Reference ID	Criteria Title	Revision
CP.PHAR.103	Immune Globulins	2Q 2024 annual review: removed Rasmussen's syndrome from Section III; references reviewed and updated. RT4: for HyQvia and Gammagard Liquid, added CIDP indication per updated PI.
CP.PHAR.132	Nitisinone (Orfadin, Nityr)	Per March SDC, for Orfadin revised generic redirection to apply generally to the capsule formulation (to now include the 20 mg strength).
CP.PHAR.135	Baricitinib (Olumiant)	2Q 2024 annual review: added Bimzelx, Zymfentra, Omvoh, Wezlana, Sotyktu, Tofidence, and Velsipity to section III.B; references reviewed and updated.
CP.PHAR.152	Laronidase (Aldurazyme)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.153	Eliglustat (Cerdelga)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.154	Imiglucerase (Cerezyme)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.155	Cysteamine oral (Cystagon, Procysbi)	2Q 2024 annual review: added requirement that request is not for combination use of Procysbi and Cystagon for initial criteria; for diagnostic confirmation by leukocyte cystine concentration, clarified this must be above the upper limit of the normal reference range for the reporting laboratory; references reviewed and updated. ONLY USED FOR CYSTAGON AS PROCYSBI IS CARVED OUT
CP.PHAR.156	Idursulfase (Elaprase)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.157	Taliglucerase Alfa (Elelyso)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.158	Agalsidase Beta (Fabrazyme)	2Q 2024 annual review: no significant changes; added exclusion for concomitant use with Elfabrio to align with the Elfabrio criteria; references reviewed and updated.
CP.PHAR.159	Sebelipase Alfa (Kanuma)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.16	Palivizumab (Synagis)	2Q 2024 annual review: no significant changes; updated Appendix D with AAP recommendations in the context of a limited supply of nirsevimab; added the following notation to clarify Beyfortus redirection if available: "For the 2023-2024 RSV season, supply issues are anticipated. Confirm supply constraints prior to bypassing this requirement (see Appendix D)."; references reviewed and updated.
CP.PHAR.160	Alglucosidase Alfa (Lumizyme)	2Q 2024 annual review: no significant changes; added exclusion for concomitant use with Pombiliti+Opfolda to align with the Pombiliti criteria; references reviewed and updated.
CP.PHAR.161	Galsulfase (Naglazyme)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.162	Elosulfase Alfa (Vimizim)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.163	Velaglucerase Alfa (VPRIV)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.164	Miglustat (Zavesca)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.172	Histrelin Acetate (Vantas, Supprelin LA)	2Q 2024 annual review: for prostate cancer, added requirement that request is for palliative treatment to align with the FDA-approved indication; corrected units for basal luteinizing hormone level to mIU/mL; references reviewed and updated.
CP.PHAR.174	Nafarelin Acetate (Synarel)	2Q 2024 annual review: for endometriosis reduced total treatment duration from 12 to 6 months per prescribing information; for CPP clarified for bone age the requirement is that the difference between bone age and chronological age was > 1 year (bone age-chronological age); corrected units for basal luteinizing hormone level to mIU/mL; references reviewed and updated.
CP.PHAR.230	AbobotulinumtoxinA (Dysport)	2Q 2024 annual review: for blepharospasm, clarified that it is 120 units "per eye" per treatment session; revised max dose for OMD from "100 units" to standard language "Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use and member age (prescriber must submit supporting evidence; Units per treatment session does not exceed the lower of 16 Units/kg body weight or 640 Units for pediatrics, or 1,000 Units for adults"; added UE dystonia, UE essential tremor maximum dosing regimen to all other indications (off-label) in continued therapy (section II.D.); references reviewed and updated.
CP.PHAR.231	IncobotulinumtoxinA (Xeomin)	2Q 2024 annual review: added max dose for laryngeal dystonia (off-label); revised max dose for OMD from "25 units" to standard language "Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use and member age (prescriber must submit supporting evidence; number of Units per treatment session does not exceed 400 Units IM per treatment session every 12 weeks)"; references reviewed and updated.
CP.PHAR.232	OnabotulinumtoxinA (Botox)	2Q 2024 annual review: for chronic sialorrhea changed age from ≥ 18 years to ≥ 21 months; references reviewed and updated.
CP.PHAR.233	RimabotulinumtoxinB (Myobloc)	2Q 2024 annual review: no significant changes; in continued therapy revised Commercial approval duration from "12 months" to the current standard for injectables of "6 months or to member's renewal date, whichever is longer"; references reviewed and updated.
CP.PHAR.236	Darbepoetin Alfa (Aranesp)	2Q 2024 annual review: for anemia associated with myelofibrosis, added requirement that pretreatment hemoglobin < 10 g/dL for initial requests and current hemoglobin ≤ 12 g/dL for continuation requests; for anemia due to CKD, added requirement for continuation requests that current hemoglobin ≤ 12 g/dL; references reviewed and updated
NH.PHAR.237	Epoetin Alfa (Epogen, Procrit), Epoetin Alfa-epbx (Retacrit)	2Q 2024 annual review: for anemia associated with myelofibrosis, added requirement that pretreatment hemoglobin < 10 g/dL for initial requests and current hemoglobin ≤ 12 g/dL for continuation requests; for anemia due to CKD, added requirement for continuation requests that current hemoglobin ≤ 12 g/dL; references reviewed and updated.
CP.PHAR.238	Methoxy Polyethylene Glycol-Epoetin Beta (Mircera)	2Q 2024 annual review: added requirement for continuation requests that current hemoglobin ≤ 12 g/dL; updated dosing in Section V to include 1.2 mcg/kg once monthly dosing option for adult patients with CKD not on dialysis; references reviewed and updated.

CP.PHAR.239	Dabrafenib (Tafinlar)	2Q 2024 annual review: for thyroid cancer, revised section to specify only ATC per PI (other thyroid carcinomas are covered in solid tumor section); for BRAF V600E mutation-positive solid tumor per NCCN, revised criteria to include off-label indications for resectable disease, removed "as subsequent treatment" from thyroid carcinomas to allow first-line treatment, specified adult low-grade glioma to adult pilocytic astrocytoma, ganglioglioma, and pleomorphic xanthoastrocytoma (grade 2), removed recurrent adult IDH-mutant oligodendroglioma and IDH-mutant astrocytoma, added that thyroid carcinoma must not be amenable to radioactive iodine therapy, added the following indications: off-label resected gross residual hepatobiliary cancer, recurrent or progressive circumscribed glioma, progressive adult glioblastoma, poorly differentiated mixed neuroendocrine carcinomas, gastrointestinal stromal tumors, gastric and esophageal adenocarcinoma, esophageal and esophagogastric squamous cell carcinoma, and small bowel adenocarcinoma; for off-label NCCN compendium recommendations added indication of hairy cell leukemia; referenced reviewed and updated.
NH.PHAR.241	Abatacept (Orencia)	2Q 2024 annual review: updated Appendix D with removal of PsA guideline supplemental information; added Bimzelx, Zymfentra, Omvoh, Tofidence, Sotyktu, and Velsipity to section III.B; references reviewed and updated. Removed redirection to Enbrel and added preferred product language
NH.PHAR.242	Adalimumab (Humira), Adalimumab-afzb (Abrilada), Adalimumab-atto (Amjevita), Adalimumab-adbm (Cyltezo), Adalimumab-bwwd (Hadlima), Adalimumab-fkjp (Hulio), Adalimumab-adaz (Hyrimoz), Adalimumab-aacf (Idacio), Adalimumab-aaty (Yuflyma), Adalimumab-aqvh	2Q 2024 annual review: RT4: for Yuflyma, added newly approved UV indication to criteria; added HCPCS codes [C9399] and [J3590]; added Bimzelx, Zymfentra, Omvoh, Sotyktu, and Velsipity to section III.B; references reviewed and updated. Removed redirection to Enbrel and added preferred product language
CP.PHAR.243	Alemtuzumab (Lemtrada)	2Q 2024 annual review: no significant changes; references reviewed and updated
NH.PHAR.244	Anakinra (Kineret)	Policy created.
NH.PHAR.245	Apremilast (Otezla)	Policy created.
CP.PHAR.246	Canakinumab (Ilaris)	2Q 2024 annual review: for AOSD, removed redirection to methotrexate per guideline update and competitor analysis and added redirection to NSAID; added Bimzelx, Zymfentra, Omvoh, Wezlana, Sotyktu, Tofidence, and Velsipity to section III.B; references reviewed and updated.
NH.PHAR.247	Certolizumab (Cimzia)	2Q 2024 annual review: updated Appendix D with removal of CRADLE trial supplemental information; added Bimzelx, Zymfentra, Omvoh, Tofidence, Sotyktu, Wezlana, and Velsipity to section III.B; references reviewed and updated.
CP.PHAR.248	Dalfampridine (Ampyra)	2Q 2024 annual review: no significant changes; revised policy/criteria section to also include generic dalfampridine; references reviewed and updated.
CP.PHAR.249	Dimethyl Fumarate (Tecfidera), Diroximel Fumarate (Vumerity), Monomethyl Fumarate (Bafiertam)	2Q 2024 annual review: no significant changes; revised policy/criteria section to also include generic dimethyl fumarate; references reviewed and updated.
NH.PHAR.250	Etanercept (Enbrel)	Policy created.
CP.PHAR.251	Fingolimod (Gilenya, Tascenso ODT)	2Q 2024 annual review: no significant changes; revised policy/criteria section to also include generic fingolimod; references reviewed and updated.
NH.PHAR.252	Glatiramer Acetate (Copaxone, Glatopa)	Policy created.
NH.PHAR.253	Golimumab (Simponi, Simponi Aria)	2Q 2024 annual review: updated Appendix D with removal of AS and nr-axSpA guideline supplemental information; added Bimzelx, Zymfentra, Omvoh, Tofidence, Sotyktu, Wezlana, and Velsipity to section III.B; references reviewed and updated. Removed redirection to Enbrel and added preferred product language
NH.PHAR.254	Infliximab (Remicade), Infliximab-axxq (Avsola), Infliximab-dyyb (Inflectra, Zymfentra), and Infliximab-abda (Renflexis)	Policy created.
NH.PHAR.255	Interferon Beta-1a (Avonex, Rebif)	Policy created.
NH.PHAR.256	Interferon Beta-1b (Betaseron, Extavia)	Policy created.
NH.PHAR.257	Ixekizumab (Taltz)	Policy created.
NH.PHAR.259	Natalizumab (Tysabri), Natalizumab-sztn (Tyruko)	Policy created.
CP.PHAR.260	Rituximab (Rituxan), Rituximab-arrx (Riabni), Rituximab-pvvr (Ruxience), Rituximab-abbs (Truxima), Rituximab-Hyaluronidase (Rituxan Hycela)	2Q 2024 annual review: for B-Cell Lymphomas initial criteria, updated "AIDS-related B-cell lymphomas" to "HIV-related B-cell lymphomas" per NCCN compendium; for Appendix E, updated state OH description to include commercial line of business; added Bimzelx, Zymfentra, Omvoh, Sotyktu, Tofidence, Wezlana, and Velsipity to section III.B; references reviewed and updated.
NH.PHAR.261	Secukinumab (Cosentyx)	2Q 2024 annual review: updated Appendix D with removal of PsA, AS, and nr-axSpA guideline supplemental information; added Bimzelx, Zymfentra, Omvoh, Tofidence, Sotyktu, and Velsipity to section III.B; references reviewed and updated.
CP.PHAR.262	Teriflunomide (Aubagio)	2Q 2024 annual review: no significant changes; revised policy/criteria section to also include generic teriflunomide; references reviewed and updated.
CP.PHAR.263	Tocilizumab (Actemra), Tocilizumab-bavi (Tofidence)	2Q 2024 annual review: for Castleman's disease, added member has either unicentric disease with HIV-negative and HHV-8-negative or multicentric disease as supported by NCCN compendium; for CRS, added "Carvykti™" to list of CAR T cell examples; added Bimzelx, Zymfentra, Omvoh, Wezlana, Sotyktu, and Velsipity to section III.B; references reviewed and updated.
NH.PHAR.264	Ustekinumab (Stelara), Ustekinumab-auub (Wezlana)	2Q 2024 annual review: updated Appendix D with removal of PsA guideline and pediatric pharmacokinetic studies supplemental information; added Bimzelx, Zymfentra, Omvoh, Tofidence, Sotyktu, and Velsipity to section III.B; references reviewed and updated.
NH.PHAR.265	Vedolizumab (Entyvio)	Policy created.
CP.PHAR.266	Rilonacept (Arcalyst)	2Q 2024 annual review: removed supplemental information on concomitant use of Arcalyst and other biologics in Appendix D; added Bimzelx, Zymfentra, Omvoh, Wezlana, Sotyktu, Tofidence, and Velsipity to section III.B; references reviewed and updated.
NH.PHAR.267	Tofacitinib (Xeljanz, Xeljanz XR)	Policy created.
NH.PHAR.271	Peginterferon Beta-1a (Plegridy)	Policy created.
NH.PHAR.296	Pegfilgrastim (Neulasta and biosimilars)	Policy created.
CP.PHAR.335	Ocrelizumab (Ocrevus)	2Q 2024 annual review: no significant changes; references reviewed and updated.

CP.PHAR.336	Dupilumab (Dupixent)	Per March SDC, HIM line of business removed as separate criteria is required; for asthma and atopic dermatitis added reference to "Refer to HIM.PA.SP69 for California Exchange Plans"; for Asthma initial approval criteria, added allowance for emergency room visit and removed intubation option.
NH.PHAR.340	Valbenazine (Ingrezza)	Policy created.
NH.PHAR.341	Deutetrabenazine (Austedo, Austedo XR)	Policy created.
NH.PHAR.343	Edaravone (Radicava, Radivaca ORS)	Policy created.
NH.PHAR.346	Sarilumab (Kevzara)	Policy created.
NH.PHAR.364	Guselkumab (Tremfya)	2Q 2024 annual review: added Bimzelx, Zymfentra, Omvoh, Wezlana, Sotyktu, Tofidence, and Velsipity to section III.B; references reviewed and updated.
CP.PHAR.374	Vestronidase Alfa-vjbk (Mepsevii)	2Q 2024 annual review: no significant changes; added requirement for documentation of member's weight to determine appropriate dosing for initial approval and for reauthorization; updated auth durations to reflect LOB-specific differences; references reviewed and updated.
CP.PHAR.375	Brodalumab (Siliq)	2Q 2024 annual review: added Bimzelx, Zymfentra, Omvoh, Wezlana, Sotyktu, Tofidence, and Velsipity to section III.B; references reviewed and updated. Per March SDC, added criteria requiring use of Taltz and preferred adalimumab products (Hadlima, Yusimry, adalimumab-adaz, adalimumab-adbm, and adalimumab-fkjp); added therapeutic alternatives Taltz and adalimumab products to Appendix B; updated Appendix D with examples of TNF blockers.
CP.PHAR.378	Ibalizumab-uiyk (Trogarzo)	2Q 2024 annual review: no significant changes; references reviewed and updated.
NH.PHAR.386	Tildrakizumab-asmn (Ilumya)	2Q 2024 annual review: added Bimzelx, Zymfentra, Omvoh, Wezlana, Sotyktu, Tofidence, and Velsipity to section III.B; references reviewed and updated.
CP.PHAR.395	Patisiran (Onpattro)	2Q 2024 annual review: added Wainua to list of drugs that should not have been previously received or prescribed concurrently; references reviewed and updated.
CP.PHAR.401	Amikacin (Arikayce)	Per March SDC, extended initial authorization approval duration from 6 months to 12 months; revised continued therapy criteria language for negative monthly sputum cultures requirement from "documentation" to "confirmation" (which can be determined by documentation or attestation); removed description of policy/criteria that stated "Provider must submit documentation…"
CP.PHAR.405	Inotersen (Tegsedi)	2Q 2024 annual review: added Wainua to list of drugs that should not have been previously received or prescribed concurrently; added active HCPCS codes [C9399] and [J3490]; added disclaimer regarding manufacturer discontinuing commercial avilaiblity of Tegsedi and added Appendix D; references reviewed and updated.
CP.PHAR.416	Caplacizumab-yhdp (Cablivi)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.419	Elapegademase-lvlr (Revcovi)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.422	Cladribine (Mavenclad)	2Q 2024 annual review: no significant changes; references reviewed and updated.
NH.PHAR.426	Risankizumab-rzaa (Skyrizi)	Policy created.
NH.PHAR.427	Siponimod (Mayzent)	Policy created.
CP.PHAR.43	Sapropterin Dihydrochloride (Kuvan)	2Q 2024 annual review: increased initial auth duration to align with those of other drugs for rare diseases; for Continued Therapy added exclusion for concomitant use with Palynziq to match with the Initial Approval Criteria; references reviewed and updated.
NH.PHAR.443	Upadacitinib (Rinvoq)	2Q 2024 annual review: removed nr-axSpA supplemental guideline information in Appendix D; added Bimzelx, Zymfentra, Omvoh, Wezlana, Sotyktu, Tofidence, and Velsipity to section III.B; references reviewed and updated.
CP.PHAR.447	Mercaptopurine (Purixan)	2Q 2024 annual review: no significant changes; for Appendix E, added state OK and updated state OH notes to include commercial line of business; references reviewed and updated.
NH.PHAR.462	Ozanimod (Zeposia)	Policy created.
CP.PHAR.468	Aducanumab-avwa (Aduhelm)	2Q 2024 annual review: added reference to the planned market withdrawal by November 1, 2024, and accompanying information in Appendix E; updated Appendix C with boxed warning; references reviewed and updated.
CP.PHAR.471	Fosdenopterin (Nulibry)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.473	Lumasiran (Oxlumo)	2Q 2024 annual review: added exclusion for concomitant use of Oxlumo with Rivfloza; clarified the intent of the dialysis criteria to reflect that the member should not be on peritoneal dialysis and if they are on hemodialysis then they have been on a stable hemodialysis regimen for at least 4 weeks, per the ILLUMINATE-C trial inclusion criteria; updated Commercial authorization duration language to match current standard language; references reviewed and updated.
CP.PHAR.479	Decitabine/Cedazuridine (Inqovi)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.480	Ferric Derisomaltose (Monoferric)	2Q 2024 annual review: added criteria for NCCN-supported indication of cancer- and chemotherapy-induced anemia; references reviewed and updated.
CP.PHAR.481	Idecabtagene Vicleucel (Abecma)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.482	Isatuximab-irfc (Sarclisa)	2Q 2024 annual review: added indication in transplant candidates for primary therapy in combination with bortezomib, lenalidomide, and dexamethasone per NCCN 2A recommendation; references reviewed and updated.
CP.PHAR.483	Lisocabtagene Maraleucel (Breyanzi)	2Q 2024 annual review: for T-cell/histiocyte-rich LBCL removed requirement for use as second line therapy; references reviewed and updated.
CP.PHAR.486	Bimatoprost Implant (Durysta)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.503	Sutimlimab-jome (Enjaymo)	2Q 2024 annual review: no significant changes; references reviewed and updated.

CP.PHAR.504	Voclosporin (Lupkynis)	2Q 2024 annual review: added exclusion for concurrent treatment with cyclophosphamide or a biologic; revised continued approval duration to 12 months and removed treatment response criterion for requests exceeding 12 months of Lupkynis based on updated 2024 KDIGO lupus nephritis management guideline; references reviewed and updated.
CP.PHAR.521	Avalglucosidase Alfa-ngpt (Nexviazyme)	2Q 2024 annual review: no significant changes; added exclusion for concomitant use with Pombiliti+Opfolda to align with the Pombiliti criteria; references reviewed and updated.
CP.PHAR.526	Fibrinogen Concentrate [Human] (Fibryga, RiaSTAP)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.527	Narsoplimab (OMS721)_PEPP	2Q 2024: no significant changes as drug is not yet FDA-approved; references reviewed and updated.
CP.PHAR.528	Odevixibat (Bylvay)	2Q 2024 annual review: added exclusions for portal hypertension and history of a hepatic decompensation event for both PFIC and ALGS per competitor analysis; references reviewed and updated.
CP.PHAR.529	Relugolix (Orgovyx), Relugolix/Estradiol/Norethinedrone (Myfembree)	2Q 2024 annual review: no significant changes; updated Appendix C to include new hypersensitivity contraindication for Orgovyx per updated PI; references reviewed and updated.
CP.PHAR.533	Ciltacabtagene Autoleucel (Carvykti)	2Q 2024 annual review: updated boxed warnings to include secondary hematological malignancies per prescribing information; references reviewed and updated.
CP.PHAR.534	Insulin Delivery Systems (V-Go, Omnipod, InPen)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.535	Melphalan Flufenamide (Pepaxto)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.536	Ophthalmic Riboflavin (Photrexa, Photrexa Viscous)	2Q 2024 annual review: updated HCPCS code description for J2787; references reviewed and updated.
CP.PHAR.537	Ponesimod (Ponvory)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.538	Tivozanib (Fotivda)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.550	Vutrisiran (Amvuttra)	2Q 2024 annual review: added Wainua to list of drugs that should not have been previously received or prescribed concurrently; references reviewed and updated.
CP.PHAR.570	Ropeginterferon alfa-2b-njft (Besremi)	Removed peginterferon alfa-2a as therapeutic alternative as no longer a preferred cytoreductive therapy for high-risk PV per NCCN; Added option for usage in low-risk PV with indications for cytoreductive therapy per NCCN; for Appendix D, added definition for low-risk and high-risk PV, removed peginterferon alfa-2a from preferred regimen for cytoreductive therapy for high-risk PV, added examples of symptoms of disease progression per NCCN.
CP.PHAR.577	Tralokinumab-ldrm (Adbry)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.581	Faricimab-svoa (Vabysmo)	2Q 2024 annual review: no significant changes; in Appendix D, added RVO clinical trial duration details; references reviewed and updated.
CP.PHAR.582	Lutetium Lu 177 vipivotide tetraxetan (Pluvicto)	2Q 2024 annual review: added F-18 flotufolastat as an additional option to confirm PSMA-positive disease; references reviewed and updated.
CP.PHAR.583	Pacritinib (Vonjo)	2Q 2024 annual review: for MF, removed failure of therapeutic alternative drugs for lower-risk MF per NCCN 2A recommendation revised criteria to approve lower-risk MF with platelet count of <50 x 109/L, revised criteria to approve high-risk MF of any platelet count, and removed redundant intermediate risk stratification; added off-label criteria for MF-associated anemia per NCCN 2A recommendation; references reviewed and updated.
CP.PHAR.584	Sodium Phenylbutyrate/Taurursodiol (Relyvrio)	2Q 2024 annual review: no significant changes; updated Appendix D table of revised El Escorial criteria; references reviewed and updated
CP.PHAR.590	Omaveloxolone (Skyclarys)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.592	Beremagene Geperpavec (Vyjuvek)	Added exclusion of concomitant use with Filsuvez.
CP.PHAR.600	Trofinetide (Daybue)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.601	Velmanase Alfa-tycv (Lamzede)	2Q 2024 annual review: no significant changes; added updated HCPCS code; references reviewed and updated.
NH.PHAR.603	Exagamglogene autotemcel (Casgevy)	Policy created.
CP.PHAR.606	Spesolimab-sbzo (Spevigo)	2Q 2024 annual review: added Bimzelx, Zymfentra, Omvoh, Wezlana, Sotyktu, and Velsipity to section III.B; references reviewed and updated.
CP.PHAR.607	Deucravacitinib (Sotyktu)	2Q 2024 annual review: added "member does not have combination use with biological disease-modifying antirheumatic drugs or Janus kinase inhibitors" criteria to initial and continued therapy; added Bimzelx, Zymfentra, Omvoh, Wezlana, Sotyktu, and Velsipity to section III.B; references reviewed and updated.
CP.PHAR.619	Nedosiran (Rivfloza)	2Q 2024 annual review: for Commercial line of business changed approval duration to "6 months or to the member's renewal date, whichever is longer"; added exclusion for concomitant use of Rivfloza with Oxlumo; for Continued Therapy clarified that one of the listed criteria would need to be met, to align with Oxlumo criteria; references reviewed and updated.
NH.PHAR.621	Ublituximab-xiiy (Briumvi)	Policy created.
NH.PHAR.622	Lenacapavir (Sunlenca)	Policy created.
CP.PHAR.624	Ferric Pyrophosphate (Triferic, Triferic Avnu)	2Q 2024 annual review: no significant changes; added Venofer to Appendix B therapeutic alternatives table; references reviewed and updated.
CP.PHAR.626	Pozelimab-bbfg (Veopoz)	2Q 2024 annual review: no significant changes; references reviewed and updated
CP.PHAR.628	Daprodustat (Jesduvroq)	2Q 2024 annual review: added requirement for continuation requests that hemoglobin ≤ 12 g/dL; added OK to Appendix D; references reviewed and updated.
CP.PHAR.629	Retifanlimab-dlwr (Zynyz)	2Q 2024 annual review: for MCC, added pathways for primary locally advanced disease and recurrent regional disease per NCCN 2A recommendation and added requirement that Zynyz be prescribed as a single agent; added criteria for anal carcinoma per NCCN 2A recommendation; added Zynyz HCPCS code and removed inactive codes; references reviewed and updated.
NH.PHAR.630	Zavegepant (Zavzpret)	Policy created.
CP.PHAR.631	Sparsentan (Filspari)	2Q 2024 annual review: for Appendix D, added Filspari REMS information; references reviewed and updated.
CP.PHAR.633	Eplontersen (Wainua)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.650	Zuranolone (Zurzuvae)	Added obstetrician-gynecologist as an additional prescriber specialty and specialist that can perform a clinical interview to confirm severe depression.

CP.PHAR.660	Bimekizumab-bkzx (Bimzelx)	2Q 2024 annual review: added Wezlana, Sotyktu, and Velsipity to section III.B; references reviewed and updated.
CP.PHAR.661	Etrasimod (Velsipity)	2Q 2024 annual review: added "member does not have combination use with biological disease-modifying antirheumatic drugs or Janus kinase inhibitors" criteria to initial and continued therapy; added section III.B to include coverage not authorized for combination use with potent immunosuppressants; references reviewed and updated.
CP.PHAR.662	Mirikizumab-mrkz (Omvoh)	2Q 2024 annual review: added Zymfentra, Wezlana, Sotyktu, and Velsipity to section III.B; references reviewed and updated.
CP.PHAR.669	Birch Triterpenes (Filsuvez)	Added exclusion of concomitant use with Vyjuvek in dystropic epidermolysis bullosa (Vyjuvek is not FDA-approved for use in junctional epidermolysis bullosa).
CP.PHAR.78	Thalidomide (Thalomid)	2Q 2024 annual review: removed myeloproliferative neoplasms criteria set as this indication is no longer supported by NCCN compendium; revised Revlimid to
CP.PHAR.88	Belimumab (Benlysta)	2Q 2024 annual review: added exclusion for concurrent treatment with Lupkynis or a biologic for all indications; references reviewed and updated.
CP.PHAR.92	Tetrabenazine (Xenazine)	2Q 2024 annual review: no significant changes; added Austedo XR formulation as additional concurrent treatment exclusion; references reviewed and updated.
NH.PMN.110	Crisaborole (Eucrisa)	Policy created.
CP.PMN.117	Naproxen/Esomeprazole (Vimovo)	2Q 2024 annual review: for commercial line of business, updated approval duration from length of benefit to "12 months"; request for generic formation added to continued therapy; references reviewed and updated.
CP.PMN.119	Ozenoxacin (Xepi)	2Q 2024 annual review: no significant changes; removed commercially unavailable branded alternatives from Appendix B; references reviewed and updated
CP.PMN.120	Ibuprofen/Famotidine (Duexis)	2Q 2024 annual review: added redirection to generic product in continued therapy; references reviewed and updated.
CP.PMN.122	Celecoxib (Celebrex, Elyxyb)	2Q 2024 annual review: for commercial line of business, updated approval duration from "length of benefit" to "12 months"; references reviewed and updated. Per March SDC: removed HIM line of business; for all indications section, removed referenc to Step Therapy policy HIM.PA.109 for HIM.
NH.PMN.124	Itraconazole (Sporanox, Tolsura)	Policy created.
CP.PMN.125	Milnacipran (Savella)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.127	Fentanyl IR (Actiq, Fentora, Lazanda, Subsys)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.128	Dutasteride (Avodart), Dutasteride/Tamsulosin (Jalyn)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.130	Cysteamine Ophthalmic (Cystaran, Cystadrops)	2Q 2024 annual review: no significant changes; removed note referring to commercial formulary exception policy for Cystadrops given its formulary status; references reviewed and updated.
CP.PMN.136	Mecamylamine (Vecamyl)	2Q 2024 annual review: for Commercial line of business, updated approval duration from length of benefit to 6/12 months for initial and continued therapy respectively; references reviewed and updated
CP.PMN.137	Carbamazepine ER (Equetro)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.138	Age Limit Override (Codeine, Tramadol, Hydrocodone)	2Q 2024 annual review: no significant changes; limitations of use added to FDA approved indications section; references reviewed and updated.
CP.PMN.14	SGLT2 inhibitors	Per March SDC: for Type 2 Diabetes Mellitus, revised redirection from Steglatro or Segluromet to instead redirect to generic dapagliflozin for initial and continued therapy section; for continued therapy, added redirection to preferred agents for all indications; updated Appendix B with relevant therapeutic alternatives; added Steglatro and Segluromet as prior authorization is now required.
CP.PMN.154	Isavuconazonium (Cresemba)	2Q 2024 annual review: no significant changes; added HCPCS code [J1833]; references reviewed and updated.
NH.PMN.183	GLP-1 receptor agonist	Removed Bydureon from criteria as product has been discontinued.
CP.PMN.191	Age Limit for Topical Tretinoin	2Q 2024 annual review: no significant changes; added additional tube size [20 g] for lotion formulation in section VI; references reviewed and updated.
CP.PMN.192	Brimonidine Tartrate (Mirvaso)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.193	Hydroxyurea (Siklos)	2Q 2024 annual review: revised age criterion to age ≥ 9 months given guideline support and lack of availability and/or access to age-appropriate hydroxyurea formulation; clarified that generic hydroxyurea trial applies to members age ≥ 2 years; references reviewed and updated.
CP.PMN.196	Rifamycin (Aemcolo)	2Q 2024 annual review: added requirement that member must use Xifaxan; references reviewed and updated.
CP.PMN.197	Clomipramine (Anafranil)	2Q 2024 annual review: no significant changes; references reviewed and updated.
NH.PMN.198	Overactive Bladder Agents	Policy created.
NH.PMN.199	Esketamine (Spravato)	Policy created.
CP.PMN.209	Solriamfetol (Sunosi)	2Q 2024 annual review: updated description section to align with FDA labeling; references reviewed and updated.
CP.PMN.221	Pitolisant (Wakix)	2Q 2024 annual review: for Narcolepsy with Excessive Daytime Sleepiness, removed brand names Provigil and Nuvigil in criteria to clarify redirection is to generic product only; references reviewed and updated.
CP.PMN.234	Early and Periodic Screening, Diagnostic, and Treatment Benefit for Pediatric Members	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.235	Emtricitabine/Tenofovir Alafenamide (Descovy)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.259	Inhaled asthma and COPD agents	Per March SDC, for "All other ICS" requests added additional redirection to fluticasone propionate diskus (Flovent Diskus authorized generic) ; revised Flovent Diskus redirection requirements to fluticasone propionate diskus (Flovent Diskus authorized generic) in a new row.
CP.PMN.262	Quinine Sulfate (Qualaquin)	2Q 2024 annual review: revised policy/criteria section to also include generic quinine; for malaria, added Plasmodium ovale, Plasmodium malariae, and Plasmodium knowlesi as additional off-label coverable infections per CDC guidelines; for babesiosis, added redirection to generic; updated malaria dosing recommendations in Section V per Clinical Pharmacology; references reviewed and updated
CP.PMN.264	Viloxazine (Qelbree)	2Q 2024 annual review: no significant changes; added criteria for maximum capsule quantities based on maximum dosing; references reviewed and updated.
CP.PMN.275	Levoketoconazole (Recorlev)	2Q 2024 annual review: no significant changes; references reviewed and updated.

CP.PMN.276	Pentosan Polysulfate Sodium (Elmiron)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.277	Ulcer Therapy Products	2Q 2024 annual review: no significant changes; for Omeclamox-Pak updated contraindications to include coadministration with lurasidone per updated prescribing information; updated Talicia dosing in Section V; references reviewed and updated.
CP.PMN.278	Ganaxolone (Ztalmy)	2Q 2024 annual review: revised language from "member is experiencing" to "documentation" of baseline monthly seizure frequency to help determine positive response with example added for continued therapy; references reviewed and updated.
CP.PMN.285	Insulin degludec (Tresiba)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.287	Nabumetone Double-Strength (Relafen DS)	2Q 2024 annual review: no significant changes; references reviewed and updated.
NH.PMN.293	Berdazimer (Zelsuvmi)	Policy created.
CP.PMN.33	Pregabalin (Lyrica, Lyrica CR)	2Q 2024 annual review: for partial onset seizures, revised maximum dose from 420 mg to 14 mg/kg/day for members weighing < 30 kg per PI; for neuropathic pain associated-with spinal cord injury, clarified usage of pregabalin immediate release only per PI; added GAD products and dosing regimen to Appendix B; references reviewed and updated.
CP.PMN.35	Armodafinil (Nuvigil)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.39	Modafinil (Provigil)	2Q 2024 annual review: no significant changes; references revieiwed and updated.
CP.PMN.42	Sodium Oxybate (Xyrem, Lumryz) and Calcium, Magnesium, Potassium, and Sodium Oxybate (Xywav)	2Q 2024 annual review: for Narcolepsy with Cataplexy, revised antidepressant redirection criteria by adding "unless member's age is ≥ 65" to align with Wakix criteria; for boxed warnings, updated central nervous system depression description to "respiratory depression can occur" and added "available only through a restricted REMS program" per prescriber information; references reviewed and updated.
NH.PMN.48	Cyclosporine (Cequa, Restasis, Verkazia, Vevye)	Policy created.
NH.PMN.49	Dabigatran (Pradaxa)	Policy created.
CP.PMN.58	Propranolol HCl Oral Solution (Hemangeol)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.61	ACEI and ARB Duplicate Therapy	2Q 2024 annual review: no significant changes; removed eprosartan due to product discontinuation; references reviewed and updated.
CP.PMN.79	Doxycycline Hyclate (Acticlate, Doryx), Doxycycline (Oracea)	2Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.80	Minocycline ER (Solodyn, Ximino, Minolira), Microspheres (Arestin), Foam (Zilxi)	2Q 2024 annual review: no significant changes; clarified that Arestin is excluded for Commercial line of business on the pharmacy benefit; references reviewed and updated.
CP.PMN.86	Oxymetazoline (Rhofade, Upneeq)	2Q 2024 annual review: no significant changes; references reviewed and updated.