NH Healthy Families Pharmacy & Therapeutics Committee 1Q19

Coverage Criteria Guideline	Revision Summary Description
CP.PHAR.01 Omalizumab (Xolair)	modified ICS requirement to include medium dose ICS per GINA 2018 recommendations; added option for immunologist prescribing; removed non-objective examples of positive response for continuation of therapy; 6 month initial approval duration applied to all lines of business for all indications; references updated.
CP.PHAR.05 Hyaluronate derivatives	added VISCO-3, Supartz, TriVisc; expanded accepted specialists to include physical medicine and rehabilitation specialist, pain management specialist, or sports medicine physician references updated.
CP.PHAR.40 Octreotide (Sandostatin, Sandostatin LAR)	off-label NCCN recommended uses added for tumor control of neuroendocrine tumors with or without symptoms; positive octreotide scan added for insulinoma and meningioma per NCCN; references updated.
CP.PHAR.58 Denosumab (Prolia Xgeva)	Criteria added for new FDA indication for Prolia: glucocorticoid-induced osteoporosis; removed requirement for objective diagnosis of high fracture risk osteoporosis in prostate or breast cancer treatment with induced bone loss; references reviewed and updated.
CP.PHAR.59 Zoledronic Acid (Reclast, Zometa)	modified Paget's disease to only require diagnosis; added geriatrician prescriber option; removed previous requirement that physiatrist prescriber applies only to postmenopausal osteoporosis; references updated.
CP.PHAR.63 Everolimus (Afinitor, Afinitor Disperz, Zortress)	age added for oncology indications; breast cancer - prior therapy changed from aromatase inhibitor to endocrine therapy and combination therapy expanded to include fulvestrant or tamoxifen per NCCN; RCC prior therapy broadened to encompass NCCN listed therapies; TSC-seizures limited to Afinitor Disperz per label; section G off-label uses - meningioma added, osteosarcoma removed prior therapy added for DTC per NCCN references updated.
CP.PHAR.74 Erlotinib (Tarceva)	"recurrent" added to NSCLC and pancreatic cancer per NCCN; off-label NSCLC CNS metastases moved under NSCLC; FDA approved therapies removed from off-label RCC criteria as none are specifically labeled for non-clear cell; positive response to therapy for continued coverage added; references updated.
CP.PHAR.91 Vemurafenib (Zelboraf)	age changed from 15 to 18 years per PI; FDA approved test restriction removed; melanoma brain metastasis moved under melanoma criteria set and mutation changed from BRAF V600E to V600 per NCCN; hematologist added as specialist for hairy cell leukemia and failure of specific drugs replaced with Zelboraf as subsequent therapy given additional NCCN recommended uses; for thyroid carcinoma, required failure of lenvatinib and sorafenib removed as they are not labeled for the BRAF mutation; CRC off-label use added references updated.
CP.PHAR.94 Alpha1-Proteinase Inhibitors	per 2018 GOLD and 2003 ATS guidelines, corrected FEV_1 range to include 65% without requiring demonstration of rapid decline in lung function in FEV_1 of > 100 mL/year; references updated.
CP.PHAR.98 Ruxolitinib (Jakafi)	intermediate or high-risk MF is removed to accommodate additional NCCN recommendations; interferons are added to PCV as a failed trial choice per NCCN; references updated.
CP.PHAR.100 Axitinib (Inlyta)	thyroid carcinoma - DTC is added to diagnosis for clarity, metastatic/iodine refractory is removed and a drug trial is added per NCCN; references updated.
CP.PHAR.106 Enzalutamide (Xtandi)	Criteria added for new FDA indication: non-metastatic CRPC; removed requirement for metastatic disease as Xtandi is now approved for non-metastatic prostate cancer; added requirement for non-metastatic disease that Xtandi be used with a GnRH analog or member has had a bilateral orchiectomy; added urologist prescriber option; references reviewed and updated.
CP.PHAR.111 Cabozantinib (Cabometyx, Cometriq)	recurrent or unresectable added to MTC per NCCN; off-label DTC and HCC uses added; references updated.
CP.PHAR.115 Pegloticase (Krystexxa)	removed the requirement for G6PD deficiency testing to align with the previously approved Corporate approach for G6PD deficiency testing; references updated.
CP.PHAR.119 Ramucirumab (Cyramza)	NCCN and FDA-approved uses summarized for improved clarity - progression on specific therapies removed across indications; for CRC combination therapy with irinotecan is added; references reviewed and updated.
CP.PHAR.121 Nivolumab (Opdivo)	ages adjusted per PI to 18 and older for all indications except CRC; melanoma - brain metastasis is deleted and incorporated under a diagnosis of melanoma; for NSCLC, progression on platinum therapy changed to progression on systemic therapy to encompass

	progression on first-line targeted therapy per PI and NCCN; off-label NCCN recommended trophoblastic tumor is added; dMMR/MSI-H metastatic rectal cancer removed from off-label section as it is represented under the CRC labeled use; for RCC, combination dosing with Yervoy added per PI; references reviewed and updated.
NH.PHAR.122 Long-Acting Injectable Antipsychotics	Addition of new FDA-approved indications for Abilify Maintena. Addition of Aristada Initio.
CP.PHAR.126 Ibrutinib (Imbruvica)	for CLL/SLL, added requirement for single agent use per updated NCCN guidelines since combo use is category 2B; for FL, revised requirement of trial and failure to one prior therapy instead of two per updated NCCN guidelines; for CNS lymphoma, added hematologist prescriber option; consolidated criteria for NCCN compendium off-label uses; references updated.
CP.PHAR.165 Ferumoxytol (Feraheme)	new indication for members without CKD changed from off-label to FDA-approved coverage; under IDA initial and continuation criteria, a serum ferritin of less than or equal to 500 is edited by deleting the additional requirement of receiving an ESA based on the KDIGO 2012 guidelines which do not include this restriction; under IDA and IDA with CKD continuation criteria, the greater than or equal to 4 week waiting period before retesting after the last IV iron administration is removed per the KDIGO 2012 guidelines which note that only one week need pass before retesting; references reviewed and updated.
CP.PHAR.166 Ferric Gluconate (Ferrlecit)	under IDA initial and continuation criteria, a serum ferritin of less than or equal to 500 is edited by deleting the additional requirement of receiving an ESA based on the KDIGO 2012 guidelines which do not include this restriction; under IDA and IDA with CKD continuation criteria, the greater than or equal to 4 week waiting period before retesting after the last IV iron administration is removed per the KDIGO 2012 guidelines which note that only one week need pass before retesting; references reviewed and updated.
CP.PHAR.167 Iron Sucrose (Venofer)	under IDA initial and continuation criteria, a serum ferritin of less than or equal to 500 is edited by deleting the additional requirement of receiving an ESA based on the KDIGO 2012 guidelines which do not include this restriction; under IDA and IDA with CKD continuation criteria, the greater than or equal to 4 week waiting period before retesting after the last IV iron administration is removed per the KDIGO 2012 guidelines which note that only one week need pass before retesting; references reviewed and updated.
CP.PHAR.177 Ecallantide (Kalbitor)	added quantity limit of 4 doses per month for treatment of acute attacks; added requirement that member is not using requested product in combination with other approved treatments for the treatment of acute HAE attacks; references reviewed and updated.
CP.PHAR.178 Icatibant (Firazyr)	added quantity limit of 6 doses per month for treatment of acute attacks; removed approval duration for HNCA/HNMC as it does not apply to this policy; added requirement that member is not using requested product in combination with other approved treatments for the treatment of acute HAE attacks; references updated.
CP.PHAR.184 Aflibercept (Eylea)	removed section III requirement against concurrent use with VEGF medications; references reviewed and updated.
CP.PHAR.185 Pegaptanib (Macugen)	removed section III requirement against concomitant use with other VEGF medications; references updated.
CP.PHAR.186 Ranibizumab (Lucentis)	reduced approval durations from length of benefit to 3 months for mCNV and 6 months for all other indications; removed section III: concomitant use with other anti-vascular endothelial growth factor (VEGF) medications; references reviewed and updated.
CP.PHAR.189 Ibandronate injection (Boniva)	added age requirement; added HCPCS code information; references updated.
CP.PHAR.196 Selexipag (Uptravi)	No significant changes; references reviewed and updated.
CP.PHAR.200 Mepolizumab (Nucala)	modified ICS requirement to include medium dose ICS per GINA 2018 recommendations; added option for immunologist prescribing for asthma; modified initial approval duration to 6 months for all lines of business; removed non-objective examples of positive response for continuation of therapy; references reviewed and updated.
CP.PHAR.202 C1 Esterase Inhibitors (Berinert, Cinryze, Haegarda, Ruconest)	Added age requirements for all C1 esterase inhibitors; removed trial of danazol for long-term prophylaxis per WHO/EAACI 2017 guidelines; added requirement that member is not using requested product in combination with other approved treatments for the same indication; added quantity limit of 4 doses per month for treatment of acute attacks; added requirement that members requesting continued therapy for short term prophylaxis must meet initial criteria; references reviewed and updated.

CP.PHAR.204 Trabectedin (Yondelis)	coverage of STS is expanded to encompass STS subtypes of non-specific histologies per NCCN; references reviewed and updated.
CP.PHAR.208 Sodium phenylbutyrate (Buphenyl)	No significant changes; references reviewed and updated.
CP.PHAR.223 Reslizumab (Cinqair)	modified ICS requirement to include medium dose ICS per GINA 2018 recommendations; added option for immunologist prescribing; removed non-objective examples of positive response for continuation of therapy; references reviewed and updated.
CP.PHAR.234 Ferric Carboxymaltose (Injectafer)	under IDA initial and continuation criteria, a serum ferritin of less than or equal to 500 is edited by deleting the additional requirement of receiving an ESA based on the KDIGO 2012 guidelines which do not include this restriction; under IDA and IDA with CKD continuation criteria, the greater than or equal to 4 week waiting period before retesting after the last IV iron administration is removed per the KDIGO 2012 guidelines which note that only one week need pass before retesting; references reviewed and updated.
CP.PHAR.235 Atezolizumab (Tecentriq)	new indication added under UC for patients ineligible for any platinum-containing chemotherapy regardless of PD-L1 status; for UC cisplatin ineligibility, expression of PD-L1 is added per PI and NCCN; for NSCLC, prior therapy requirement is removed given the number of variations in which Tecentriq may be used as both first- and second-line therapy per NCCN; references reviewed and updated.
CP.PHAR.237 Epoetin alfa (Epogen, Procrit), Epoetin alfa-epbx (Retacrit)	Added Retacrit to criteria; removed myelofibrosis-associated anemia, anemia due to myelodysplastic syndrome, anemia secondary to combination ribavirin and interferon-alfa therapy in patients infected with hepatitis C virus off label uses since DrugDex IIb not covered; references reviewed and updated.
CP.PHAR.247 Certolizumab (Cimzia)	criteria added for new FDA indication: plaque psoriasis; modified prescriber specialist from GI specialist to gastroenterologist for CD; added trial and failure of immunosuppressants, or medical necessity for use of biologics in CD; allowed bypassing conventional DMARDs for axial PsA and required trial of NSAIDs; references updated.
CP.PHAR.260 Rituximab (Rituxan) Rituximab-Hyaluronidase (Rituxan Hycela)	criteria added for off-label use for pemphigus foliaceus; dosing and approval duration for GPA/MPA updated and added to criteria per package insert; for Rituxan, revised denotation for nodal marginal zone lymphoma as an NCCN off-label use; for Rituxan Hycela, nodal marginal zone lymphoma added as an NCCN 2A-supported off-label use; references updated.
CP.PHAR.267 Tofacitinib (Xeljanz Xeljanz XR)	Criteria added for new indication: ulcerative colitis; allowed bypassing conventional DMARDs for axial PsA and required trial of NSAIDs; references updated.
NH.PHAR.288 Eteplirsen (Exondys)	Added Appendix C, Dosage and Administration, Product availability and updated Appendix B dosing.
NH.PHAR.289 Buprenorphine (Probuphine Sublocade)	Updated requirement related to medical justification; references updated.
CP.PHAR.298 Afatinib (Gilotrif)	CNS brain metastasis moved to NSCLC; NSCLC mutations relisted as examples so as not to exclude other sensitizing mutations, and FDA approved test requirement removed; off-label SCCHN added with platinum trial requirement; age added; references updated.
CP.PHAR.301 Erwinia Asparaginase (Erwinaze)	specialist added; per Recordati Rare Diseases, who acquired Elspar from Lundbeck in January 2013, Elspar was discontinued in 2012, there are currently no plans to reintroduce Elspar, there is no residual Elspar supply remaining on the current market, and Recordati Rare Diseases has not provided Elspar to any other territory within the global market; references reviewed and updated.
CP.PHAR.322 Pembrolizumab (Keytruda)	Added for new FDA indications HCC and as first-line therapy for metastatic squamous NSCLC in combination with chemotherapy; re-added criteria for PMBCL as previously approved; referenced reviewed and updated.
CP.PHAR.329 Siluximab (Sylvant)	added prescriber requirement; allowed COC for continued approval; added option for off-label dosing as supported by guidelines or literature; references reviewed and updated.
CP.PHAR.336 Dupilumab (Dupixent)	criteria added for new FDA indication: moderate-to-severe asthma; references reviewed and updated.
CP.PHAR.355 Abemaciclib (Verzenio)	added requirement for an agent that suppresses testicular steroidogenesis if male and using aromatase inhibitors per NCCN; references reviewed and updated.

CP.PHAR.361 Tisagenlecleucel (Kymriah)	added minimum ALC requirement per manufacturer and clinical trial exclusion criteria; for LBCL, clarified requirement of one anthracycline-containing regimen among the two lines of systemic therapy; added hematologist prescriber option; references updated.
CP.PHAR.362 Axicabtagene ciloleucel (Yescarta)	added minimum ALC requirement per clinical trial exclusion criteria; added hematologist prescriber option; references reviewed and updated.
CP.PHAR.366 Acalabrutinib (Calquence)	per 2018 GOLD and 2003 ATS guidelines, corrected FEV_1 range to include 65% without requiring demonstration of rapid decline in lung function in FEV_1 of > 100 mL/year; References updated.
CP.PHAR.368 Pemetrexed (Alimta)	age added; new NSCLC labeled indication added to indication section; bladder cancer relabeled as UC, methotrexate trial removed from CNS lymphoma and FDA approved treatments removed from ovarian cancer to encompass NCCN uses; references reviewed and updated.
CP.PHAR.370 Emicizumab-kxwh (Hemlibra)	updated for new FDA indication: hemophilia A without inhibitors; references reviewed and updated.
CP.PHAR.373 Benralizumab (Fasenra)	modified ICS requirement to include medium dose ICS per GINA 2018 recommendations; added option for immunologist prescribing; link to blood eosinophil unit conversion calculator added to Appendix D; references reviewed and updated.
CP.PHAR.396 Lanadelumab-fylo (Takhzyro)	added requirement that member is not using requested product in combination with other approved products for the long-term prophylaxis of HAE attacks; references reviewed and updated.
NH.PMN.22 Brand Name Override	Updated template and included examples in criteria for clarity. Added requirement that request is for an FDA-approved indication or supported by standard pharmacopeias; added clarification that copay card or discount card does not constitute medical necessity for use of brand name product; added criteria set for brand name drugs when a generic equivalent is not available; added continuation of care language to section II; references reviewed and updated.
CP.PMN.24 Ciclopirox (Penlac)	added quantity limit per claim; references reviewed and updated.
CP.PMN.27 Linezolid (Zyvox)	added criterion line for diagnosis to be an FDA-approved indication; removed 7 day requirement for C&S report and replaced it with requirement that C&S report is for the current infection; clarified that pathogen susceptibility to antibiotics be demonstrated via C&S report; added 'lack of susceptibility' as an alternative to demonstrating resistance on C&S; removed criterion allowing member to meet criteria if formulary antibiotics are not indicated for member's diagnosis, since this is incorporated into other existing criteria already; added criterion to allow member to continue treatment if it was started in an acute care hospital and member was discharged; references updated.
NH.PMN.36 Lisdexamfetamine (Vyvanse)	Updated template. Adjusted initial approval criteria to address adult versus child dosing. Added in FDA max doses into criteria. Updated References. Adjusted duration of approval for binge eating disorder to 3 months on initial. Added "Failure of $\geq$ 6 week trial of one of the following: citalopram, sertraline, or escitalopram, at up to maximally indicated doses unless contraindicated or clinically significant adverse effects are experienced" for Binge Eating Disorder.
CP.PMN.52 Omega-3-Acid Ethyl Esters (Lovaza)	Added redirection to generic Lovaza; references reviewed and updated.
NH.PMN.56 Atypical Antipsychotics	Updated template. Removed generic clozapine, ziprasidone, olanzapine, quetiapine immediate release, and risperidone oral tablets and disintegrating tablets from brand section as no prior authorization is required for the generic formulation and brand name would be reviewed under the brand name policy.
CP.PMN.62 Tedizolid (Sivextro)	removed 7 day requirement for C&S report and replaced it with requirement that C&S report is for the current infection; added 'lack of susceptibility' as an alternative to demonstrating resistance on C&S; removed criterion allowing member to meet criteria if formulary antibiotics are not indicated for member's diagnosis, since this is incorporated into other existing criteria already; added criterion to allow member to continue treatment if it was started in an acute care hospital and member was discharged; revised cont approval duration to be up to 6 doses (1 month); added requirement for positive response to therapy; references reviewed and updated.

CP.PMN.80 Minocycline ER (Solodyn, Ximino) and Microspheres (Arestin)	align with the newly approved Seysara policy – for continuation of therapy, removed the limit of one course of therapy per 365 days, leaving just an approval duration of 12 weeks. Removed the requirement that the member has waited for one year between treatment courses.
CP.PMN.92 CNS Stimulants	removed 2 week trial duration requirement for alternatives as effects from amphetamine and methylphenidate are expected to be immediate; references reviewed and updated.
CP.PMN.94 Etidronate (Didronel)	for Paget's disease – removed alkaline phosphate requirement, revised initial approval duration to 3 or 6 months based on requested dose, modified response criteria to "Disease has relapsed or progressed (e.g., increases in or failure to achieve normalization of serum ALP, radiographic progression of disease)"; for hypercalcemia of malignancy modified approval duration to 3 months, clarified in continued approval for maximum 3 months of total treatment; references reviewed and updated.
CP.PMN.100 Risedronate (Actonel, Atelvia)	Paget's disease – removed alkaline phosphate requirement, to align with other oral bisphosphonates, modified continuation of therapy requirement to state "Disease has relapsed or progressed (e.g., increases in or failure to achieve normalization of serum ALP, radiographic progression of disease)"; references reviewed and updated.
CP.PMN.102 Rolapitant (Varubi)	added IV formulation; added requirement that Varubi is being prescribed for chemo-induced N/V; added age requirement; removed granisetron as a preferred agent per formulary; references reviewed and updated.
CP.PMN.105 Tavaborole (Kerydin	added quantity limit per claim; updated age requirement from ≥ 18 years to ≥ 6 years per PI; references updated.
CP.PMN.115 Delafloxacin (Baxdela)	clarified that requirement for C&S report is for the current infection; clarified that pathogen susceptibility to antibiotics be demonstrated via C&S report; clarified that requirement for failure of antibiotics is contingent upon existence/availability of antibiotics for the susceptible pathogen/member's indication; added criterion to allow member to continue treatment if it was started in an acute care hospital and member was discharged; references reviewed and updated.
CP.PMN.178 Tafenoquine (Arakoda, Krintafel)	added for new FDA indication: prophylaxis of malaria; references reviewed and updated.
CP.PST.01 Step Therapy	CP.PST.08 added; references reviewed and updated.
CP.PHAR.401 Amikacin (Arikayce)	1Q 2019 Policy created.
CP.PHAR.402 Emapalumab-lzsg (Gamifant)	1Q 2019 Policy created.
CP.PHAR.403 Fremanezumab-vfrm (Ajovy)	1Q 2019 Policy created.
CP.PHAR.404 Galcanezumab-gnlm (Emgality)	1Q 2019 Policy created.
CP.PHAR.405 Inotersen (Tegsedi)	1Q 2019 Policy created.
CP.PHAR.406 Lorlatinib (Lorbrena)	1Q 2019 Policy created.
CP.PHAR.407 Lusutrombopag (Mulpleta)	1Q 2019 Policy created.
CP.PHAR.408 Niraparib (Zejula)	1Q 2019 Policy created.
CP.PHAR.409 Talazoparib (Talzenna)	1Q 2019 Policy created.
CP.PHAR.410 Bortezomib (Velcade)	1Q 2019 Policy created.
CP.PMN.03 DPP-4 inhibitors	1Q 2019 Policy created.
CP.PMN.14 SGLT2 inhibitors	1Q 2019 Policy created.
CP.PMN.183 GLP-1 receptor agonists	1Q 2019 Policy created: adapted from previously approved corporate policy CP.PST.14; modified to reflect that all GLP-1 receptor agonists now require PA (instead of ST) and added diagnosis per SDC chair; removed Tanzeum as GlaxoSmithKline discontinued its manufacturing/sale in July 2018; references reviewed and updated.
CP.PMN.186 Cenegermin-bkbj (Oxervate)	1Q 2019 Policy created.
CP.PMN.187 Icosapent ethyl (Vascepa)	1Q 2019 Policy created.
CP.PMN.188 Omadacycline (Nuzyra)	1Q 2019 Policy created.
CP.PMN.189 Sarecycline (Seysara)	1Q 2019 Policy created.

CP.PMN.190 Segesterone-Ethinyl Estradiol (Annovera)	1Q 2019 Policy created.
CP.PHAR.14 Hydroxyprogesterone caproate (Makena)	No significant changes; references reviewed and updated.
CP.PHAR.24 Fostamatinib (Tavalisse)	for platelet count requirement, corrected ≤ to < per guidelines; added requirement that initial platelet counts be current (within 30 days); no significant changes; references reviewed and updated.
CP.PHAR.43 Sapropterin (Kuvan)	No significant changes; references reviewed and updated.
CP.PHAR.52 Interferon Gamma- 1b (Actimmune)	No significant changes; references reviewed and updated.
CP.PHAR.80 Vandetanib (Caprelsa)	no significant changes from previously approved corporate policy; thyroid cancer diagnoses edited to reflect MTC vs. DTC for clarity and limited designation of advanced cancer to MTC while retaining a failed drug trial for DTC; references reviewed and updated.
CP.PHAR.97 Eculizumab (Soliris)	no significant changes; references reviewed and updated.
CP.PHAR.101 Mifepristone (Korlym)	pregnancy removed as a contraindication; no significant changes; references reviewed and updated.
CP.PHAR.114 Teduglutide (Gattex)	No significant changes; references reviewed and updated.
CP.PHAR.123 Evolocumab (Repatha)	No significant changes; references reviewed and updated.
CP.PHAR.124 Alirocumab (Praluent)	No significant changes; references reviewed and updated.
CP.PHAR.168 Corticotropin (H.P. Acthar)	No significant changes; references reviewed and updated.
CP.PHAR.179 Romiplostim (Nplate)	added requirement that initial platelet counts be current (within 30 days); for cont tx approval, clarified that member must be continuing on interferon-based therapy; added MDS and other causes of thrombocytopenia other than chronic ITP as diagnoses not covered per package insert; no significant changes; references reviewed and updated.
CP.PHAR.180 Eltrombopag (Promacta)	updated limitations of use per package insert; added requirement that initial platelet counts be current (within 30 days) for all indications; for cont tx approval, clarified that member must be continuing on interferon-based therapy; added MDS as a diagnosis not covered per package insert; no significant changes; references reviewed and updated.
CP.PHAR.181 Hemin (Panhematin)	continued approval duration updated to “up to” 14 days; no significant changes; references reviewed and updated.
CP.PHAR.187 Verteporfin (Visudyne)	No significant changes; references reviewed and updated.
CP.PHAR.188 Teriparatide (Forteo)	added geriatrician prescriber option; removed previous requirement that physiatrist prescriber apply only to postmenopausal osteoporosis; references reviewed and updated.
CP.PHAR.190 Ambrisentan (Letairis)	No significant changes; references reviewed and updated.
CP.PHAR.191 Bosentan (Tracleer)	No significant changes; references reviewed and updated.
CP.PHAR.192 Epoprostenol (Flolan, Veletri)	No significant changes; references reviewed and updated.
CP.PHAR.193 Iloprost (Ventavis)	No significant changes; references reviewed and updated.
CP.PHAR.194 Macitentan (Opsumit)	No significant changes; references reviewed and updated.
CP.PHAR.195 Riociguat (Adempas)	for platelet count requirement, corrected ≤ to < per guidelines; added requirement that initial platelet counts be current (within 30 days); no significant changes; references reviewed and updated.
CP.PHAR.197 Sildenafil (Revatio)	No significant changes; references reviewed and updated.
CP.PHAR.198 Tadalafil (Adcirca)	No significant changes; references reviewed and updated.
CP.PHAR.199 Treprostinil (Orenitram, Remodulin, Tyvaso)	no significant changes; references updated.
CP.PHAR.203 Cosyntropin (Cortrosyn)	No significant changes; references reviewed and updated.

CP.PHAR.209 Aztreonam (Cayston)	No significant changes; references reviewed and updated.
CP.PHAR.210 Ivacaftor (Kalydeco)	No significant changes; references reviewed and updated.
CP.PHAR.211 Tobramycin	No significant changes; references reviewed and updated.
CP.PHAR.212 Dornase alfa (Pulmozyme)	No significant changes; references reviewed and updated.
CP.PHAR.213 Lumacaftor-ivacaftor (Orkambi)	No significant changes; references reviewed and updated.
CP.PHAR.214 Desmopressin (DDAVP, Stimate, Noctiva)	No significant changes; references reviewed and updated.
CP.PHAR.224 Enoxaparin (Lovenox)	No significant changes; references reviewed and updated.
CP.PHAR.225 Dalteparin (Fragmin)	no significant changes; references reviewed and updated.
CP.PHAR.226 Fondaparinux (Arixtra)	no significant changes; references reviewed and updated.
CP.PHAR.231.IncobotulinumtoxinA (Xeomin)	No significant clinical changes. Criteria added for new FDA indication: chronic sialorrhea; references updated.
CP.PHAR.283 Lomitapide (Juxtapid)	No significant changes; references reviewed and updated.
CP.PHAR.284 Mipomersen (Kynamro)	No significant changes; references reviewed and updated.
CP.PHAR.296 Pegfilgrastim (Neulasta, Fulphila)	No signifcant changes. Newly FDA-approved biosimilar added: Fulphila; references
CP.PHAR.300 Bezlotoxumab (Zinplava)	No significant changes; references reviewed and updated.
CP.PHAR.327 Nusinersen (Spinraza)	No significant changes; references reviewed and updated.
CP.PHAR.330 Protein C Concentrate Human (Ceprotin).	no significant changes; references reviewed and updated.
CP.PHAR.331 Deflazacort (Emflaza)	no significant changes; references reviewed and updated.
CP.PHAR.333 Avelumab (Bavencio)	no significant changes from previously approved corporate policy; age added to UC; reference to bladder cancer as off-label use is removed from the UC criteria set as it and other cancers are included under UC histology; references reviewed and updated.
CP.PHAR.345 Abaloparatide (Tymlos)	No significant changes; references reviewed and updated.
CP.PHAR.350 Rucaparib (Rubraca)	No significant changes; references reviewed and updated.
CP.PHAR.360 Olaparib (Lynparza)	No significant changes; references reviewed and updated.
CP.PHAR.367 Letermovir (Prevymis)	No significant changes; references reviewed and updated.
CP.PHAR.371 Triamcinolone ER Injection (Zilretta)	No significant changes; references reviewed and updated.
CP.PHAR.372 Voretigene neparvovec-rzyl (Luxturna)	No significant changes; references reviewed and updated.
CP.PHAR.377 Tezacaftor-Ivacaftor (Symdeko)	No significant changes; references reviewed and updated.
CP.PHAR.388 Chloramphenicol	No significant changes; references reviewed and updated.
CP.PMN.04 Non-Calcium Phosphate Binders (Auryxia, Fosrenol, Renagel, Renvela, Velphoro)	age requirement added for all agents; no significant changes; references reviewed and updated.
CP.PMN.05 Rifapentine (Priftin)	No significant changes; references reviewed and updated.
CP.PMN.07 Levalbuterol (Xopenex)	No significant changes; references reviewed and updated.
CP.PMN.19 Aprepitant (Emend)	added age requirement for postoperative N/V; no significant changes; references reviewed and updated.

CP.PMN.20 Aspirin-dipyridamole (Aggrenox)	No significant changes; references reviewed and updated.
CP.PMN.21 Becaplermin (Regranex)	No significant changes; references reviewed and updated.
CP.PMN.25 Efinaconazole (Jublia)	No significant changes; references reviewed and updated.
CP.PMN.34 Ranolazine (Ranexa)	No significant changes; references reviewed and updated.
CP.PMN.45 Ondansetron (Zuplenz)	No significant changes; references reviewed and updated.
CP.PMN.57 Febuxostat (Uloric)	Removed requirement for trial within the last 6 months; modified max dose requirement to max dose tolerated; no significant changes from previously approved corporate policy; references reviewed and updated.
CP.PMN.67 Sacubitril-Valsartan (Entresto)	No significant changes; references reviewed and updated.
CP.PMN.70 Ivabradine (Corlanor)	No significant changes; references reviewed and updated.
CP.PMN.72 Metformin ER (Glumetza, Fortamet)	No significant changes; references reviewed and updated.
CP.PMN.74 Granisetron (Kytril, Sancuso, Sustol)	added Sustol to policy; no significant changes; references reviewed and updated.
CP.PMN.77 Ezetimibe-Simvastatin (Vytorin)	No significant changes; references reviewed and updated.
CP.PMN.78 Ezetimibe (Zetia)	No significant changes; references reviewed and updated.
CP.PMN.81 Buprenorphine-naloxone (Suboxone, Bunavail, Zubsolv)	Retire NH State specific policy NH.PMN.23 Buprenorphine/Naloxone (Suboxone/Zubsolv/Bunavail) as corporate policy is less restrictive. Quantity limit of ≤16mg/day on Suboxone Films will remain and is reflected on PDL.
CP.PMN.82 Buprenorphine (Subutex)	Retired NH State specific policy NH.PMN.24 Buprenorphine (Subutex) due to corporate policy being more lenient.
CP.PMN.89 Amantadine ER (Gocovri,Osmolex ER)	immediate-release amantadine two-week trial and medical justification requirements are edited to reflect either/or; references reviewed and updated.
CP.PMN.90 Benznidazole	No significant changes; references reviewed and updated.
CP.PMN.93 Dextromethorphan-Quinidine (Nuedexta)	No significant changes; references reviewed and updated.
CP.PMN.95 Fluticasone propionate (Xhance)	No significant changes; references reviewed and updated.
CP.PMN.96 Ibandronate Oral (Boniva)	No significant changes; references reviewed and updated.
CP.PMN.99 Prasterone (Intrarosa)	No significant changes; references reviewed and updated.
CP.PMN.101 Rivastigmine (Exelon)	No significant changes; references reviewed and updated.
CP.PMN.103 Secnidazole (Solosec)	No significant changes; references reviewed and updated.
CP.PMN.104 Tasimelteon (Hetlioz)	No significant changes; references reviewed and updated.
CP.PMN.107 Topical Immunomodulators	No significant changes from previously approved corporate policy. Per previously approved corporate policy CP.PMN.98 – removed "Member is immunocompetent", added vitiligo with specific coverage criteria, added age limit for Elidel. References updated.
CP.PMN.108 Latanoprostene Bunod (Vyzulta)	No significant changes; references reviewed and updated.
CP.PMN.123 Colchicine (Colcrys)	revised approval duration for FMF to length of benefit; no significant changes; references reviewed and updated.
CP.PMN.129 Pramlintide (Symlin)	No significant changes; references reviewed and updated.
CP.PMN.141 Dolasetron (Anzemet)	No significant changes; references reviewed and updated.
CP.PMN.150 Lesinurad (Zurampic), Lesinurad-allopurinol (Duzallo)	No significant changes; references reviewed and updated.
CP.PMN.151 QL of Diabetic Test Strips Not Receiving insulin	No significant changes; references reviewed and updated.

CP.PMN.158 Netupitant and Palonosetron (Akynzeo)	No significant changes; references reviewed and updated.
CP.PMN.159 Dronabinol (Marinol, Syndros)	No significant changes; references reviewed and updated.
CP.PMN.160 Nabilone (Cesamet)	No significant changes; references reviewed and updated.
CP.PMN.166 Luliconazole cream (Luzu)	No significant changes; references reviewed and updated.
CP.PMN.43 Oral Bisphosphonates	Retire, replaced by separate policies.
CP.PMN.106 Tiludronate (Skelid)	Retire drug is no longer on the market
CP.PST.08 Mesalamine Oral Therapy	Retire, replaced by CP.PST.01 Step Therapy