NH Healthy Families Q4 2022 P&T Policy Update Summary Sheet

Policy/ Coverage Criteria Guideline	Revision Summary Description
CP.PHAR.40 Octreotide Acetate (Sandostatin, Sandostatin LAR Depot, Bynfezia, Mycapssa)	For acromegaly, added confirmatory diagnostic requirements (IGF-I or GH) per PS/ES practice guidelines.
CP.PHAR.93 Bevacizumab (Alymsys, Avastin, Mvasi, Zirabev)	4Q 2022 annual review: added additional NCCN-supported indications of ampullary adenocarcinoma cancer, malignant peritoneal mesothelioma, and pediatric diffuse high-grade glioma; re-classified anaplastic gliomas to astrocytoma and oligodendroglioma per updated NCCN classification; removed breast cancer indication, WHO grade 2 glioma indication, and single-agent therapy option for cervical cancer per NCCN; removed "radiographic and/or clinical relapse", "recurrent", and "carcinosarcoma with… BRCA 1/2 mutation" disease qualifiers for ovarian cancer as there are other clinical scenarios per NCCN; added new regimens for cervical and colorectal cancers per NCCN; aligned initial approval durations as 6 months, and aligned redirection to Mvasi or Zirabev; references reviewed and updated.
CP.PHAR.128 Erenumab-aooe (Aimovig)	4Q 2022 annual review: Added criteria for concurrent use with Botox requiring supportive evidence from published studies or clinical practice guidelines, positive response with Botox monotherapy, and continued migraine burden; added unclassified drugs HCPCS code; references reviewed and updated.
NH.PHAR.128 Erenumab-aooe (Aimovig)	Retire NH State Specific Policy as corporate policy no longer preferences non-preferred product
CP.PHAR.136 Elagolix (Orilissa), Elagolix/Estradiol/Norethinedrone (Oriahnn)	4Q 2022 annual review: added reproductive endocrinologist as a prescriber option; added requirement that member has not previously received 24 or more months of cumulative elagolix therapy and added Appendix D; references reviewed and updated.
CP.PHAR.141 Ribavirin (Rebetol, Ribasphere)	4Q 2022 annual review: Copegus, Moderiba and Rebetol oral solution removed from policy as they are no longer being manufactured (per Medispan obsolete dates and Clinical Pharmacology); added template generic redirection verbiage for generic ribavirin use; references reviewed and updated.
CP.PHAR.173 Leuprolide Acetate (Lupron, Lupron Depot, Eligard, Lupaneta Pack, Fensolvi, Camcevi)	4Q 2022 annual review: added HCPCS codes for Fensolvi and Camcevi; for Lupron Depot (7.5, 22.5, 30, 45) updated FDA-approved indication to include non-palliative treatment of advanced prostate cancer; references reviewed and updated.
CP.PHAR.232 OnabotulinumtoxinA (Botox)	Added criteria for concurrent use with CGRP therapy requiring supportive evidence from published studies or clinical practice guidelines, positive response with CGRP monotherapy, and continued migraine burden.
CP.PHAR.332 Pasireotide (Signifor, Signifor LAR)	4Q 2022 annual review: for acromegaly, added confirmatory diagnostic requirements (IGF-I or GH) per PS/ES practice guidelines; references reviewed and updated.
CP.PHAR.354 Testosterone (Testopel, Jatenzo, Kyzatrex, Tlando)	4Q 2022 annual review: modified initial approval duration for hypogonadism for products other than Testim from 6 to 12 months, for continued approval duration for Testim modified from 12 to 6 months; in Section II for hypogonadism clarified quantity limits for Jatenzo and Tlando consistent with those

	included in Section I; clarified redirection is required unless all alternatives are contraindicated; RT4: added newly approved Kyzatrex to the policy; references reviewed and updated.
CP.PHAR.389 Pegvisomant (Somavert)	4Q 2022 annual review: added confirmatory diagnostic requirements (IGF-I or GH) per PS/ES practice guidelines; updated Appendix D with 2020 consensus recommendations; references updated.
CP.PHAR.391 Lanreotide (Somatuline Depot)	4Q 2022 annual review: for acromegaly, added confirmatory diagnostic requirements (IGF-I or GH) per PS/ES practice guidelines; per NCCN, specified that thymic/ bronchopulmonary NETs and insulinomas must be SSTR-positive or have hormonal symptoms and added that any grade 3 NETs with favorable biology are also coverable; references reviewed and updated.
CP.PHAR.395 Patisiran (Onpattro)	4Q 2022 annual review: added criterion for no prior treatment with Amvuttra or Tegsedi in initial approval criteria due to lack of supportive evidence; updated concurrent use exclusion with recently approved TTR-directed small interfering ribonucleic acid Amvuttra for both initial and continued approval criteria; included criterion for no prior liver transplant for continued approval criteria (already exists in initial approval criteria); references reviewed and updated.
CP.PHAR.405 Inotersen (Tegsedi)	Added requirement that member has not received prior treatment with Amvuttra or Onpattro as a result of the recent Amvuttra FDA approval and for consistency across this therapeutic area; applied to continued therapy requirement that member has not had a prior liver transplant; added Amvuttra should not be prescribed concurrently with Tegsedi.
CP.PHAR.430 Alpelisib (Piqray, Vijoice)	For PROS, for initiation of therapy added option for diagnosis of PROS if PIK3CA gene mutation is not identified, for continuation of therapy added option to demonstrate positive response that includes improvement in PROS related signs, symptoms or complications and functional status, for imaging requirement added must be obtained within the last 6 months.
CP.PHAR.434 Bremelanotide (Vyleesi)	4Q 2022 annual review: added to initial criteria that HSDD is not due to a co-existing medical or psychiatric condition, problems with the relationship, or the effects of a medication or drug substance per PI; appendix D updated with examples of co-existing medical or psychiatric conditions and medications associated with low sexual desire; references reviewed and updated.
CP.PHAR.442 Fedratinib (Inrebic)	4Q 2022 annual review: added off-label criteria for myeloid or lymphoid neoplasm with eosinophilia and Janus kinase 2 arrangement per NCCN category 2A recommendation; for brand name requests added requirement for generic alternative if available; references reviewed and updated.
CP.PHAR.446 Flibanserin (Addyi)	4Q 2022 annual review: added to initial criteria that HSDD is not due to a co-existing medical or psychiatric condition, problems with the relationship, or the effects of a medication or drug substance per PI; appendix D updated with examples of co-existing medical or psychiatric conditions and medications associated with low sexual desire; references reviewed and updated.

NH Healthy Families Q4 2022 P&T Policy Update Summary Sheet

CP.PHAR.489 Eptinezumab-jjmr (Vyepti)	4Q 2022 annual review: Added criteria for concurrent use with Botox requiring supportive evidence from published studies or clinical practice guidelines, positive response with Botox monotherapy, and continued migraine burden; revised initial approval duration from 3 to 6 months; references updated.
CP.PHAR.524 Pegcetacoplan (Empaveli, APL-2)	Added pre-emptive criteria for intravitreal pegcetacoplan (APL-2) for GA secondary to AMD.
CP.PHAR.545 Betibeglogene autotemcel (Zynteglo)	Drug is now FDA approved – criteria updated per FDA labeling: added transplant specialist involvement as this gene therapy would involve a multidisciplinary team; clarified that receipt of ≥ 8 transfusions annually is an option for members age ≥ 12 years per pivotal trials' protocol and that both transfusion-dependence criteria options are to be measured per year for the previous two years; revised criterion that member is eligible for allogeneic HSCT to include transplant specialist provider attestation that the member both understands the risks and benefits of alternative therapeutic options such as allogeneic HSCT and is clinically stable, and removed "allogeneic" per published pivotal trials inclusion criteria; removed exclusion criteria for hepatitis B and C viruses as these are not excluded per FDA labeling; updated dosing criterion to a minimum dose per FDA labeling; references reviewed and updated.
CP.PHAR.550 Vutrisiran (Amvuttra)	4Q 2022 annual review: RT4: converted PEPP to post-FDA-approved status; references reviewed and updated.
CP.PMN.17 Droxidopa (Northera)	4Q 2022 annual review: added redirection to generic for brand requests; clarified dosing and quantity limits by separating into separate requirements; references reviewed and updated.
CP.PMN.46 Roflumilast (Daliresp, Zoryve)	RT4: added criteria for newly FDA-approved dosage form (Zoryve cream) and indication of plaque psoriasis.
CP.PMN.47 Rifaximin (Xifaxan)	Q4 2022 annual review: added requirement for concurrent lactulose and rifaximin to initial criteria for HE per guidelines; references reviewed and updated.
CP.PMN.53 Off-Label Use	4Q 2022 annual review: added requirement if a drug-specific clinical policy is available, the request is not for diagnoses or indications listed in Section III of the drug-specific clinical policy; clarified drug failure requirements by consolidating multiple requirements and including various scenarios for biosimilars and generics; references reviewed and updated.
CP.PMN.107 Topical Immunomodulators	Added off-label indication for plaque psoriasis as supported by AAD-NPF guidelines.
CP.PMN.109 Suvorexant (Belsomra)	4Q 2022 annual review: modified initial approval duration from 6 to 12 months; references updated.
CP.PMN.153 Alosetron (Lotronex)	4Q 2022 annual review: added generic redirection; references reviewed and updated.
CP.PMN.172 Zolpidem Tartrate (Edluar, Intermezzo, Zolpimist)	4Q 2022 annual review: for brand Intermezzo requests, added requirement that member must use generic zolpidem sublingual tablet 1.75 mg or 3.5 mg; references reviewed and updated.

NH Healthy Families Q4 2022 P&T Policy Update Summary Sheet

NH.PMN.172 Zolpidem Tartrate (Edluar, Intermezzo, Zolpimist)	Retired due to corporate policy no longer preferencing non-preferred product
CP.PMN.173 Ramelteon (Rozerem)	4Q 2022 annual review: added requirement for use of generic for brand requests; references updated.
NH.PMN.173 Ramelteon (Rozerem)	Retired due to corporate policy no longer preferencing non-preferred product
CP.PMN.175 Doxepin (Silenor)	4Q 2022 annual review: added requirement for use of generic doxepin tablets; references updated.
NH.PMN.175 Doxepin (Silenor)	Retired due to corporate policy no longer preferencing non-preferred product
CP.PMN.176 Amlodipine/Atorvastatin (Caduet)	4Q 2022 annual review: modified approval duration from Length of Benefit to 12 months for Medicaid; references reviewed and updated.
NH.PMN.176 Amlodipine/Atorvastatin (Caduet)	Retired as corporate policy now points to only preferred products
CP.PMN.210 Acyclovir Buccal Tablet (Sitavig)	Q4 2022 annual review: for Section IA revised language to "Member must use preferred formulary acyclovir formulation…"; for Section IIA, changed reauthorization to not permitted; references reviewed and updated.
CP.PMN.214 Continuous Glucose Monitors	4Q 2022 annual review: revised to align with InterQual medical criteria as follows: initial criteria – removed requirements for a prescribing physician who has seen the member in person in the last 6 months, blood glucose testing 4 or more times per day, and in person visits every 6 months; added additional pathway to approval for members not receiving intensive insulin therapy (adults with type 2 diabetes); added requirement for participation in a physician-directed comprehensive diabetes management program; continued criteria – added additional pathways to receive replacement devices based on the age/lifetime of the current device and added requirement for ongoing monitoring from a physician/clinical specialist; references reviewed and updated.
CP.PMN.249 Ciprofloxacin/Fluocinolone (Otovel)	4Q 2022 annual review: clarified that generic requirement applies to brand Otovel requests; clarified approval duration of 2 cartons allows for one carton per affected ear; references reviewed and updated.
CP.PMN.255 No Coverage Criteria, Recent Label Changes Pending Clinical Policy Update	4Q 2022 annual review: clarified and expanded criteria to apply to recent label changes pending clinical policy updates; references reviewed and updated.
CP.PMN.266 Finerenone (Kerendia)	4Q 2022 annual review: added redirection to SGLT inhibitor per American Diabetes Association guideline; references reviewed and updated.
CP.PMN.272 Mavacamten (Camzyos)	Criteria updated per P&T feedback: added requirement for maximal left ventricular wall thickness.
CP.PMN.282 Ketorolac nasal spray (Sprix)	Policy created per August SDC.
CP.PMN.283 Tapinarof (Vtama)	Policy created.
CP.PHAR.05 Hyaluronate Derivatives	4Q 2022 annual review: no significant changes; updated HCPCS code J7321; removed Supartz as the Medispan is obsolete and no longer available; references reviewed and updated.
CP.PHAR.130 Avatrombopag (Doptelet)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.132 Nitisinone (Nityr, Orfadin)	4Q 2022 annual review: no significant changes; references reviewed and updated.

CP.PHAR.139 Mogamulizumab-kpkc (Poteligeo)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.140 Pegvaliase-pqpz (Palynziq)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.142 Adefovir (Hepsera)	4Q 2022 annual review: no significant changes; added template generic redirection language for adefovir; references reviewed and updated.
CP.PHAR.143 Betaine (Cystadane)	4Q 2022 annual review: no significant changes; references reviewed and updated.
NH.PHAR.149 Baclofen (Fleqsuvy, Gablofen, Lioresal, Lyvispah, Ozobax)	Updated references, appendices and added Fleqsuvy and Lyvispah products to policy.
CP.PHAR.151 Levoleucovorin (Fusilev, Khapzory)	4Q 2022 annual review: no significant changes; updated Appendix D per NCCN Compendium; references reviewed and updated.
CP.PHAR.172 Histrelin Acetate (Vantas, Supprelin LA)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.174 Nafarelin Acetate (Synarel)	4Q 2022 annual review: no significant changes; clarified for endometriosis duration of therapy should not exceed 12 months by adding requirements in the criteria set, for continued approval duration modified from 6 months to "up to a total treatment duration of 12 months"; references updated.
CP.PHAR.175 Triptorelin Pamoate (Trelstar, Triptodur)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.201 Belatacept (Nulojix)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.313 Pralatrexate (Folotyn)	4Q 2022 annual review: no significant changes; removal of nasal type for NKTL per NCCN; references reviewed and updated.
CP.PHAR.328 Asfotase Alfa (Strensiq)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.390 Cholic Acid (Cholbam)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.393 Leucovorin Injection	4Q 2022 annual review: no significant changes; updated Appendix D per NCCN Compendium; references reviewed and updated.
CP.PHAR.394 Migalastat (Galafold)	4Q 2022 annual review: no significant changes; added requirement on continuation of therapy to document improvement on patient-specific clinical manifestations of Fabry disease, consistent with the previously P&T-approved approach for other Fabry disease therapies (e.g., Fabrazyme); references reviewed and updated.
CP.PHAR.438 Trientine (Cuvrior, Syprine)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.506 Antithymocyte Globulin (Atgam, Thymoglobulin)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.509 Triheptanoin (Dojolvi)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.510 Arimoclomol (Brand Name)	4Q 2022 annual review: no significant changes as drug is not yet FDA-approved.
CP.PHAR.512 Pegunigalsidase Alfa (PRX-102)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.513 Plasminogen, Human-tvmh (Ryplazim)	4Q 2022 annual review: no significant changes; references reviewed and updated.

NH Healthy Families Q4 2022 P&T Policy Update Summary Sheet

CP.PHAR.551 Anifrolumab-fnia (Saphnelo)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.552 Belumosudil (Rezurock)	4Q 2022 annual review: no significant changes; added exclusion for concomitant use with Imbruvica or Jakafi into the Continued Therapy section, consistent with the approach in the Initial Approval Criteria section; references reviewed and updated.
CP.PHAR.553 Belzutifan (Welireg)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.556 Elivaldogene Autotemcel	4Q 2022 annual review: no significant changes as drug is not yet FDA-approved.
CP.PHAR.557 Udenafil	4Q 2022 annual review: no significant changes as the drug is not yet FDA-approved; references updated.
CP.PHAR.558 Mitapivat (Pyrukynd)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.559 Mobocertinib (Exkivity)	4Q 2022 annual review: no significant changes; added previously P&T-approved template redirection to generic equivalent, if available; references reviewed and updated.
CP.PHAR.560 Bardoxolone Methyl (RTA 402)	4Q 2022 annual review: no significant changes; in February 2022 the FDA issued a Complete Response Letter for this drug and the status of a BLA resubmission is unknown; references reviewed and updated.
NH.PMN.16 Request for Medically Necessary Drug Not on the PDL	Annual review, no changes
CP.PMN.54 Clobazam (Onfi, Sympazan)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.71 Linaclotide (Linzess)	4Q 2022 annual review: no significant changes; contraindications and boxed warnings updated per PI; references reviewed and updated.
CP.PMN.73 Lifitegrast (Xiidra)	4Q 2022 annual review: no significant changes; clarified redirection are required unless clinically significant adverse effects are experienced or all are contraindicated; clarified by separating dosing and quantity requirements; references reviewed and updated.
CP.PMN.87 Plecanatide (Trulance)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.112 Naldemedine (Symproic)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.116 L-glutamine (Endari)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.142 Lubiprostone (Amitiza)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.143 Isotretinoin (Claravis, Absorica, Absorica LD, Myorisan, Zenatane, Amnesteem)	4Q 2022 annual review: no significant changes; converted prior trial language to “member must use” language; references reviewed and updated.
CP.PMN.161 Methadone Hydrochloride	4Q 2022 annual review: no significant changes; removed references to Dolophine as discontinued product; references reviewed and updated.
CP.PMN.165 Fluorouracil Cream (Tolak)	4Q 2022 annual review: no significant changes; revised from “failure” of fluorouracil 5% cream to “member must use” language since both Tolak and this product are the same active ingredient and vehicle; references reviewed and updated.
CP.PMN.167 Neomycin/Fluocinolone Cream (Neo-Synalar)	4Q 2022 annual review: no significant changes; revised Cortisporin redirection to a formulary topical antibacterial product as Cortisporin topical ointment is no longer on market; references updated.
CP.PMN.168 Ospemifene (Osphena)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.169 Methylnaltrexone Bromide (Relistor)	4Q 2022 annual review: no significant changes; general information (appendix D) added; references reviewed and updated

CP.PMN.170 Eluxadoline (Viberzi)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.171 Naloxegol (Movantik)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.174 Perindopril/Amlodipine (Prestalia)	4Q 2022 annual review: no significant changes; added 1 tablet per day quantity limit for dosing requirement; references reviewed and updated.
CP.PMN.177 Glycopyrronium (Qbrexza)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.179 Megestrol Acetate (Megace ES)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.180 Halobetasol Propionate (Bryhali, Lexette, Ultravate)	4Q 2022 annual review: no significant changes; revised from "failure of" halobetasol propionate to "member must use" language as it is the same active ingredient as the agents in this policy; references reviewed and updated.
CP.PMN.181 Calcipotriene/Betamethasone Dipropionate Foam (Enstilar)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.182 Betamethasone Dipropionate Spray (Sernivo)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.184 Stiripentol (Diacomit)	4Q 2022 annual review: no significant changes; RT4: updated the policy to reflect the new indication expansion to patients ≥ 6 months of age and weighing ≥ 7 kg; references reviewed and updated.
CP.PMN.185 Baloxavir Marboxil (Xofluza)	4Q 2022 annual review: no significant changes; RT4: updated to reflect pediatric expansion from age at least 12 years to age at least 5 years, removed requirement for weight ≥ 40 kgs, and added Appendix D with high risk factors; references reviewed and updated.
CP.PMN.194 Prucalopride (Motegrity)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.206 Tegaserod (Zelnorm)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.213 Ferric Maltol (Accrufer)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.215 Non-Preferred Blood Glucose Monitors/Test Strips	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.216 Diazepam Nasal Spray (Valtoco)	4Q 2022 annual review: no significant changes; references reviewed and updated.
NH.PMN.226 Pancrelipase (Creon, Pancreaze, Pertzye, Viokace, Zenpep)	Annual review: no significant changes; clarified dosing by separating various dosing options; modified Pancreaze as delayed release capsules per updated prescribing information;
CP.PMN.244 Tazarotene (Arazlo, Fabior, Tazorac)	4Q 2022 annual review: no significant changes; for acne vulgaris converted "Documentation supports inability to use" to "Member must use" language; references reviewed and updated.
CP.PMN.248 Ciprofloxacin/Dexamethasone (Ciprodex)	4Q 2022 annual review: no significant changes; clarified that generic requirement applies to brand Ciprodex requests; references reviewed and updated.
CP.PMN.250 Colesevelam (Welchol)	4Q 2022 annual review: no significant changes; added redirection to generic; references updated.
CP.PMN.251 Lactic Acid/Citric Acid/Potassium Bitartrate (Phexxi)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.252 Metoclopramide (Gimoti)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.253 Abametapir (Xeglyze)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.256 Nifurtimox (Lampit)	4Q 2022 annual review: no significant changes; references reviewed and updated.

NH Healthy Families Q4 2022 P&T Policy Update Summary Sheet

CP.PMN.267 Levodopa Inhalation Powder (Inbrija)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.268 Tenofovir Alafenamide Fumarate (Vemlidy)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.270 Pilocarpine (Vuity)	4Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.97 Eculizumab (Soliris)	Per August SDC and prior clinical guidance, for NMOSD, removed redirection to Enspryng; for gMG modified from two to one immunosuppressive therapy required, added requirement that Soliris is not prescribed concurrently with Ultomiris or Vyvgart.
CP.PHAR.403 Fremanezumab-vfrm (Ajovy)	4Q 2022 annual review: Added criteria for concurrent use with Botox requiring supportive evidence from published studies or clinical practice guidelines, positive response with Botox monotherapy, and continued migraine burden; revised initial approval duration from 3 to 6 months for every 3 month dosing frequency; removed redirection to Aimovig per August SDC; references reviewed and updated.
NH.PHAR.403 Fremanezumab-vfrm (Ajovy)	Retired due to corporate policy no longer requiring non-preferred agent as a trial
CP.PHAR.404 Galcanezumab-gnlm (Emgality)	4Q 2022 annual review: Added criteria for concurrent use with Botox requiring supportive evidence from published studies or clinical practice guidelines, positive response with Botox monotherapy, and continued migraine burden; removed redirection to Aimovig per August SDC; references reviewed and updated.
NH.PHAR.404 Galcanezumab-gnlm (Emgality)	Retired due to corporate policy no longer requiring non-preferred agent as a trial
CP.PHAR.415 Ravulizumab-cwvz (Ultomiris)	Per August SDC and prior clinical guidance, for gMG modified from two to one immunosuppressive therapy required, clarified MG-ADL total score should be assessed on continuation of therapy requests, added Vyvgart should not be prescribed concurrently with Ultomiris.
CP.PHAR.458 Inebilizumab-cdon (Uplizna)	Per August SDC and prior clinical guidance, removed redirection to Enspryng.
CP.PHAR.467 Zanubrutinib (Brukinsa)	Per NCCN Compendium added off label use in LPL; for WM, LPL, MZL added requirement that Brukinsa is not prescribed concurrently with Calquence.
CP.PHAR.476 Ubrogepant (Ubrelvy)	4Q 2022 annual review: references reviewed and updated.
CP.PHAR.490 Rimegepant (Nurtec ODT)	4Q 2022 annual review: Added criteria for concurrent use with Botox requiring supportive evidence from published studies or clinical practice guidelines, positive response with Botox monotherapy, and continued migraine burden; per August SDC and prior clinical guidance for migraine prophylaxis added redirection to injectable CGRP, for acute migraine treatment added redirection to Ubrelvy; references reviewed and updated.
CP.PHAR.555 Efgartigimod alfa-fcab (Vyvgart)	Added to continuation of therapy requirement for no concurrent use with Soliris or Ultomiris.
CP.PHAR.566 Atogepant (Qulipta)	4Q 2022 annual review: Added criteria for concurrent use with Botox requiring supportive evidence from published studies or clinical practice guidelines, positive response with Botox monotherapy, and continued migraine burden; per August SDC and prior clinical guidance added redirection to injectable CGRP; references reviewed and updated.
CP.PMN.33 Pregabalin (Lyrica, Lyrica CR)	Revised SNRI redirection in neuropathic pain to apply for all requests except postherpetic neuralgia.

NH Healthy Families Q4 2022 P&T Policy Update Summary Sheet

NH.PMN.65 Vortioxetine (Trintellix)	Updated references and appendices. Added trial and failure options. Adjusted number of policy to align with corporate nomenclature to avoid confusion of prior authorization review.
CP.PMN.155 Lacosamide (Vimpat)	Per August SDC, added generic redirection for brand requests;
CP.PMN.164 Cannabidiol (Epidiole	Per August SDC, removed neurologist prescriber requirement.
CP.PMN.240 Gabapentin ER (Gralise, Horizant)	Per August SDC and prior clinical guidance, added additional redirection requirements to generic pregabalin immediate and controlled-release and TCA.
CP.PMN.259 Inhaled asthma and COPD agents	Per August SDC and prior clinical guidance, added Flovent HFA to policy requiring step through fluticasone propionate HFA (Flovent HFA authorized generic), added maximum age limit of 12 years for Flovent HFA per SDC and Centene core Medicaid formulary status.

Policy and Procedure	**Revision Summary Description**
CC.PHAR.06 PBM Inquire for Additional Information	No longer needed. Replaced by CC.PHARM.03A
CC.PHAR.11 Requests for Pharmacy Profiles	Annual Review- No changes deemed necessary.
CC.PHAR.14 NHHF Addendum	Annual Review – No Changes deemed necessary.
CC.PHAR.17 COI and CA for PT Membership	Updated 1.b.ii from January 25th to January 2, removed "medical" from the exception so it is just leave. Added that Centene Compliance performs a monthly review of Centene employees against OIG and SAM. The Director of Operations Shared Services will perform the monthly review for non-Centene employees (external members of P&T). Added to References: OIG website, SAM website, and policy CC.COMP.36.
CC.PHAR.22 Medicaid PDL Audit Support	Annual Review- No changes deemed necessary.