarify intent; reiterated requirement against combination use with a bDMARD or JAKi from Section III to Sections I and II; references reviewed and updated.
CP.PHAR.257 Ixekizumab (Taltz)	2Q 2022 annual review: for PsO, allowed phototherapy as alternative to systemic conventional DMARD if contraindicated or clinically significant adverse effects are experienced; reiterated requirement against combination use with a bDMARD or JAKi from Section III to Sections I and II; references reviewed and updated.
CP.PHAR.260 Rituximab (Rituxan, Riabni, Ruxience, Truxima, Rituxan Hycela)	2Q 2022 annual review: clarified GVHD use as steroid-refractory; added NCCN-recommended off-label use for Rosai-Dofrman disease; RT4: updated existing off-label pediatric mature B-Cell NHL criteria to reflect FDA-approved status; removed general description of "stage IV or metastatic" cancer for states with regulations against redirections; clarified

	other diagnoses/indications section to enforce biosimilar redirection intent; reiterated requirement against combination use with a bDMARD or JAKi from Section III to Sections I and II; references reviewed and updated.
NH.PHAR.264 Ustekinumab (Stelara)	2Q 2022 annual review: for PsO, allowed phototherapy as alternative to systemic conventional DMARD if contraindicated or clinically significant adverse effects are experienced; reiterated requirement against combination use with a bDMARD or JAKi from Section III to Sections I and II; references reviewed and updated.
CP.PHAR.265 Vedolizumab (Entyvio)	2Q 2022 annual review: reiterated requirement against combination use with a bDMARD or JAKi from Section III to Sections I and II; references reviewed and updated.
CP.PHAR.266 Rilonacept (Arcalyst)	2Q 2022 annual review: reiterated requirement against combination use with a bDMARD or JAKi from Section III to Sections I and II; references reviewed and updated.
CP.PHAR.267 Tofacitinib (Xeljanz Xeljanz XR)	2Q 2022 annual review: RT4: added newly FDA-approved indication for AS; updated place in therapy after TNFi per FDA labeling; reiterated requirement against combination use with a bDMARD or JAKi from Section III to Sections I and II; references reviewed and updated.
CP.PHAR.335 Ocrelizumab (Ocrevus)	2Q 2022 annual review: added rheumatoid arthritis and lupus nephritis/systemic lupus erythematosus as diagnoses not covered due to safety concerns resulting in termination of the respective clinical studies; added Coding Implications section; references reviewed and updated.
CP.PHAR.341 Deutetrabenazine (Austedo)	2Q 2022 annual review: references reviewed and updated.
CP.PHAR.342 Brigatinib (Alunbrig)	2Q 2022 annual review: added criterion for use as single-agent therapy for NSCLC and IMT indications per NCCN; references reviewed and updated.
CP.PHAR.345 Abaloparatide (Tymlos)	Added option (in addition to contraindications or adverse effects) to bypass bisphosphonate trial if member has experienced a loss of BMD, lack of BMD increase, or has had an osteoporotic fracture or fragility fracture while receiving bisphosphonate therapy; clarified use is limited to ≤ 2 years cumulative abaloparatide therapy (rather than reference PTH analogs generally, as Forteo label was updated to allow use beyond 2 years).
CP.PHAR.346 Sarilumab (Kevzara)	2Q 2022 annual review: reiterated requirement against combination use with a bDMARD or JAKi from Section III to Sections I and II; references reviewed and updated.
NH.PHAR.364 Guselkumab (Tremfya)	2Q 2022 annual review: for PsO, allowed phototherapy as alternative to systemic conventional DMARD if contraindicated or clinically significant adverse effects are experienced; reiterated requirement against combination use with a bDMARD or JAKi from Section III to Sections I and II; references reviewed and updated.
CP.PHAR.375 Brodalumab (Siliq)	2Q 2022 annual review: for PsO, allowed phototherapy as alternative to systemic conventional DMARD if contraindicated or clinically significant adverse effects are experienced; reiterated requirement against combination use with a bDMARD or JAKi from Section III to Sections I and II; references reviewed and updated.
CP.PHAR.385 Corticosteroids for ophthalmic injection (Iluvien, Ozurdex, Retisert, Xipere, Yutiq)	Annual review.
NH.PHAR.386 Tildrakizumab-asmn (Ilumya)	2Q 2022 annual review: for PsO, allowed phototherapy as alternative to systemic conventional DMARD if contraindicated or clinically significant adverse effects are experienced; reiterated requirement against combination use with a bDMARD or JAKi from Section III to Sections I and II; references updated.
CP.PHAR.416 Caplacizumab-yhdp (Cablivi)	2Q 2022 annual review: for treatment extension requests, added requirement that member continues to have signs of persistent underlying disease per PI; clarified that requirement for maximum 58 days of therapy per treatment cycle applies to treatment extension requests; added Coding Implications section; references reviewed and updated.
CP.PHAR.426 Risankizumab-rzaa (Skyrizi)	2Q 2022 annual review: for PsO, allowed phototherapy as alternative to systemic conventional DMARD if contraindicated or clinically significant adverse effects are experienced; RT4: added newly FDA-approved indication for PsA; added asthma as a diagnosis not covered; reiterated requirement against combination use with a bDMARD or JAKi from Section III to Sections I and II; references reviewed and updated.

CP.PHAR.428 Romosozumab-aqqg (Evenity)	Added option (in addition to contraindications or adverse effects) to bypass bisphosphonate trial if member has experienced a loss of BMD, lack of BMD increase, or has had an osteoporotic fracture or fragility fracture while receiving bisphosphonate therapy.
CP.PHAR.447 Mercaptopurine (Purixan)	2Q 2022 annual review: modified redirection language from “medical justification” to “member must use”; references reviewed and updated.
CP.PHAR.479 Decitabine-Cedazuridine (Inqovi)	2Q 2022 annual review: for decitabine redirection added by-passing of redirection if state regulations do not allow step therapy in certain oncology settings; references reviewed and updated.
CP.PHAR.483 Lisocabtagene maraleucel (Breyanzi)	2Q 2022 annual review: per NCCN added additional AIDS-related uses in diffuse large B-cell lymphoma and HHV8-positive diffuse large B-cell lymphoma; updated HCPCS codes; references reviewed and updated.
CP.PHAR.526 Fibrinogen concentrate (human) (Fibryga, RiaSTAP)	2Q 2022 annual review: updated RiaSTAP indication to align with FDA-approved language clarifying use in pediatric patients; clarified requirement for documentation of fibrinogen level and prolonged prothrombin time and activated partial thromboplastin time only applies to new starts on Fibryga/Riastap therapy; references reviewed and updated.
CP.PHAR.528 Odevixibat (Bylvay)	2Q 2022 annual review: modified rifampicin references to rifampin as there are no rifampicin products currently marketed; references reviewed and updated.
CP.PHAR.535 Melphalan flufenamide (Pepaxto)	2Q 2022 annual review: updated HCPCS code; for consistency per label added requirement from initial authorization to continuation of therapy requiring that Pepaxto is prescribed in combination with dexamethasone; references updated.
CP.PHAR.538 Tivozanib (Fotivda)	2Q 2022 annual review: references reviewed and updated.
CP.PHAR.566 Atogepant (Qulipta)	Annual Review
CP.PMN.128 Dutasteride (Avodart, Jalyn)	2Q 2022 annual review: added requirement to redirect to generic Avodart or Jalyn; references reviewed and updated.
CP.PMN.193 Hydroxyurea (Siklos)	2Q 2022 annual review: Langerhans Cell Histiocytosis added as option for off-label oncology indication per NCCN-supported category 2A recommendation; references reviewed and updated.
CP.PMN.262 Quinine Sulfate (Qualaquin)	2Q 2022 annual review: for babesiosis, added requirement for use in combination with clindamycin per IDSA and CDC; references reviewed and updated.
CP.PMN.264 Viloxazine (Qelbree)	2Q 2022 annual review: references reviewed and updated.
CP.PHAR.576 Tezepelumab (Tezspire)	Policy created.
CP.PHAR.577 Tralokinumab-ldrm (Adbry)	Policy created.
CP.PMN.275 Levoketoconazole (Recorlev)	Policy created.
CP.PMN.276 Pentosan polysulfate sodium (Elmiron)	Policy created.
CP.PMN.277 Ulcer Therapy Combinations (Omeclamox Pak, Pylera, Talicia)	Policy created.

CP.PHAR.16 Palivizumab (Synagis)	2Q 2022 annual review: no significant changes; Appendix D updated to include American Academy of Pediatrics (AAP) updated guidance for the 2021-2022 RSV season; references reviewed and updated.
CP.PHAR.43 Sapropterin (Kuvan)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.88 Belimumab (Benlysta)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.92 Tetrabenazine (Xenazine)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.152 Laronidase (Aldurazyme)	2Q 2022 annual review: no significant changes; added requirement for documentation of member’s current weight for dose calculation purposes; references reviewed and updated.
CP.PHAR.153 Eliglustat (Cerdelga)	2Q 2022 annual review: no significant changes; references reviewed and updated.

CP.PHAR.154 Imiglucerase (Cerezyme)	2Q 2022 annual review: no significant changes; added requirement for documentation of member's current weight for dose calculation purposes; added max dosing recommendations per Prescribing Information; references reviewed and updated.
CP.PHAR.155 Cysteamine oral (Cystagon, Procysbi)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.156 Idursulfase (Elaprase)	2Q 2022 annual review: no significant changes; added requirement for documentation of member's current weight for dose calculation purposes; referenced reviewed and updated.
CP.PHAR.157 Taliglucerase alfa (Elelyso)	2Q 2022 annual review: no significant changes; added requirement for documentation of member's current weight for dose calculation purposes; added max dosing recommendations per Prescribing Information; references reviewed and updated.
CP.PHAR.158 Agalsidase beta (Fabrazyme)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.159 Sebelipase alfa (Kanuma)	2Q 2022 annual review: no significant changes; added requirement for documentation of member's current weight for dose calculation purposes; updated max recommended dose for members with rapidly progressive disease presenting within the first 6 months of life per the Prescribing Information and clarified documentation requirements for max dose requests for this population; references reviewed and updated.
CP.PHAR.160 Alglucosidase (Lumizyme)	2Q 2022 annual review: no significant changes; added requirement that Lumizyme not be prescribed concurrently with Nexviazyme; references reviewed and updated.
CP.PHAR.161 Galsulfase (Naglazyme)	2Q 2022 annual review: no significant changes; added requirement for documentation of member's current weight for dose calculation purposes; references reviewed and updated.
CP.PHAR.162 Elosulfase alfa (Vimizim)	2Q 2022 annual review: no significant changes; added requirement for documentation of current weight for dose calculation purposes; references reviewed and updated.
CP.PHAR.163 Velaglucerase alfa (VPRIV)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.164 Miglustat (Zavesca)	2Q 2022 annual review: no significant changes; removed the requirement for mild to moderate GD1 severity for coverage based on subjectivity of defining disease severity; references reviewed and updated.
CP.PHAR.231 IncobotulinumtoxinA (Xeomin)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.232 OnabotulinumtoxinA (Botox)	2Q 2022 annual review: no significant changes; removal of required 2 week trial duration of nitroglycerin and nifedipine/diltiazem for chronic anal fissures; adjusted Xeomin blepharospasm dose in Appendix B from 25 units to 50 units per PI; references reviewed and updated.
CP.PHAR.233 RimabotulinumtoxinB (Myobloc)	2Q 2022 annual review: no significant changes; removed in Section III "Ambetter, hyperhidrosis is a benefit exclusion categorized as a cosmetic service"; references reviewed and updated.
CP.PHAR.238 Methoxy polyethylene glycol-epoetin beta (Mircera)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.243 Alemtuzumab (Lemtrada)	2Q 2022 annual review: no significant changes; clarified interferon-beta product redirections for each line of business per SDC; references reviewed and updated.
CP.PHAR.248 Dalfampridine (Ampyra)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.249 Dimethyl fumarate (Tecfidera), diroximel fumarate, monomethyl fumarate	2Q 2022 annual review: no significant changes; clarified interferon-beta product redirections for each line of business per SDC; references reviewed and updated.
CP.PHAR.251 Fingolimod (Gilenya, Tascenso ODT)	2Q 2022 annual review: no significant changes; RT4: added Tascenso ODT; references updated.
CP.PHAR.252 Glatiramer (Copaxone, Glatopa	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.255 Interferon beta-1a (Avonex, Rebif)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.256 Interferon beta-1b (Betaseron, Extavia)	2Q 2022 annual review: no significant changes; references reviewed and updated.

CP.PHAR.259 Natalizumab (Tysabri)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.262 Teriflunomide (Aubagio)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.271 Peginterferon beta-1a (Plegridy)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.340 Valbenazine (Ingrezza)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.343 Edaravone (Radicava)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.374 Vestronidase alfa-vjbk (Mepsevii)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.378 Ibalizumab-uiyk (Trogarzo)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.417 Brexanolone (Zulresso)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.419 Elapegademase-lvlr (Revcovi)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.422 Cladribine (Mavenclad)	2Q 2022 annual review: no significant changes; clarified interferon-beta product redirections for each line of business per SDC; references reviewed and updated.
CP.PHAR.427 Siponimod (Mayzent)	2Q 2022 annual review: no significant changes; clarified interferon-beta product redirections for each line of business per SDC; references reviewed and updated.
CP.PHAR.462 Ozanimod (Zeposia)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.471 Fosdenopterin (Nulibry)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.474 Remestemcel-L (Ryoncil)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.480 Ferric Derisomaltose (Monoferric)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.481 Idecabtagene vicleucel (Abecma)	2Q 2022 annual review: no significant changes; updated HCPCS codes; references reviewed and updated.
CP.PHAR.482 Isatuximab-irfc (Sarclisa)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.486 Bimatoprost Implant (Durysta)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.504 Voclosporin (Lupkynis)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.521 Avalglucosidase alfa-ngpt (Nexviazyme)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.527 Narsoplimab (OMS721)	2Q 2022 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated.
CP.PHAR.533 Ciltacabtagene Autoleucel	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.534 Insulin Delivery Systems (V-Go, Omnipod, InPen)	2Q 2022 annual review: no significant changes; added Omnipod 5; references reviewed and updated.
CP.PHAR.536 Ophthalmic Riboflavin (Photrexa, Photrexa Viscous)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.537 Ponesimod (Ponvory)	2Q 2022 annual review: no significant changes; clarified interferon-beta product redirections for each line of business per SDC; references reviewed and updated.
CP.PHAR.573 Cabotegravir (Apretude), Cabotegravir/Rilpivirine (Cabenuva)	Policy created
CP.PMN.33 Pregabalin (Lyrica, Lyrica CR)	2Q 2022 annual review: no significant changes; revised brand-to-generic redirection to “member must use” language; references reviewed and updated.
CP.PMN.35 Armodafinil (Nuvigil)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.39 Modafinil (Provigil)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.42 Sodium Oxybate (Xyrem) and Calcium Magnesium Potassium Sodium Oxybate (Xywav)	2Q 2022 annual review: no significant changes; references reviewed and updated.

CP.PMN.48 Cyclosporine ophthalmic emulsion (Cequa, Restasis, Verkazia)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.49 Dabigatran (Pradaxa)	2Q 2022 annual review: no significant changes; revised pediatric max recommended dose per PI; references reviewed and updated.
CP.PMN.58 Propranolol (Hemangeol)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.61 ACEI and ARB duplicate therapy	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.79 Doxycycline (Doryx, Oracea, Acticlate)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.80 Minocycline ER (Solodyn, Ximino, Minolira), Microspheres (Arestin), Foam (Zilxi)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.86 Oxymetazoline (Rhofade, Upneeq)	2Q 2022 annual review: no significant changes; added 60 g tube and 30 and 60 g pump formulations of Rhofade; references reviewed and updated.
CP.PMN.110 Crisaborole (Eucrisa)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.117 Esomeprazole-Naproxen (Vimovo)	2Q 2022 annual review: no significant changes; added risk factors for developing NSAID-induced gastric ulcers to criteria; references reviewed and updated.
CP.PMN.118 Netarsudil (Rhopressa), Netarsudil-Latanoprost (Rocklatan)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.119 Ozenoxacin (Xepi)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.120 Famotidine-Ibuprofen (Duexis)	2Q 2022 annual review: no significant changes; added redirection to generic product; references reviewed and updated.
CP.PMN.122 Celecoxib (Celebrex, Elyxyb)	2Q 2022 annual review: no significant changes; added redirection to generic celecoxib for brand Celebrex requests per formulary status; limited use of Elyxyb to its FDA labeled indication; references reviewed and updated.
CP.PMN.124 Itraconazole (Sporanox, Tolsura)	2Q 2022 annual review: no significant changes; updated max dosing for coccidioidomycosis infection per compendia, including addition of HIV-specific dosing; references reviewed and updated.
CP.PMN.125 Milnacipran (Savella)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.127 Fentanyl IR (Abstral, Actiq, Fentora, Lazanda, Subsys	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.130 Cysteamine ophthalmic (Cystaran, Cystadrops)	2Q 2022 annual review: no significant changes; references updated.
CP.PMN.136 Mecamylamine (Vecamyl)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.137 Carbamazepine ER (Equetro)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.138 Age Limit Override (Codeine, Tramadol, Hydrocodone)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.154 Isavuconazonium (Cresemba)	2Q 2022 annual review: no significant changes; revised max quantity from 2 vials to 1 vial per FDA labeling; references reviewed and updated.
CP.PMN.191 Age Limit for Topical Tretinoin	2Q 2022 annual review: no significant changes; revised gel strength from 0.1% to 0.01% per product availability; added lotion formulation; references reviewed and updated.
CP.PMN.192 Brimonidine (Mirvaso)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.194 Prucalopride (Motegrity)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.196 Rifamycin (Aemcolo)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.197 Clomipramine (Anafranil)	2Q 2022 annual review: no significant changes; references reviewed and updated.

CP.PMN.198 Overactive Bladder Agents	2Q 2022 annual review: no significant changes; modified medical justification language to instead state "member must use"; for solifenacin redirection modified from "oral solifencin" to "generic solifenacin tablet" for added clarity; clarified contraindications by product in Appendix C; references reviewed and updated.
CP.PMN.199 Esketamine (Spravato)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.206 Tegaserod (Zelnorm)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.209 Solriamfetol (Sunosi)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.221 Pitolisant (Wakix)	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.234 EPSDT Benefit for Pediatric Members	2Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.235 Emtricitabine-tenofovir alafenamide (Descovy)	2Q 2022 annual review: no significant changes; RT4: updated criteria to reflect pediatric weight extension to 14+ kg and added lower-strength tablet; references reviewed and updated.
CP.PHAR.97 Eculizumab (Soliris)	Per February SDC and prior clinical guidance, for NMOSD added stepwise redirection requirement if member has failed rituximab, then member must use Enspryng.
CP.PHAR.135 Baricitinib (Olumiant)	2Q 2022 annual review: for RA, removed redirections to Actemra, Kavzara, and Xeljanz per February SDC and applied FDA labeling udpate as second line after TNF antagonists; reiterated requirement against combination use with a bDMARD or JAKi from Section III to Sections I and II; references reviewed and updated.
NH.PHAR.241 Abatacept (Orencia)	2Q 2022 annual review: RT4: added newly FDA approved indicatoin for aGVHD; reiterated requirement against combination use with a bDMARD or JAKi from Section III to Sections I and II; references reviewed and updated.
NH.PHAR.242 Adalimumab (Humira), Humira Biosimilars	2Q 2022 annual review: for PsO, allowed phototherapy as alternative to systemic conventional DMARD if contraindicated or clinically significant adverse effects are experienced; reiterated requirement against combination use with a bDMARD or JAKi from Section III to Sections I and II; references updated.
CP.PHAR.244 Anakinra (Kineret)	2Q 2022 annual review: for RA, added redirection to Olumiant per February SDC; for NOMID, clarified that diagnosis of CINCA is acceptable; reiterated requirement against combination use with a bDMARD or JAKi from Section III to Sections I and II; references reviewed and updated.
NH.PHAR.247 Certolizumab (Cimzia)	2Q 2022 annual review: for PsO, allowed phototherapy as alternative to systemic conventional DMARD if contraindicated or clinically significant adverse effects are experienced; reiterated requirement against combination use with a bDMARD or JAKi from Section III to Sections I and II; references reviewed and updated.
NH.PHAR.253 Golimumab (Simponi, Simponi Aria)	2Q 2022 annual review: updated FDA labeling; for PsA, clarified that redirection applies only to age 18 or older; reiterated requirement against combination use with a bDMARD or JAKi from Section III to Sections I and II; references reviewed and updated.
NH.PHAR.261 Secukinumab (Cosentyx)	2Q 2022 annual review: updated FDA labeling; RT4: applied FDA-approved pediatric use extension down to 2 years of age for active PsA; for PsA, modified redirection to apply for age 18 or older; added newly approved indication for active ERA; for PsO, allowed phototherapy as alternative to systemic conventional DMARD if contraindicated or clinically significant adverse effects are experienced; reiterated requirement against combination use with a bDMARD or JAKi from Section III to Sections I and II; references reviewed and updated.

NH.PHAR.263 Tocilizumab (Actemra)	2Q 2022 annual review: for pJIA, removed redirections to Enbrel per February SDC; reiterated requirement against combination use with a bDMARD or JAKi from Section III to Sections I and II; references reviewed and updated.
NH.PHAR.443 Upadacitinib (Rinvoq)	2Q 2022 annual review: criteria added for new FDA indications: psoriatric arthritis, atopic dermatitis; revised Rinvoq's place in therapy after TNFi for RA and PsA per FDA labeing; reiterated requirement against combination use with a bDMARD or JAKi from Section III to Sections I and II; references reviewed and updated.
CP.PHAR.458 Inebilizumab-cdon (Uplizna)	Per February SDC and prior clinical guidance, added stepwise redirection requirement if member has failed rituximab, then member must use Enspryng.
CP.PMN.223 Rifabutin (Mycobutin)	Per February SDC and prior clinical guidance, removed Talicia from policy (new policy created for ulcer therapy combinations).
Pharmacy Program	**Revision Summary Description**
CC.PHAR.03 Drug Recall Notification	Revised policy to reflect the new PBM-delegated process for Drug Recall Notifications. Attached new member/provider recall letter template.
CC.PHAR.07 Pharmaceutical Management	Revised Procedure E to reflect the new PBM-delegated process for Drug Recall Notifications. Added to the References section: EPS.PHARM.02 FDA Drug Alert and Recall Team (DART).
CC.PHAR.16 P and T Committee Member Documentation	Annual Review
CC.PHAR.17 Conflict of Interest and Confidentiality Agreement for P&T Committee Membership	Annual Review