nh healthy families

NH Healthy Families Pharmacy & Therapeutics Committee
22Q1 Combined Guideline Summary

Policy/ Coverage Criteria Guideline	Revision Summary Description
CP.PHAR.01 Omalizumab (Xolair)	1Q 2022 annual review: defined adherence as PDC of 0.8; references reviewed and updated.
CP.PHAR.58 Denosumab (Prolia Xgeva)	1Q 2022 annual review: updated definition of very high risk for fracture based on 2020 AACE/ACE PMO guidelines; references reviewed and updated.
CP.PHAR.59 Zoledronic Acid (Reclast, Zometa)	1Q 2022 annual review: Zometa - added criteria for off label indication of histiocytic neoplasms per NCCN guidelines; references reviewed and updated.
CP.PHAR.63 Everolimus (Afinitor, Afinitor Disperz, Zortress)	1Q 2022 annual review: added histiocytic neoplasms indication per NCCN; clarified oral oncology generic redirection language to "must use"; references reviewed and updated.
CP.PHAR.103 Immune Globulins	Revised requirement for trial of corticosteroid before IG to apply only to CIDP, and no longer to GBS/AIDP, and to only apply when the member does not have CIDP with pure motor symptoms.
CP.PHAR.114 Teduglutide (Gattex)	1Q 2022 annual review: added minimum weight requirement based on prescribing information; references updated.
CP.PHAR.123 Evolocumab (Repatha)	1Q 2022 annual review: RT4: updated criteria per pediatric age expansion for HeFH and HoFH; for HoFH, added option for 420 mg every 2 weeks if member is currently receiving lipid apheresis per FDA label update; removed references to Kynamro since it has been withdrawn from market; references reviewed and updated.
CP.PHAR.173 Leuprolide Acetate (Lupron, Lupron Depot, Eligard, Lupaneta Pack, Fensolvi)	For gender dysphoria or request is for gender transition modified prescriber requirements to allow experts in transgender medicine based on a certified training program or affiliation with local transgender health services; modified Appendix D to E; for general information Appendix D added resources for transgender provider search tools and examples of training programs.
CP.PHAR.177 Ecallantide (Kalbitor)	1Q 2022 annual review: updated diagnosis criteria to include a recurrent history of angioedema and either an associated mutation or family history of angioedema with failure of high-dose antihistamines for HAE-nl-C1INH; clarified the number of doses for treatment of acute attacks and short-term prophylaxis within criteria; references reviewed and updated.
CP.PHAR.178 Icatibant (Firazyr)	1Q 2022 annual review: updated diagnosis criteria to include a recurrent history of angioedema and either an associated mutation or family history of angioedema with failure of high-dose antihistamines for HAE-nl-C1INH; clarified the number of doses for treatment of acute attacks within criteria; references reviewed and updated.
CP.PHAR.179 Romiplostim (Nplate)	1Q 2022 annual review: for MDS removed IPSS and WPSS risk categorizations as IPSS-R is preferred per NCCN; added CIT off-label indication per NCCN; references reviewed and updated.
CP.PHAR.180 Eltrombopag (Promacta)	1Q 2022 annual review: clarified definition of persistent vs chronic ITP in Appendix D per 2019 ASH guideline; for MDS removed IPSS and WPSS risk categorizations as IPSS-R is preferred per NCCN; included criteria for specific circumstances for MDS where disease progression on other agents is not necessary per NCCN; references reviewed and updated.
CP.PHAR.188 Teriparatide (Forteo)	1Q 2022 annual review: updated definition of very high risk for fracture per 2020 AACE/ACE PMO guidelines; references reviewed and updated.
CP.PHAR.200 Mepolizumab (Nucala)	1Q 2022 annual review: for asthma continuation criteria, defined adherence as PDC of 0.8; for EGPA, added diagnostic criteria and requirement for relapsing or refractory disease and modified glucocorticoid trial from 3 months to 4 weeks per pivotal study design; references reviewed and updated.
CP.PHAR.202 C1 Esterase Inhibitors (Berinert Cinryze Haegarda Ruconest)	1Q 2022 annual review: updated diagnosis criteria to include a recurrent history of angioedema and either an associated mutation or family history of angioedema with failure of high-dose antihistamines for HAE-nl-C1INH; added criterion for age ≥ 18 years for Firazyr redirection; clarified the number of doses for treatment of acute attacks and short-term prophylaxis within criteria; added auth duration of 4 weeks for short-term prophylaxis; references reviewed and updated.
CP.PHAR.203 Cosyntropin (Cortrosyn)	1Q 2022 annual review: added generic redirection for Cortrosyn requests; references reviewed and updated

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CP.PHAR.210 Ivacaftor (Kalydeco)	1Q 2022 annual review: references reviewed and updated.
CP.PHAR.211 Tobramycin (Bethkis, Kitabis Pak, TOBI, TOBI Podhaler)	1Q 2022 annual review: added redirection to generic nebulized solution for Bethkis, Kitabis, and Tobi requests; references reviewed and updated.
CP.PHAR.212 Dornase alfa (Pulmozyme)	1Q 2022 annual review: references reviewed and updated.
CP.PHAR.213 Lumacaftor-ivacaftor (Orkambi)	1Q 2022 annual review: references reviewed and updated.
CP.PHAR.223 Reslizumab (Cinqair)	1Q 2022 annual review: for continuation criteria, defined adherence as PDC of 0.8; references reviewed and updated.
CP.PHAR.327 Nusinersen (Spinraza)	1Q 2022 annual review: revised continued therapy language to allow members to receive the medication for the appropriate indication if they had initiated the treatment outside of Centene benefit; references reviewed and updated.
CP.PHAR.329 Siltuximab (Sylvant)	1Q 2022 annual review: added criteria set for NCCN compendium supported use for CRS associated with CAR or autologous T cell therapy; references reviewed and updated.
CP.PHAR.336 Dupilumab (Dupixent)	1Q 2022 annual review: RT4: expanded age to 6+ years old for asthma and added new 100 mg prefilled syringe formulation; for asthma continuation criteria, defined adherence as PDC of 0.8; added "Acute bronchospasm or status asthmaticus" to section III as indications for which coverage is not authorized per PI; references reviewed and updated.
CP.PHAR.345 Abaloparatide (Tymlos)	1Q 2022 annual review: updated definition of very high risk for fracture per 2020 AACE/ACE PMO guidelines; updated Appendix C; references reviewed and updated.
CP.PHAR.361 Tisagenlecleucel (Kymriah)	1Q 2022 annual review: to align with other CAR-T policies, added requirement that member has not previously received CAR-T therapy and Kymriah is not prescribed concurrently with other CAR-T therapy; for ALL clarified that hematopoietic stem cell transplantation should more specifically refer to allogeneic stem cell transplantation; added preemptive criteria for the pending FDA approval of FL indication; references reviewed and updated.
CP.PHAR.371 Triamcinolone ER Injection (Zilretta)	1Q 2022 annual review: added requirement for diagnosis to be confirmed by imaging and added sports medicine physician as acceptable specialist to align with existing requirements for hyaluronate derivatives; references reviewed and updated.
CP.PHAR.373 Benralizumab (Fasenra)	1Q 2022 annual review: for continuation criteria, defined adherence as PDC of 0.8; references reviewed and updated.
CP.PHAR.377 Tezacaftor-Ivacaftor (Symdeko)	1Q 2022 annual review: references reviewed and updated.
CP.PHAR.385 Corticosteroid Intravitreal Implants (Iluvien, Ozurdex, Retisert, Yutiq)	Uveitis: revised trial criterion from requiring both of the following to requiring one of the following per specialist feedback and guidelines supporting use of all steroids (topical, local [including intravitreal implants], and systemic) as first line.
CP.PHAR.388 Chloramphenicol	1Q 2022 annual review: added option for continuation of therapy following hospital discharge in Section II; references reviewed and updated.
CP.PHAR.396 Lanadelumab-fylo (Takhzyro)	1Q 2022 annual review: updated diagnosis criteria to include a recurrent history of angioedema and either an associated mutation or family history of angioedema with failure of high-dose antihistamines for HAE-nl-C1INH; references updated.
CP.PHAR.401 Amikacin (Arikayce)	1Q 2022 annual review: added requirement that member has not received more than 12 months of treatment following conversion to negative sputum status to support existing continued authorization coverage duration requirements; references reviewed and updated.
CP.PHAR.415 Ravulizumab-cwvz (Ultomiris)	1Q 2022 annual reviewed: for PNH, added requirement for no concurrent use with Empaveli; added amyotrophic lateral sclerosis to section III as an indication not covered due to lack of efficacy; references reviewed and updated.
CP.PHAR.428 Romosozumab-aqqg (Evenity)	1Q 2022 annual review: updated definition of very high risk for fracture per 2020 AACE/ACE PMO treatment guideline; references reviewed and updated.

CP.PHAR.440 Elexacaftor-ivacaftor-tezacaftor (Trikafta)	1Q 2022 annual review: revised the requirement for evidence of clinical severity as defined by an average sweat chloride from > 86 mmol/L to > 60 mmol/L; removed in vitro testing requirement demonstrating a baseline chloride transport < 10% of wild type CFTR; removed requirement for lack of responsiveness to other CFTR modulators; removed for members currently using another CFTR modulator switching to Trikafta to show increase in chloride transport of < 10% over baseline; removed positive response requirement after at least 12 weeks of therapy to show chloride transport ≥ 10% since baseline requirement; references reviewed and updated.
CP.PHAR.448 Mometasone furoate (Sinuva)	1Q 2022 annual review: per previously approved clinical guidance, specified that one of the tried intranasal steroids must be Xhance per 2021 consensus panel treatment algorithm; references reviewed and updated.
CP.PHAR.457 Givosiran (Givlaari)	1Q 2022 annual review: clarified that ALA/PBG urine sample must be recent (within the past year); references updated.
CP.PHAR.464 Selumetinib (Koselugo)	1Q 2022 annual review: added off-label use for low grade glioma per CNS cancers NCCN guidelines version 2.2021; added requirement for use of generic product if available; references reviewed and updated.
CP.PHAR.467 Zanubrutinib (Brukinsa)	1Q 2022 annual review: RT4: criteria added for new FDA approved indications: WM and MZL; modified "Medical justification…" to "Member must use…"; references reviewed and updated.
CP.PHAR.472 Brexucabtagene autoleucel (Tecartus)	1Q 2022 annual review: corrected max dosing which is flat dosing (not based on kilogram weight); references updated.
CP.PHAR.477 Risdiplam (Evrysdi)	1Q 2022 annual review: revised continued therapy language to allow members to receive the medication for the appropriate indication if they had initiated the treatment outside of Centene benefit; references reviewed and updated.
CP.PHAR.485 Berotralstat (Orladeyo)	1Q 2022 annual review: updated diagnosis criteria to include a recurrent history of angioedema and either an associated mutation or family history of angioedema with failure of high-dose antihistamines for HAE-nl-C1INH; HIM line of business removed; references reviewed and updated.
CP.PHAR.490 Rimegepant (Nurtec ODT)	1Q 2022 annual review: per SDC and prior clinical guidance for migraine prophylaxis added redirection to newly approved oral CGRP Qulipta; references reviewed and updated.
CP.PHAR.515 Avacopan (Tavneos)	1Q 2022 annual review: RT4: policy updated per FDA approval; revised required combination therapy to include azathioprine or mycophenolate; revised criteria for continued authorizations to require disease remission to align with primary outcome of pivotal clinical trial; clarified capsule proposed formulation per prescribing information; references reviewed and updated.
CP.PHAR.516 Fostemsavir (Rukobia)	1Q 2022 annual review: clarified that HIV-1 infection should be multi-drug resistant per FDA labeling; added requirement for documentation of resistance to at least 1 antiretroviral agent from each of 3 classes (NRTI, NNRTI, PI) as pivotal trial inclusion criteria limited enrollment to those with have ≤ 2 classes of antiretroviral medications remaining at baseline and to align with previously P&T approved approach for Trogarzo; removed requirement for "3 month trial" of Selzentry/Fuzeon and added bypass if member is resistant to both, and revised language for concurrent use with other antiretrovirals to align with previously P&T approved approach for Trogarzo; references reviewed and updated.
CP.PHAR.517 Human Growth Hormone (Somapacitan, Somatropin)	1Q 2022 annual review: modified Zomacton redirection to state member must use per template language; for adult GHD continuation of therapy added requirement that member is responding positively to therapy; RT4 Sogroya added new 5 mg/1.5 mL formulation; references reviewed and updated.
CP.PHAR.522 Margetuximab-cmkb (Margenza)	1Q 2022 annual review: added requirement for use in combination with chemotherapy per FDA label and NCCN recommendations; references reviewed and updated
CP.PHAR.523 Naxitamab-gqgk (Danyelza)	1Q 2022 annual review: added requirement for combination use with GM-CSF per prescribing information; updated Appendix D and HCPCS code; reference reviewed and updated.
CP.PHAR.524 Pegcetacoplan (Empaveli)	1Q 2022 annual review: increased the maximum recommended dose to accommodate patients who experience increased LDH levels, per dosing recommendations in the Empaveli PI; removed the requirement for initial approval for at least one RBC

	transfusion in the last 12 months since 25% of the patients in the PEGASUS trial had zero past transfusions and data from the trial did not show a difference in Empaveli effect for those patients; references reviewed and updated.
CP.PHAR.525 Vosoritide (Voxzogo)	Drug is now FDA approved – criteria updated per FDA labeling: applied the requirement for documentation of continued open epiphyses for reauthorization to all ages (not just for adults); added an exclusion for concomitant use with human growth hormone products; added a requirement for documentation of member's weight for dose calculation purposes; changed reauth duration from 12 months to 6 months; references reviewed and updated.
CP.PMN.05 Rifapentine (Priftin)	1Q 2022 annual review: for latent TB modified isoniazid trial duration from 9 to 6 months per CDC and WHO treatment guidelines; references reviewed and updated.
CP.PMN.24 Ciclopirox (Penlac)	1Q 2022 annual review: modified medical justification language to member must use language per template and clarified this applies to brand Penlac requests; for continued therapy added criteria to ensure member has not received more than 48 weeks of treatment; modified approval duration to allow up to 48 weeks of total treatment per prescribing information; references reviewed and updated.
CP.PMN.25 Efinaconazole (Jublia)	1Q 2022 annual review: for continued therapy added criteria to ensure member has not received more than 48 weeks of treatment; modified approval duration to allow up to 48 weeks of total treatment per prescribing information; references reviewed and updated.
CP.PMN.27 Linezolid (Zyvox)	1Q 2022 annual review: references reviewed and updated.
CP.PMN.44 Pyrimethamine (Daraprim)	For continuation of therapy, added specific CD4 requirements for members aged < 6 years per HHS guidelines.
CP.PMN.73 Lifitegrast (Xiidra)	Added requirement for topical anti-inflammatory agents; reduced the number of wetting agents required from 2 to 1; removed duration of trial.
CP.PMN.74 Granisetron (Kytril, Sancuso, Sustol)	1Q 2022 annual review: removed Kytril as product is no longer in the market; added redirection to generic granisetron; updated HCPCS codes; references reviewed and updated.
CP.PMN.92 CNS Stimulants	1Q 2022 annual review: RT4: for Dyanavel XR added new tablet dose form to policy; references reviewed and updated.
CP.PMN.104 Tasimelteon (Hetlioz)	1Q 2022 annual review: clarified that request for non-24 must be for capsules; references reviewed and updated.
CP.PMN.105 Tavaborole (Kerydin)	1Q 2022 annual review: for continued therapy added criteria to ensure member has not received more than 48 weeks of treatment; modified approval duration to allow up to 48 weeks of total treatment per prescribing information; references reviewed and updated.
CP.PMN.107 Topical Immunomodulator	1Q 2022 annual review: added redirection to generic formulations; revised quantity limit to allow up to Health Plan-approved quantity limit as defined in the PDL/formulary; references reviewed and updated.
CP.PMN.115 Delafloxacin (Baxdela)	1Q 2022 annual review: references reviewed and updated.
NH.PMN.121 Lisdexamfetamine (Vyvanse)	Policy Created.
CP.PMN.123 Colchicine (Colcrys)	1Q 2022 annual review: references reviewed and updated.
CP.PMN.158 Netupitant and Palonosetron (Akynzeo)	1Q 2022 annual review: removed distinction between oral and IV versions for moderate vs high emetogenic risk per NCCN 1.2021 antiemesis guidelines; references reviewed and updated.
CP.PMN.188 Omadacycline (Nuzyra)	1Q 2022 annual review: added initial Day 1 oral dosing and quantity limits for CABP per updated prescribing information; references reviewed and updated.
CP.PMN.218 Lasmiditan (Reyvow)	1Q 2022 annual review: references reviewed and updated.
CP.PMN.221 Pitolisant (Wakix)	1Q 2022 annual review; references reviewed and updated

CP.PMN.223 Rifabutin (Mycobutin), Rifabutin, omeprazole, amoxicillin (Talicia)	1Q 2022 annual review: modified medical justification language to member must use language per updated template; clarified tuberculosis off-label criteria set apples to members with HIV; references reviewed and updated.
CP.PHAR.562 Allogeneic cultured keratinocytes and dermal fibroblasts (StrataGraft)	Policy created
CP.PHAR.563 Allogenic processed thymus tissue-agdc (Rethymic)	Policy created
CP.PHAR.566 Atogepant (Qulipta)	Policy created
CP.PHAR.570 Ropeginterferon alfa-2b-njft (Besremi)	Policy created
CP.PMN.271 Maribavir (Livtencity)	Policy created
CP.PMN.273 Varenicline (Tyrvaya)	Policy created.
CP.PMN.274 Dicolfenac (Pennsaid)	Policy created per November SDC and prior clinical guidance.
NH.PHAR.55 Human Growth Hormone (Somapacitan, Somatropin)	Annual Review, No Changes
NH.PHAR.237 Epoetin alfa (Epogen, Procrit) Epoetin alfa-epbx (Retacrit)	Annual Review, No Changes
CP.PHAR.14 Hydroxyprogesterone caproate (Makena)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.24 Fostamatinib (Tavalisse)	1Q 2022 annual review: no significant changes; referenced reviewed and updated.
CP.PHAR.40 Octreotide Acetate (Sandostatin, Sandostatin LAR, Bynfezia, Mycapssa)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.52 Interferon Gamma- 1b (Actimmune)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.94 Alpha1-Proteinase Inhibitors	1Q 2022 annual review: no significant changes; added 500 mg/10 mL and 4,000 mg/80 mL Prolastin-C vials; references reviewed and updated.
CP.PHAR.96 Naltrexone (Vivitrol)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.97 Eculizumab (Soliris)	1Q 2022 annual review: no significant changes; for PNH, added restriction against concomitant use of Empaveli with Soliris with an exception for the initial 4-week cross-titration phase to align with previously approved approach for Empaveli; for NMOSD, specified that Truxima is also a preferred rituximab product; references reviewed and updated.
CP.PHAR.101 Mifepristone (Korlym)	1Q 2022 annual review: no significant changes; clarified diagnosis requirement by separating into two separate requirements; references reviewed and updated.
CP.PHAR.115 Pegloticase (Krystexxa)	1Q 2022 annual review: no significant changes; references reviewed and updated
CP.PHAR.124 Alirocumab (Praluent)	1Q 2022 annual review: no significant changes; removed references to Kynamro since it has been withdrawn from market; references reviewed and updated.
NH.PHAR.128 Erenumab-aaoe (Aimovig)	1Q 2022 annual review: no significant changes; references reviewed and updated.

CP.PHAR.165 Ferumoxytol (Feraheme)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.166 Ferric Gluconate (Ferrlecit)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.167 Iron Sucrose (Venofer)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.181 Hemin (Panhematin)	1Q 2022 annual review: no significant changes; added requirement for documentation of member's weight for dose calculation purposes, as a previously Corporate P&T-approved approach to ensure appropriate dosing; references updated.
CP.PHAR.184 Aflibercept (Eylea)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.185 Pegaptanib (Macugen)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.186 Ranibizumab (Lucentis)	1Q 2022 annual review: no significant changes; shortened approval durations from 12 months to 3 months for mCNV and 6 months for all other indications; RT4: added Byoorivz and Susvimo to policy; references reviewed and updated.
CP.PHAR.187 Verteporfin (Visudyne)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.189 Ibandronate injection (Boniva)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.190 Ambrisentan (Letairis)	1Q 2022 annual review: no significant changes; revised medical justification language to "must use" language for generic redirection; added generic redirection to continued therapy; references reviewed and updated.
CP.PHAR.191 Bosentan (Tracleer)	1Q 2022 annual review: no significant changes; revised medical justification language to "must use" language for generic redirection; added generic redirection to continued therapy; references reviewed and updated.
CP.PHAR.192 Epoprostenol (Flolan, Veletri)	1Q 2022 annual review: no significant changes; revised medical justification language to "must use" language for generic redirection; added generic redirection to continued therapy; references reviewed and updated.
CP.PHAR.193 Iloprost (Ventavis)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.194 Macitentan (Opsumit)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.195 Riociguat (Adempas)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.196 Selexipag (Uptravi)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.197 Sildenafil (Revatio)	1Q 2022 annual review: no significant changes; added generic redirection to initial and continued therapy; references reviewed and updated.
CP.PHAR.198 Tadalafil (Adcirca, Alyq)	1Q 2022 no significant changes; for brand Adcirca or Alyq requests, added redirection to generic tadalafil; references updated.
CP.PHAR.199 Treprostinil (Orenitram, Remodulin, Tyvaso)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.208 Sodium phenylbutyrate (Buphenyl)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.209 Aztreonam (Cayston)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.214 Desmopressin (DDAVP, Stimate, Nocdurna, Noctiva)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.224 Enoxaparin (Lovenox)	1Q 2022 annual review: no significant changes; changed "Medical justification" language to "Member must use"; references reviewed and updated.
CP.PHAR.225 Dalteparin (Fragmin)	1Q 2022 annual review: no significant changes; references reviewed and updated.

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CP.PHAR.226 Fondaparinux (Arixtra)	1Q 2022 annual review: no significant changes; changed "Medical justification" language to "Member must use"; references reviewed and updated.
CP.PHAR.234 Ferric Carboxymaltose (Injectafer)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.282 Parathyroid hormone (Natpara)	1Q 2022 annual review: no significant changes; references reviewed and updated
CP.PHAR.283 Lomitapide (Juxtapid)	1Q 2022 annual review: no significant changes; removed references to Kynamro since it has been withdrawn from market; removed 40 mg and 60 mg capsules per updated PI; references reviewed and updated.
CP.PHAR.288 Eteplirsen (Exondys 51)	1Q 2022 annual review: no significant changes; added that the review "may" require medical director review; references reviewed and updated.
NH.PHAR.288 Eteplirsen (Exondys 51)	Retired in lieu of corporate CP.PHAR.288 Eteplirsen (Exondys 51) above having added only difference between the policies.
NH.PHAR.289 Buprenorphine (Probuphine Sublocade)	Annual review: no significant changes.
CP.PHAR.300 Bezlotoxumab (Zinplava)	1Q 2022 annual review: no significant changes; updated Appendix D per 2021 IDSA guideline update; references updated.
CP.PHAR.330 Protein C Concentrate Human (Ceprotin)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.331 Deflazacort (Emflaza)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.362 Axicabtagene ciloleucel (Yescarta)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.367 Letermovir (Prevymis)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.372 Voretigene neparvovec-rzyl (Luxturna)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.402 Emapalumab-lzsg (Gamifant)	1Q 2022 annual review: no significant changes; references reviewed and updated.
NH.PHAR.403 Fremanezumab-vfrm (Ajovy)	1Q 2022 annual review: no significant changes; references reviewed and updated.
NH.PHAR.404 Galcanezumab-gnlm (Emgality)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.405 Inotersen (Tegsedi)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.407 Lusutrombopag (Mulpleta)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.411 Amifampridine (Firdapse, Ruzurgi)	1Q 2022 annual review: no significant changes; for Ruzurgi redirection modified from medical justification to member must use language per template; references reviewed and updated.
CP.PHAR.444 Afamelanotide (Scenesse)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.445 Brolucizumab (Beovu)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.449 Crizanlizumab-tmca (Adakveo)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.450 Luspatercept-aamt (Reblozyl)	1Q 2022 annual review: no significant changes; references reviewed and updated.

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CP.PHAR.451 Voxelotor (Oxbryta)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.453 Golodirsen (Vyondys 53)	1Q 2022 annual review: no significant changes; clarified that LVEF is inclusive of 50% per pivotal study design; added that the review "may" require medical director review; references reviewed and updated.
CP.PHAR.455 Enfortumab Vedotin-ejfv (Padcev)	1Q 2022 annual review: no significant changes; updated HCPCS codes for Padcev and Appendix C with new boxed warning; references reviewed and updated.
CP.PHAR.458 Inebilizumab-cdon (Uplizna)	1Q 2022 annual review: no significant changes; specified that Truxima is also a preferred rituximab product; updated HCPCS code; references reviewed and updated.
CP.PHAR.459 Iobenguane I 131 (Azedra)	1Q 2022 annual review: no significant changes; updated Appendix D and HCPCS code; references reviewed and updated.
CP.PHAR.461 Nadofaragene Firadenovec (Instiladrin)	1Q 2022 annual review: no significant changes as drug is not yet FDA-approved; revised requirement for valrubicin to "intravescial chemotherapy" per NCCN; references reviewed and updated.
CP.PHAR.463 Satralizumab-mwge (Enspryng)	1Q 2022 annual review: no significant changes; specified that Truxima is also a preferred rituximab product; references reviewed and updated.
CP.PHAR.465 Teprotumumab (Tepezza)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.466 Valoctocogene Roxaparvovec	1Q 2021 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated.
CP.PHAR.470 Casimersen (Amondys 45)	1Q 2022 annual review: no significant changes; updated Coding Implications section; added that the review "may" require medical director review; references reviewed and updated.
CP.PHAR.473 Lumasiran (Oxlumo)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.476 Ubrogepant (Ubrelvy)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.484 Viltolarsen (Viltepso)	1Q 2022 annual review: no significant changes; added Coding Implications section; added that the review "may" require medical director review; references reviewed and updated.
CP.PHAR.489 Eptinezumab (Vyepti)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.491 Setmelanotide (Imcivree)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.499 Lonafarnib (Zokinvy)	1Q 2022 annual review: no significant changes; added to Section III that other progeroid syndromes or processing-proficient progeroid laminopathies will not be coverable per PI; references reviewed and updated.
CP.PHAR.511 Evinacumab-dgnb (Evkeeza)	1Q 2022 annual review: no significant changes; added more lenient LDL-C requirement of 130 mg/dL for pediatric patients and modified statin and ezetimibe requirements to apply only to age ≥ 18 years per previously P&T approved approach for other HoFH agents; removed references to Kynamro since it has been withdrawn from market; references updated.
CP.PHAR.518 Mannitol (Bronchitol)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.03 DPP-4 inhibitors	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.04 Non-Calcium Phosphate Binders (Auryxia, Fosrenol, Renagel, Renvela, Velphoro	1Q 2022 annual review: no significant changes; consolidated HIM-specific Velphoro policy with this one (HIM.PA.SP30 will be retired); references reviewed and updated.
CP.PMN.14 SGLT2 inhibitors	1Q 2022 annual review: no significant changes; removed Qternmet XR as it is no longer on market; references updated.
CP.PMN.19 Aprepitant (Cinvanti, Emend)	1Q 2022 annual review: added redirection to generic formulations; added HCPCS code for oral aprepitant; references reviewed and updated.
CP.PMN.20 Aspirin-dipyridamole (Aggrenox)	1Q 2022 annual review: no significant changes; revised "Medical justification…" to "Member must use…"; references reviewed and updated.

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NH.PMN.22 Brand Name Override	1Q 2022 annual review; no significant changes; references reviewed and updated.
CP.PMN.34 Ranolazine (Ranexa)	1Q 2022 annual review: no significant changes; updated Appendix C to include patients taking strong inhibitors of CYP3A; references reviewed and updated.
CP.PMN.45 Ondansetron (Zuplenz	1Q 2022 annual review: no significant changes; added age limits per PI; references reviewed and updated.
CP.PMN.52 Omega-3-Acid Ethyl Esters (Lovaza)	1Q 2022 annual review: no significant changes; revised from medical justification to must use; references updated.
CP.PMN.57 Febuxostat (Uloric)	1Q 2022 annual review: no significant changes; references reviewed and updated
CP.PMN.62 Tedizolid (Sivextro)	1Q 2022 annual review: no significant changes; removed specific requirement for trial of linezolid; references updated.
CP.PMN.67 Sacubitril-Valsartan (Entresto)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.70 Ivabradine (Corlanor)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.72 Metformin ER (Glumetza, Fortamet)	1Q 2022 annual review: no significant changes; references reviewed and updated.
NH.PMN.81 Buprenorphine-naloxone (Bunavail, Cassipa, Suboxone, Zubsolv)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.82 Buprenorphine (Subutex)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.88 Alendronate (Binosto, Fosamax plus D)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.89 Amantadine ER (Gocovri,Osmolex ER)	1Q 2022 annual review: no significant changes; Added appendix D general Information; references reviewed and updated.
CP.PMN.90 Benznidazole	1Q 2022 annual review: no significant changes; references reviewed and reviewed.
CP.PMN.93 Dextromethorphan-Quinidine (Nuedexta)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.95 Fluticasone propionate (Xhance)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.96 Ibandronate Oral (Boniva)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.99 Prasterone (Intrarosa)	1Q 2022 annual review: no significant changes; added Appendix C; references reviewed and updated.
NH.PPA.12 Opioid Analgesics	Annual Review, No Changes
CP.PMN.100 Risedronate (Actonel, Atelvia)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.101 Rivastigmine (Exelon)	1Q 2022 annual review: no significant changes; updated Section V Dosage and Administration and Section VI Product Availability; references reviewed and updated.
CP.PMN.102 Rolapitant (Varubi)	1Q 2022 annual review: no significant changes; removed IV formulation as product is no longer on the market; references reviewed and updated.
CP.PMN.103 Secnidazole (Solosec)	1Q 2022 annual review: no significant changes; for bacterial vaginosis, added tinidazole as an option to try/fail; updated Appendix D; references reviewed and updated.

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CP.PMN.108 Latanoprostene Bunod (Vyzulta)	1Q 2022 annual review: no significant changes; specified that the requirement for the prior trial of the two generic ophthalmic agents be for agents from different therapeutic classes; references reviewed and updated.
CP.PMN.113 Safinamide (Xadago)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.129 Pramlintide (Symlin)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.141 Dolasetron (Anzemet)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.151 QL of Blood Glucose Test Strips Not Receiving Insulin	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.159 Dronabinol (Marinol, Syndros)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.166 Luliconazole cream (Luzu)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.186 Cenegermin-bkbj (Oxervate)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.187 Icosapent ethyl (Vascepa)	1Q 2022 annual review: no significant changes; revised from medical justification to must use; references updated.
CP.PMN.189 Sarecycline (Seysara)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.212 Bedaquiline (Sirturo)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.217 Istradefylline (Nourianz)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.219 Lefamulin (Xenleta)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.220 Peanut allergen powder (Palforzia)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.222 Pretomanid	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.225 Trifarotene (Aklief)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.227 Edoxaban (Savaysa)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.231 Cenobamate (Xcopri)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.232 Lumateperone (Caplyta)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.237 Bempedoic acid (Nexletol), bempedoic acid-ezetimibe (Nexlizet)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.257 Clascoterone (Winlevi)	1Q 2022 annual review: no significant changes; added generic tazarotene as an option; references reviewed and updated.
CP.PMN.258 Conjugated estrogens-bazedoxifene (Duavee)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.260 Loteprednol etabonate (Eysuvis)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.261 Dichlorphenamide (Keveyis)	1Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.130 Avatrombopag (Doptelet)	Per November SDC and prior clinical guidance, removed redirection to Mulpleta.
CP.PHAR.168 Corticotropin (H.P. Acthar)	1Q 2022 annual review: RT4: added Purified Cortrophin Gel to policy; for Acthar added step through Purified Cortrophin Gel per SDC; for infantile spasm added requirement that diagnosis is confirmed by EEG per competitor analysis; references reviewed and updated.

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CP.PHAR.256 Interferon beta-1b (Betaseron, Extavia)	Per November SDC and prior clinical guidance, removed specialist prescribing requirement; modified current Extavia redirection requirements to apply to Betaseron instead, removing redirection requirements for Extavia; for secondary progressive MS added requirement for Betaseron to require failure of an interferon beta agent.
CP.PMN.42 Sodium Oxybate (Xyrem) and Calcium Magnesium Potassium Sodium Oxybate (Xywav)	Per November SDC and prior clinical guidance, for narcolepsy with cataplexy added redirection to Xyrem for Xywav requests; for narcolepsy with EDS added requirement for redirection to Wakix (and for Xywav additional redirection to Xyrem) in a step-wise fashion.
CP.PMN.157 Rufinamide (Banzel)	Per November SDC, removed reference to Trokendi XR in Appendix B.
NH.PMN.183 GLP-1 receptor agonists	1Q 2022 annual review no changes.
CP.PMN.214 Continuous Glucose Monitors	Per October ad hoc SDC, specified Freestyle Libre as the preferred product.
CP.PMN.215 Non-preferred blood glucose monitors and test strips	Per November SDC, added requirement that requested quantity does not exceed the health-plan quantity limit (if applicable); removed Trividia from Appendix B.
CP.PMN.224 Tenapanor (Ibsrela)	1Q 2022 annual review: added redirection to generic lubiprostone per SDC; references reviewed and updated
CP.PMN.259 Inhaled asthma and COPD agents	1Q 2022 annual review: per November SDC removed Asmanex HFA as product requiring prior authorization and revised required step through agents for all other ICS products from "Qvar RediHaler AND Arnuity Ellipta" to "Qvar RediHaler, Arnuity Ellipta, AND Asmanex HFA"; references reviewed and updated.
CP.PST.01 Step Therapy	1Q 2022 annual review: removed the following as EST is no longer required: lodoxamide, mesalamine, nedocomil; for Zetia and Vytorin clarified required step through agent should be a generic statin and removed pitavastatin and niacin-simvastatin as these are not available generically; for Aromasin requests, added allowance for bypassing redirection if state regulations do not allow step therapy in Stage IV or metastatic cancer settings with additional details in appendix D; per November SDC added Soliqua to policy requiring step through a basal insulin or a preferred GLP-1 receptor agonist; references updated.

Pharmacy Program	Revision Summary Description
NH.PHAR.01 72 Hour Emergency Supply of Medication	Annual Review. No changes deemed necessary.
NH.PHAR.02 Approval of Brand Name Override	Annual Review. No Changes
NH.PHAR.135 Drug Utilization Review	Annual Review- Removed “such as pregnancy contraindications” as an example of an edit that requires an override by the dispensing pharmacist because the teratogenic edit is currently a notification-only message which doesn’t require an override.
NH.PHAR.05 Lost, Stolen, Spilled or Broken Medication and Vacation Overrides	Annual Review, no changes
NH.PHAR.12 Specialty Pharmacy Program	Annual review, added language from Amendment 7 of MCM contract
NH.PHAR.13 Pharmacy & Therapeutics Committee	Annual Review- Changed insure to ensure in section 1.g.
NH.PHAR.14 Pharmacy Lock In Program	Annual Review, no changes
NH.PHAR.15 Continuity of Care	Annual review, no changes

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NH.PHAR.20 Medication Therapy Management Program	Annual review, no changes
CC.PHAR.20 Less Than Effective (LTE) Desi Drugs	Annual Review. Updated the Effective Date and Reviewed/Revised Dates in the policy header because Reviewed Dates were incorrectly housed in the Effective Date field. No changes to the body of the policy.
CC.PHAR.23 Clinical Pharmacy Policy Web Posting	Annual review- Removed "Linking appropriate policies to the health plan website" from 1.b.vii since it is already mentioned in 1.b.v. Removed "corporate policy pharmacy" team and replaced with "corporate pharmacy solutions" team. Added clarification that the health plan's responsibility for policy postings is specific to the plan's public website.
Retired	
CP.PHAR.284 Mipomersen (Kynamro)	Retired as product is no longer on the market
CP.PMN.21 Becaplermin (Regranex)	Retired use general policy since clinical policy only requires dx, age, and dose; SDC confirmed and no FWA expected either
CP.PMN.94 Etidronate (Didronel)	Retired as product is no longer on the market
CP.PMN.150 Lesinurad (Zurampic), Lesinurad-allopurinol (Duzallo)	Retired both products have been discontinued
CP.PMN.160 Nabilone (Cesamet)	Retired as product is no longer on the market