

## NH Healthy Families 4Q 2023 Policy Changes Summary

Policy/ Coverage Criteria Guideline	Revision Summary Description
CP.PHAR.640 Colchicine (Lodoco)	Policy created.
CP.PHAR.641 Avacincaptad pegol (Izervay)	Policy created.
CP.PHAR.648 Rozanolixizumab-noli (Rystiggo)	Policy created.
CP.PHAR.650 Zuranolone (Zurzuvae)	Policy created.
CP.PHAR.651 DaxibotulinumtoxinA-lanm (Daxxify)	Policy created.
CP.PMN.291 Lotilaner (Xdemvy)	Policy created.
CP.PHAR.93 Bevacizumab (Alymsys, Avastin, Mvasi, Vegzelma, Zirabev)	4Q annual review: per NCCN – for CRC added that disease is advanced, metastatic, or unresectable; for cervical cancer added option for single-agent therapy; for RCC removed combination therapy option with interferon alfa; for ovarian cancers simplified bevacizumab combination therapy criterion when used with a platinum and chemotherapy along with corresponding staging update to IB-IV disease, added combination therapy option with gemcitabine for platinum-resistant disease, and removed combination therapy with Zejula; for HCC added Child-Pugh class B option; clarified off-label indication of primary central nervous system cancer is specifically for lymphoma; modified low-grade (WHO Grade I) glioma to circumscribed glioma; revised mesotheliomas to remove “malignant” per terminology change; references reviewed and updated.
CP.PHAR.136 Elagolix (Orilissa), elagolix-estradiol-norethindrone (Oriahnn)	4Q 2023 annual review: updated Appendix C with “hypersensitivity reaction to any of its active ingredients” for Orilissa to align with prescribing information; references reviewed and updated.
CP.PHAR.173 Leuprolide Acetate (Lupron, Eligard, Lupaneta Pack, Fensolvi, Camcevi)	4Q 2023 annual review: for uterine fibroids added requirement that Lupron Depot is prescribed concurrently with iron therapy per FDA indication; for gender dysphoria continuation of therapy added example of positive response to therapy; references reviewed and updated. RT4: updated Eligard FDA-approved indication per prescribing information for use in the treatment of advanced prostate cancer.
CP.PHAR.391 Lanreotide (Somatuline Depot)	4Q 2023 annual review: updated neuroendocrine tumor criteria Grade 3 NET examples and pancreatic tumor examples in Appendix D to align with current NCCN Neuroendocrine Tumors for the Gastrointestinal Tract, Lung, and Thymus guideline and NCCN compendium; references reviewed and updated
CP.PHAR.417 Brexanolone (Zulresso)	Revised criterion for diagnosis of major depressive episode that began no later than the first 4 weeks following delivery per updated ACOG guidance; added requirement that member has not received prior treatment with Zulresso or Zurzuvae for the current pregnancy; corrected MADRS score to $\geq 35$ for severe depression; added additional approval pathway if member does not have severe depression as demonstrated by at least one of the depression scores, documentation of severe depression as evidenced by a psychiatrist clinical interview.
CP.PHAR.434 Bremelanotide (Vyleesi)	4Q 2023 annual review: references reviewed and updated.
CP.PHAR.438 Trientine (Syprine, Cuvrior)	4Q 2023 annual review: added redirection requirement of generic trientine hydrochloride to initial approval criteria; references reviewed and updated.

CP.PHAR.442 Fedratinib (Inrebic)	4Q 2023 annual review: COC applied to continuation of therapy section; added definition of intermediate-2 or high-risk disease to Appendix D; references reviewed and updated.
CP.PHAR.446 Flibanserin (Addyi)	4Q 2023 annual review: references reviewed and updated.
CP.PHAR.451 Voxelotor (Oxbryta)	Removed Adakveo redirection due to STAND trial results announced by Novartis with rationale added to Appendix D; rationale for sickle cell disease therapy redirections added to Appendix D with references.
CP.PHAR.506 Antithymocyte Globulin (Atgam, Thymoglobulin)	4Q 2023 annual review: for transplant rejection added criterion prescribed in combination with conventional therapy per PI with examples added in Appendix D; continuation of care applied to transplant-related indications in continued therapy section; clarified total duration and doses of Thymoglobulin and Atgam therapy in continued therapy section (7days/doses for Thymoglobulin for prophylaxis of acute rejection, 14 days/doses for Thymoglobulin for treatment of acute treatment, and 42 days/21 doses for Atgam); references reviewed and updated.
CP.PHAR.551 anifrolumab-fnia (Saphnelo)	4Q 2023 annual review: added exclusion for concurrent biologic per Warning in the Prescribing Information; references reviewed and updated.
CP.PHAR.553 Belzutifan (Welireg)	4Q 2023 annual review: added criterion for monotherapy per NCCN and NCH criteria; added maximum number of tablets corresponding to dose in initial and continued criteria; references reviewed and updated.
CP.PHAR.590 Omaveloxolone (Skyclarys)	Removed requirement of “maximal exercise testing on a recumbent stationary bicycle” as not required per PI.
CP.PHAR.593 Delandistrogene moxeparvovec-rokl (Elevidys)	For members currently on exon skipping therapies, removed requirement of “significant decline while on exon skipping therapies” and revised to “member must discontinue exon skipping therapy prior to Elevidys and not-reinitiate exon skipping therapy after Elevidys”; added bypass of stable dose of corticosteroids with option for provider attestation that member will be initiated on standard of care oral corticosteroid prior to and following Elevidys; for concurrent corticosteroid clarified that it is a “prophylactic” corticosteroid regimen.
CP.PMN.59 Quantity Limit Override and Dose Optimization	4Q 2023 annual review: in section ID for dose optimization, added reference to Section IA for QL exception requests.
CP.PMN.71 Linaclotide (Linzess)	4Q 2023 annual review: references reviewed and updated. RT4: new indication functional pediatric constipation added; contraindications updated per PI.
CP.PMN.73 Lifitegrast (Xiidra)	4Q annual review: references reviewed and updated.
CP.PMN.161 Methadone	4Q 2023 annual review: added criterion that provider confirms that member will discontinue all other around-the-clock opioids upon initiation of methadone per PI; references reviewed and updated.
CP.PMN.172 Zolpidem (Edluar, Zolpimist)	4Q 2023 annual review: removed Intermezzo as product is discontinued; applied current zolpidem oral tablet redirection to zolpidem sublingual tablet 1.75 mg and 3.5 mg requests; references reviewed and updated.

CP.PMN.185 Baloxavir Marboxil (Xofluza)	4Q 2023 annual review: for Appendix B, added Tamiflu pediatric dosing for ages 2 weeks to less than 1 year to align with prescriber information; updated Appendix D to align with current CDC High Risk Factors; references reviewed and updated.
CP.PMN.214 Continuous Glucose Monitors	4Q 2023 annual review: updated Appendix D with examples of Dexcom G7 and Libre 3; updated Appendix E with content area of “weight management” per ADA 2023 guidelines; references reviewed and updated.
CP.PMN.250 Colesevelam (Welchol)	4Q 2023 annual review: updated limitations of use under FDA approved indication section to align with prescriber information; references reviewed and updated.
CP.PMN.255 No Coverage Criteria, Recent Label Changes Pending Clinical Policy Update	4Q 2023 annual review: added requirement that request is not for a benefit excluded use; references reviewed and updated.
CP.PMN.256 Nifurtimox (Lampit)	4Q 2023 annual review: updated indication from accelerated approval to traditional full approval; for Appendix D, updated previous WHO link to current link; references reviewed and updated.
CP.PMN.270 Pilocarpine (Vuity)	4Q 2023 annual review: updated criteria maximum dosing from “one drop in each eye daily” to “one drop in each eye daily, followed by an additional dose in each eye administered 3 to 6 hours after first dose” per prescriber information update; updated section V dosing to reflect dosing update; references reviewed and updated.
CP.PMN.282 Ketorolac nasal spray (Sprix)	4Q 2023 annual review: added limitations of use under FDA approved indications section; updated Appendix B with Ketorolac tablet dosing per prescriber information; references reviewed and updated.
CP.PMN.283 Tapinarof (Vtama)	4Q 2023 annual review: updated Appendix B by removing Enstilar and Duobrii therapeutic alternatives since agents are not redirected to and are non-formulary; references reviewed updated.
CP.PHAR.05 Hyaluronate derivatives	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.128 Erenumab-aooe (Aimovig)	4Q 2023 annual review: no significant changes; add HCPCS code C9399 for unclassified drugs or biologicals; references reviewed and updated.
CP.PHAR.130 Avatrombopag (Doptelet)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.132 Nitisinone (Orfadin, Nityr)	4Q 2023 annual review: no significant changes; added exclusion against concomitant use of multiple different nitisinone products; added generic redirection for 2 mg, 5 mg, 10 mg strengths (generic nitisinone 20 mg strength is either NF or same tier level as brand Orfadin 20 mg); references reviewed and updated.
CP.PHAR.139 Mogamulizumab-kpkc (Poteligeo)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.140 Pegvaliase-pqpz (Palynziq)	4Q 2023 annual review: no significant changes; added differentiation of approval duration depending on line of business, references reviewed and updated.
CP.PHAR.141 Ribavirin (Rebetol, Ribasphere)	4Q 2023 annual review: removed references to Ribasphere since it’s no longer manufactured but retained Ribasphere Ribapak due to availability per Clinical Pharmacology; references reviewed and updated.
CP.PHAR.142 Adefovir (Hepsera)	4Q 2023 annual review: no significant changes; clarified within criteria that preferred tenofovir formulation is tenofovir disoproxil fumarate; references reviewed and updated.
CP.PHAR.143 Betaine (Cystadane)	4Q 2023 annual review: no significant changes; references reviewed and updated.

CP.PHAR.151 Levoleucovorin (Fusilev, Khapzory)	4Q 2023 annual review: no significant changes; removed request for Fusilev or Khapzory criterion as these are the only two agents covered in the policy and carry the same indications; updated Appendix D per NCCN Compendium; references reviewed and updated.
CP.PHAR.175 Triptorelin pamoate (Trelstar, Triptodur)	4Q 2023 annual review: no significant changes; for gender dysphoria continuation of therapy added example of positive response to therapy; references reviewed and updated.
CP.PHAR.201 Belatacept (Nulojix)	4Q 2023 annual review: no significant changes; COC applied as a transplant-related indication in continued therapy section; references reviewed and updated.
CP.PHAR.313 Pralatrexate (Folotyn)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.328 Asfotase Alfa (Strensiq)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.332 Pasireotide (Signifor, Signifor LAR)	4Q 2023 annual review: no significant changes; added J3490 code for Signifor; references reviewed and updated.
CP.PHAR.354 Testosterone (Testopel, Jatenzo)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.389 Pegvisomant (Somavert)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.390 Cholic Acid (Cholbam)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.393 Leucovorin Injection	4Q 2023 annual review: no significant changes; updated Appendix D per NCCN Compendium; references reviewed and updated.
CP.PHAR.394 Migalastat (Galafold)	4Q 2023 annual review: no significant changes; added exclusion against concomitant use of Galafold with Elfabrio to the Initial Approval Criteria section, since Elfabrio is now FDA-approved; added exclusion against concomitant use with either Fabrazyme or Elfabrio to the Continued Therapy section; references reviewed and updated.
CP.PHAR.395 Patisiran (Onpattro)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.403 Fremanezumab-vfrm (Ajovy)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.404 Galcanezumab-gnlm (Emgality)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.476 Ubrogepant (Ubrovelvy)	4Q 2023 annual review: no significant changes; updated contraindications to include hypersensitivity per updated prescribing information; clarified failure of two formulary “generic” 5HT1-agonist migraine medications; references reviewed and updated.
CP.PHAR.489 Eptinezumab (Vyepiti)	4Q 2023 annual review: no significant changes, added clarification that PA may be required for alternative CGRP redirections; references reviewed and updated.
CP.PHAR.490 Rimegepant (Nurtec ODT)	4Q 2023 annual review: no significant changes, for migraine prophylaxis added clarification that PA may be required for alternative CGRP redirections; clarified for acute migraine failure of two formulary “generic” 5HT1-agonist migraine medications; references reviewed and updated.
CP.PHAR.509 Triheptanoin (Dojolvi)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.513 Plasminogen (Ryplazim)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.550 Vutrisiran (Amvuttra)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.552 Belumosudil (Rezurock)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.558 Mitapivat (Pyrukynd)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.559 Mobocertinib (Exkivity)	4Q 2023 annual review: no significant changes; references reviewed and updated.

CP.PHAR.566 Atogepant (Qulipta)	4Q annual review: no significant changes, for migraine prophylaxis added clarification that PA may be required for alternative CGRP redirections; references reviewed and updated.
CP.PHAR.591 Tofersen (Qalsody)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.596 Lecanemab-irmb (Leqembi)	4Q 2023 annual review: no significant changes; recent full review completed at 3Q 2023 P&T after conversion of Leqembi's accelerated approval to full approval.
CP.PHAR.597 Leniolisib (Joenja)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.17 Droxidopa (Northera)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.47 Rifaximin (Xifaxan)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.53 Off-Label Use	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.54 Clobazam (Onfi, Sympazan)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.87 Plecanatide (Trulance)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.109 Suvorexant (Belsomra)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.112 Naldemedine (Symproic)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.116 L-glutamine (Endari)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.142 Lubiprostone (Amitiza)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.143 Isotretinoin (Claravis, Absorica, Absorica LD, Myorisan, Zenatane, Amnesteem)	4Q 2023 annual review: no significant changes; updated FDA approved indications section to align with Absorica/ Absorica LD prescriber information; removed commercially unavailable brand therapeutic alternatives; references reviewed and updated.
CP.PMN.153 Alosetron (Lotronex)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.165 Fluorouracil Cream (Tolak)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.167 Neomycin-fluocinolone cream (Neo-Synalar)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.168 Ospemifene (Osphena)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.169 Methylnaltrexone Bromide (Relistor)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.170 Eluxadoline (Viberzi)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.171 Naloxegol (Movantik)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.173 Ramelteon (Rozerem)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.174 Perindopril-Amlodipine (Prestalia)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.175 Doxepin (Silenor)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.176 Amlodipine-Atorvastatin (Caduet)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.177 Glycopyrronium (Qbrexza)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.179 Megestrol Acetate Oral Suspension (Megace ES)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.180 Halobetasol Propionate Lotion (Bryhali, Lexette, Ultravate)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.181 Calcipotriene-Betamethasone Dipropionate Foam (Enstilar)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.182 Betamethasone dipropionate (Sernivo)	4Q 2023 annual review: no significant changes; references reviewed and updated.

CP.PMN.184 Stiripentol (Diacomit)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.194 Prucalopride (Motegrity)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.206 Tegaserod (Zelnorm)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.210 Acyclovir buccal tab (Sitavig)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.213 Ferric maltol (Accrufer)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.215 Non-preferred blood glucose monitors and test strips	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.216 Diazepam nasal spray (Valtoco)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.244 Tazarotene (Arazlo, Fabior, Tazorac)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.248 Ciprofloxacin-Dexamethasone (Ciprodex)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.249 Ciprofloxacin-Fluocinolone (Otovel)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.251 Lactic acid-citric acid-potassium bitartrate (Phexxi)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.252 Metoclopramide (Gimoti)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.253 Abametapir (Xeglyze)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.266 Finerenone (Kerendia)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.267 Levodopa Inhalation Powder (Inbrija)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.268 Tenofovir Alafenamide Fumarate (Vemlidy)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.284 Dextromethorphan-bupropion (Auvelity)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.208 Sodium phenylbutyrate (Buphenyl, Pheburane, Olpruva)	Per August SDC, added redirection to generic sodium phenylbutyrate in initial approval criteria and continued approval section.
CP.PHAR.243 Alemtuzumab (Lemtrada)	Per August SDC, added generic references to Aubagio and Gilenya redirections.
CP.PHAR.249 Dimethyl fumarate (Tecfidera), diroximel fumarate, monomethyl fumarate	Added generic references to Aubagio and Gilenya redirections.
CP.PHAR.252 Glatiramer (Copaxone, Glatopa)	4Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.256 Interferon beta-1b (Betaseron, Extavia)	Per August SDC, added generic references to Aubagio and Gilenya redirections.
CP.PHAR.259 Natalizumab (Tysabri)	Per August SDC, added generic references to Aubagio and Gilenya redirections.
CP.PHAR.296 Pegfilgrastim (Neulasta and biosimilars)	Per August SDC, removed redirection to Ziextenzo.
CP.PHAR.335 Ocrelizumab (Ocrevus)	Per August SDC, added generic references to Aubagio and Gilenya redirections.
CP.PHAR.422 Cladribine (Mavenclad)	Per August SDC, added generic references to Aubagio and Gilenya redirections.
CP.PHAR.427 Siponimod (Mayzent)	Per August SDC, added generic references to Aubagio and Gilenya redirections.
CP.PHAR.462 Ozanimod (Zeposia)	Per August SDC, added generic references to Aubagio and Gilenya redirections.
CP.PHAR.537 Ponesimod (Ponvory)	Per August SDC, added generic references to Aubagio and Gilenya redirections.
CP.PHAR.621 Ublituximab-xiyy (Briumvi)	Per August SDC, added generic references to Aubagio and Gilenya redirections.
NH.PHAR.09 Pharmacy Program	Annual Review- Changed health plan pharmacist to new title of Market Lead.

CC.PHAR.10_PREFERRED Drug List	Annual Review- Updated P&T Committee is responsible for approving all changes to the Centene PDL to P&T Committee is responsible for approving changes to the Centene PDL, since standard maintenance of business changes do not go to P&T. Moved CPAC information from the beginning of the Procedure section to the CPAC bullet.
CC.PHAR.10 Preferred Drug List NHHF Addendum	Annual Review – No changes deemed necessary
CC.PHAR.11 Requests for Pharmacy Profiles	Annual Review- No changes deemed necessary
CC.PHAR.19 Vacation Overrides	Annual Review- No changes deemed necessary
CC.PHAR.19 Vacation Overrides NHHF Addendum	Updated “F” to a rolling 180-day period instead of yearly
CC.PHAR.22_Medicaid Preferred Drug List Audit Support	Annual Review- Removed both the RxClaim weekly change report and RxCloud change report samples. Removed section titled Centene Affiliate Health Plans.