NH Healthy Families Pharmacy & Therapeutics Committee
23Q1 Combined Guideline Summary

Policy/ Coverage Criteria Guideline	Revision Summary Description
CP.PHAR.14 Hydroxyprogesterone caproate (Makena)	Q 2023 annual review: added the following requirements to continuation of therapy requests to support information contained in the approval duration: member has not received more than 21 total doses for the current pregnancy; member has not reached week 37 of gestation; added information to Appendix D regarding FDA advisory committee vote to withdraw Makena from the market; references reviewed and updated.
CP.PHAR.40 Octreotide Acetate (Sandostatin, Sandostatin LAR, Bynfezia, Mycapssa)	1Q 2023 annual review: for Bynfezia and Sandostatin added must use generic octreotide language; for all oncologic indications clarified that request is for Sandostatin Injection, Bynfezia Pen, or Sandostatin LAR Depot; reorganized dose limits for all indications; moved the following onto separate criteria line: for Sandostatin LAR depot requests, if request is for symptom management and Mycapssa requests, member has responded to and tolerated treatment with octreotide or lanreotide; references reviewed and updated.
CP.PHAR.59 Zoledronic Acid (Reclast, Zometa)	1Q 2023 annual review: as a result of Zometa branded product being obsolete, removed distinction between Zometa and Reclast, removed requirements that ensured both products are not used in combination; references reviewed and updated.
CP.PHAR.63 Everolimus (Afinitor, Afinitor Disperz, Zortress)	1Q 2023 annual review: added age requirement for TSA-SEGA and TSC-seizures; For TSC-seizures, added Afinitor Disperz will be used as adjunctive therapy per PI; references reviewed updated.
CP.PHAR.114 Teduglutide (Gattex)	1Q 2023 annual review: removed required somatropin trial for adults per AGA guidelines; references reviewed and updated.
CP.PHAR.115 Pegloticase (Krystexxa)	1Q 2023 annual review: RT4: no addition of co-administration with methotrexate criteria; updated dosing in Appendix B; updated template language for continued therapy and other diagnoses/indication sections; references reviewed and updated.
CP.PHAR.123 Evolocumab (Repatha)	1Q 2023 annual review: per 2022 ACC expert consensus decision pathway and as supported by specialist feedback – added bypass of ezetimibe trial if member requires > 25% additional lowering of LDL, and lowered minimum LDL requirement to 55 mg/dL for members with ASCVD at very high risk with corresponding Appendix I; references reviewed and updated.
CP.PHAR.124 Alirocumab (Praluent)	1Q 2023 annual review: per 2022 ACC expert consensus decision pathway and as supported by specialist feedback – added bypass of ezetimibe trial if member requires > 25% additional lowering of LDL, and lowered minimum LDL requirement to 55 mg/dL for members with ASCVD at very high risk with corresponding Appendix I; references reviewed and updated.
CP.PHAR.168 Corticotropin (H.P. Acthar, Purified Cortrophin Gel)	1Q 2023 annual review: added the following for MS requests: Member has not received treatment with H.P. Acthar Gel or Purified Cortrophin Gel for the current MS exacerbation; references reviewed and updated.
CP.PHAR.179 Romiplostim (Nplate)	1Q 2023 annual review: for CIT added requirement for age at least 18 years per NCCN myeloid growth factor guidelines that indicate there is insufficient data to support routine use in pediatrics; for off-label uses added requirement that Nplate is not prescribed concurrently with rituximab or another thrombopoietin receptor agonist to align with requirements for other indications; references reviewed and updated.
CP.PHAR.180 Eltrombopag (Promacta)	1Q 2023 annual review: per NCCN Compendium, for MDS added off-label indication of symptomatic anemia and its qualifiers; references reviewed and updated.
CP.PHAR.181 Hemin (Panhematin)	1Q 2023 annual review: required labs for diagnosis of porphyria revised to align with Givlaari (CP.PHAR.457); added Appendix D ALA and PBG Laboratory Testing; references reviewed and updated.
CP.PHAR.187 Verteporfin (Visudyne)	1Q 2023 annual review: references reviewed and updated.
CP.PHAR.191 Bosentan (Tracleer	1Q 2023 annual review: updated maximum quantity per day from 4 tablets to 2 tablets per day; references reviewed and updated.
CP.PHAR.199 Treprostinil (Orenitram, Remodulin, Tyvaso)	1Q 2023 annual review: added Tyvaso DPI dosage form to criteria; references reviewed and updated.
CP.PHAR.213 Lumacaftor-ivacaftor (Orkambi)	1Q 2023 annual review: RT4: updated FDA approved indication, criteria, and dosing per FDA approved pediatric extension for ages 1 through < 2 years; added new lumacaftor 75 mg and ivacaftor 94 mg oral granule packet strength; updated Appendix D; updated template wording for continued therapy and other diagnoses/indication sections; references reviewed and updated.
CP.PHAR.214 Desmopressin (DDAVP, Stimate, Nocdurna)	1Q 2023 annual review: removed Noctiva from policy as it has been discontinued by manufacturer; references reviewed and updated.

CP.PHAR.232 OnabotulinumtoxinA (Botox)	Ad Hoc update: max dose for chronic anal fissures updated from 25 units to 100 units per treatment session per ACG guidelines;
CP.PHAR.260 Rituximab (Rituxan, Riabni, Ruxience, Truxima, Rituxan Hycela)	Criteria added for off-label use in DM.
CP.PHAR.283 Lomitapide (Juxtapid)	1Q 2023 annual review: per 2022 ACC expert consensus decision pathway, lowered minimum LDL requirement to 55 mg/dL for members with ASCVD at very high risk and added corresponding Appendix H; references reviewed and updated.
CP.PHAR.327 Nusinersen (Spinraza)	1Q 2023 annual review: updated appendix B dosing due to pediatric extension of Evrysdi; references reviewed and updated.
CP.PHAR.336 Dupilumab (Dupixent)	1Q 2023 annual review: RT4: criteria added for new FDA indication of PN; for all indications, modified list of agents for which concurrent use is not allowed to include non-asthma biologic immunomodulators and JAK inhibitors; references updated.
CP.PHAR.361 Tisagenlecleucel (Kymriah)	1Q 2023 annual review: for LBCL added NCCN supported use in AIDS-related DLBCL, primary effusion lymphoma, and HHV8-positive DLBCL; references reviewed and updated.
CP.PHAR.362 Axicabtagene ciloleucel (Yescarta)	1Q 2023 annual review: for LBCL added NCCN supported use in primary effusion lymphoma and HHV8-positive DLBCL; references reviewed and updated.
CP.PHAR.367 Letermovir (Prevymis)	1Q 2023 annual review: removed redirection to valacyclovir or ganciclovir per 2021 American Society for Transplantation and Cellular Therapy Guidelines and bypass that was allowed for CMV-seropositive recipients as this is the only indicated use for Prevymis, added requirement for initial approval that member is CMV-seropositive; for continued therapy added the following requirement to support existing approval duration: Member has not received Prevymis therapy beyond 100 days post-transplantation; added HCPCS code J8499; references reviewed and updated.
CP.PHAR.370 Emicizumab-kxwh (Hemlibra)	1Q 2023 annual review: Removed “life-threatening” from “life-threatening or serious bleed” criterion as definition of what is serious vs life-threatening may not be mutually exclusive and there exists potential for misinterpretation; references updated.
CP.PHAR.402 Emapalumab-lzsg (Gamifant)	1Q 2023 annual review: per prescribing information added requirement that Gamifant is prescribed in combination with dexamethasone, for continued therapy added requirement that member has not received a successful bone marrow transplant or HSCT; removed inactive HCPCS code C9050; references reviewed and updated.
CP.PHAR.411 Amifampridine (Firdapse, Ruzurgi)	1Q 2023 annual review: RT4 pediatric extension updated with age limit down to 6 years; added requirement that member does not have a history of seizures as use is contraindicated; references reviewed and updated.
CP.PHAR.440 Elexacaftor-ivacaftor-tezacaftor (Trikafta)	1Q 2023 annual review: removed “if member has received at least 12 weeks of therapy” for ppFEV1 criteria in the continuation of therapy section to align with approach in other CF policies; updated appendix D; references reviewed and updated.
CP.PHAR.450 Luspatercept-aamt (Reblozyl)	1Q 2023 annual review: for TDT continued therapy, clarified criterion that positive response to therapy as evidenced by at least a 33% reduction in transfusion burden from baseline is required after 9 weeks of treatment (3 doses) at the maximum dose unless the request is for a dose increase prior to 9 weeks of treatment; per NCCN Compendium, removed requirement for combination w/G-CSF for MDS indication; references reviewed and updated.
CP.PHAR.451 Voxelotor (Oxbryta	1Q 2023 annual review: updated maximum dosing requirements to allow dose adjustments for CYPA3A4 inducers; references reviewed and updated.
CP.PHAR.464 Selumetinib (Koselugo)	1Q 2023 annual review: added off-label use for Langerhans cell histiocytosis per NCCN; modified off-label use for glioma to limit coverage to WHO grade 1 glioma as supported by NCCN; references reviewed and updated.
CP.PHAR.465 Teprotumumab (Tepezza)	1Q 2023 annual review: Added dosing requirements for vial quantity using the online dose calculator or dose rounding recommendations based on newly added Appendix E; per prescribing information added the following option for thyroid lab assessment: “Member has a recent (within the last 30 days) free thyroxine (FT4) and total triiodothyronine (T3) or free T3 (FT3) levels less than 50% above or below the laboratory defined reference range and is undergoing treatment to correct the mild hypo- or hyperthyroidism to maintain a euthyroid state”; references reviewed and updated.
CP.PHAR.467 Zanubrutinib (Brukinsa)	1Q 2023 annual review: Per NCCN Compendium added monotherapy criterion to MCL, MZL, and CLL/SLL indications, and removed intolerance/contraindication to other BTK inhibitors criterion from CLL/SLL criteria as Brukinsa is a preferred regimen for CLL/SLL; for MCL and CLL/SLL, add requirement for no previous disease progression on Imbruvica and positive for BTK C481S mutation per NCCN; removed requirement that Brukinsa is not prescribed concurrently with Calquence or Imbruvica from MZL indication as the monotherapy requirement was added; for MZL added requirement for previous anti-CD20 therapy to align with PI and NCCN; from references reviewed and updated.

CP.PHAR.492 Teplizumab-mzwv (Tzield)	RT1: drug is now FDA approved – updated criteria per FDA labeling: modified language to refer to various stages of T1D, added that member should not have type 2 diabetes, and revised max dose; added that member should not have symptoms of diabetes; added requirement for documentation of current BSA for dose calculation purposes; references reviewed and updated.
CP.PHAR.511 Evinacumab-dgnb (Evkeeza)	1Q 2023 annual review: per 2022 ACC expert consensus decision pathway, lowered minimum LDL requirement to 55 mg/dL for members with ASCVD at very high risk and added corresponding Appendix H; revised redirection from Repatha to Praluent per SDC/DA/previously P&T approved clinical guidance; updated HCPCS codes with drug-specific code; references updated.
NH.PHAR.55 Human Growth Hormone (Somapacitan, Somatropin)	1Q 2023 annual review: FDA indication updated for Humatrope; for HIV-associated wasting or cachexia added criteria member is currently on antiretroviral therapy and for initial approval added restriction of (up to 12 months total); references updated.
CP.PHAR.568 Inclisiran (Leqvio)	1Q 2023 annual review: per 2022 ACC expert consensus decision pathway, lowered minimum LDL requirement to 55 mg/dL for members with ASCVD at very high risk and added corresponding Appendix I; references reviewed and updated.
CP.PHAR.570 Ropeginterferon alfa-2b-njft (Besremi)	1Q 2023 annual review: Revised initial criteria from "JAK2V617K" to "JAK2V617F" to reflect correct mutation studied in population; corrected the polycythemia vera hemoglobin and hematocrit criteria to read ">" the minimum values for men and women hemoglobin and hematocrit per the WHO diagnostic criteria; for continued therapy, added criteria that for members with achievement of hematological stability for at least one year while on a stable dose of BESREMi, dose does not exceed 500 mcg every 4 weeks unless medical justification supports otherwise; added definition of hematological stability in Appendix D per PI; references reviewed and updated.
CP.PHAR.571 Tixagevimab-Cilgavimab (Evusheld)	1Q 2023 annual review: updated initial criteria's dosing regimen from tixagevimab 150 mg (1 vial) and cilgavimab 150 mg to tixagevimab 300 mg (2 vials) and cilgavimab 300 mg (2 vials) and provided further clarification for continued therapy dosing: if prior dose was administered ≤ 3 months then repeat dose of tixagevimab 150 mg (1 vial) and cilgavimab 150 mg (1 vial) vs if prior dose was administered > 3 months then repeat dose of tixagevimab 300 mg (2 vials) and cilgavimab 300 mg (2 vials) per updated EUA; references reviewed and updated.
CP.PHAR.572 Budesonide (Tarpeyo)	1Q 2023 annual review: per clinical trial inclusion criteria added the following requirement: Recent (within the last 30 days) eGFR ≥ 35 mL/min/1.73 m^2; references reviewed and updated.
CP.PHAR.580 Etranacogene Dezaparvovec (Hemgenix)	Drug is now FDA approved – criteria updated per FDA labeling: clarified that documentation is required for inhibitor level assay; added criterion for subsequent negative factor IX inhibitor test if member has an initial positive test result for factor IX inhibitors per PI; added criteria for normal baseline liver assessments and hepatologist attestation of Hemgenix eligibility if sustained liver enzymes or radiological liver abnormalities present per PI; added factor IX recombinant products for routine prophylaxis in Appendix B; added criterion that member has not received prior gene therapy; added neutralizing anti-AAV5 antibodies information to Appendix D; updated sites of serious bleeds per WHF guideline in Appendix D; template changes applied to other diagnoses/indications; references reviewed and updated.
CP.PHAR.590 Omaveloxolone (RTA-408)	Per health plan feedback: added requirement of "maximal exercise testing on a recumbent stationary bike" to initial criteria.
CP.PHAR.592 Beremagene Geperpavec (Vyjuvek)	For initial criteria, clarified "member is not positive for anti-COL7 antibodies at baseline" with addition of "no evidence of immune response to COL7 as evidenced by immunofluorescence" aligning with other RDEB policy.
CP.PMN.04 Non-Calcium Phosphate Binders (Auryxia, Fosrenol, Renagel, Renvela, Velphoro)	1Q 2023 annual review: for Fosrenol, Renvela, and Renagel requests added requirement that member must use generic; references reviewed and updated.
CP.PMN.05 Rifapentine (Priftin)	1Q 2023 annual review: for active pulmonary TB per updated CDC/WHO recommendations added requirements for optional 4 month daily Priftin regimen prescribed in combination with isoniazid, moxifloxacin, and pyrazinamide as well as maximum dosing requirements, also added option for HIV-positive use requiring CD4 count ≥ 100 cells/mm^3; references updated.
CP.PMN.14 SGLT2 inhibitors	1Q 2023 annual review: added bypass of metformin for members with ASCVD, indicators of high ASCVD risk, HF, or CKD per ADA guidelines; references reviewed and updated.
CP.PMN.19 Aprepitant (Aponvie, Cinvanti, Emend)	Q 2023 annual review: RT4 added Aponvie to policy; updated FDA approved indications section to align with prescribing information for their respective products; for the prevention of chemotherapy-induced nausea/vomiting added requirement that request is for generic aprepitant capsules, Emend, or Cinvanti as these are the only products FDA-approved for this indication; references reviewed and updated.
CP.PMN.24 Ciclopirox (Penlac)	1Q 2023 annual review: removed requirement for brand Penlac redirection to generic as branded product is obsolete; references reviewed and updated.

NH.PMN.50 Anti-Obesity Medications	Updated policy with new clinical evidence around drugs; updated approval durations; updated appendix charts; updated age ranges.
NH.PMN.56 Atypical Antipsychotics	Changed to trial and failure of 1 preferred agent and added unacceptable risk language
CP.PMN.74 Granisetron (Sancuso, Sustol)	1Q 2023 annual review: PONV criteria set (previously removed as a result of Kytril discontinuation) was added back with additional age requirement as criteria would still apply for IV requests; added IV dose limits for chemotherapy-induced nausea/vomiting requests; modified to generalize beyond Stage IV or metastatic cancer to the following redirection bypass: "Request is for treatment associated with cancer for a State with regulations against step therapy in certain oncology settings"; references reviewed and updated.
CP.PMN.90 Benznidazole	1Q 2023 annual review: updated contraindications to include Cockayne syndrome, added requirement that member does not have Cockayne syndrome due to irreversible and potentially fatal hepatotoxicity; references reviewed and updated.
CP.PMN.92 CNS Stimulant	1Q 2023 annual review: modified age requirement for Evekeo ODT from at least 3 years to at least 6 years and removed 2.5 mg strength per updated prescribing information; added Aptensio dose in section V and VI; references reviewed and updated.
CP.PMN.93 Dextromethorphan-Quinidine (Nuedexta)	1Q 2023 annual review: for continuation of therapy request, added the following as an option to identify positive response: decreased frequency of PBA episodes; references updated.
CP.PMN.100 Risedronate (Actonel, Atelvia)	1Q 2023 annual review: Paget's disease initial criteria– revised alendronate trial duration from 6 months to 12 months to align with other bisphosphate policies; references reviewed and updated.
CP.PMN.105 Tavaborole (Kerydin)	1Q 2023 annual review: added requirement for use of generic tavaborole for brand Kerydin requests; clarified dose limits in criteria from 1 bottle per claim to 1 bottle per 30 days; references reviewed and updated.
CP.PMN.158 Netupitant and Palonosetron (Akynzeo IV)	1Q 2023 annual review: added requirement that member is scheduled to receive moderately to highly emetogenic cancer chemotherapy to align with other clinical policies for drugs used for this indication; modified to generalize beyond Stage IV or metastatic cancer to the following redirection bypass: "Request is for treatment associated with cancer for a State with regulations against step therapy in certain oncology settings"; references reviewed and updated.
CP.PMN.159 Dronabinol (Marinol, Syndros)	1Q 2023 annual review: added requirement that member must use generic dronabinol capsule, unless contraindicated, clinically significant adverse effects or experienced, or member is unable to swallow capsules; modified to generalize beyond Stage IV or metastatic cancer to the following redirection bypass: "Request is for treatment associated with cancer for a State with regulations against step therapy in certain oncology settings"; references reviewed and updated.
CP.PMN.166 Luliconazole cream (Luzu)	1Q 2023 annual review: added requirement for use of generic luliconazole for brand Luzu requests; references updated.
CP.PMN.186 Cenegermin-bkbj (Oxervate)	1Q 2023 annual review: for continued therapy added the following criteria to clarify maximum treatment duration: Member has not received ≥ 16 weeks total of Oxervate treatment per affected eye(s); clarified continued therapy approval duration limited to lifetime 2 courses of treatment *per affected eye*; references reviewed and updated.
CP.PMN.187 Icosapent ethyl (Vascepa)	1Q 2023 annual review: no significant changes; removed redirection to generic icosapent ethyl for brand Vascepa requests for CVD risk reduction indication; references reviewed and updated.
CP.PMN.212 Bedaquiline (Sirturo)	1Q 2023 annual review: for use without Pretomanid added requirement for weight ≥ 15 kg per prescribing information; for use with Pretomanid lowered age requirement from 17 to 15 years per updated WHO 2022 guidance, added alternative option if there is no documented fluoroquinolone resistance for off-label use when prescribed in combination with moxifloxacin, clarified approval duration from 6 months to 26 weeks; for continued therapy reinforced therapy duration requirements that were previously only referenced in the approval duration; references reviewed and updated.
CP.PMN.222 Pretomanid	1Q 2023 annual review: lowered age requirement from 17 to 15 years per updated WHO 2022 guidance, clarified approval duration from 6 months to 26 weeks; for continued therapy reinforced therapy duration requirements that were previously only referenced in the approval duration; added alternative option if there is no documented fluoroquinolone resistance for off-label use when prescribed in combination with moxifloxacin; references reviewed and updated.
CP.PMN.237 Bempedoic acid (Nexletol), bempedoic acid-ezetimibe (Nexlizet)	1Q 2023 annual review: per 2022 ACC expert consensus decision pathway, lowered minimum LDL requirement to 55 mg/dL for members with ASCVD at very high risk and added corresponding Appendix I; references reviewed and updated.
CP.PMN.240 Gabapentin ER (Gralise, Horizant)	Revised PHN criteria to require trial of pregabalin IR OR ER instead of pregabalin IR AND ER.

CP.PMN.274 Diclofenac (Pennsaid)	1Q 2023 annual review: added redirection to generic; references reviewed and updated.
CP.PHAR.602 Atidarsagene autotemcel (OTL-200)	Policy created pre-emptively
CP.PHAR.603 Exagamglogene autotemcel (Exa-Cel)	Policy created pre-emptively
CP.PHAR.599 RP-L201	Policy created pre-emptively
CP.PHAR.606 Spesolimab-sbzo (Spevigo)	Policy created
CP.PHAR.607 Deucravacitinib (Sotyktu)	Policy created
CP.PHAR.608 Furosemide (Furoscix)	Policy created
CP.PHAR.609 Prademagene Zamikeracel (EB-101)	Policy created pre-emptively
CP.PHAR.610 Sodium thiosulfate (Pedmark	Policy created
CP.PMN.284 Dextromethorphan-bupropion (Auvelity)	Policy created.
CP.PMN.286 Glaucoma Agents (Omlonti, Rhopressa, Rocklatan, Vyzulta)	Policy created: adapted from previously approved individual drug policies – CP.PMN.118 Rhopressa/ Rocklatan and CP.PMN.108 Vyzulta (all to be retired); RT4: added newly FDA approved agent, Omlonti; references reviewed and updated.
NH.PPA.12 Opioid Analgesics	Annual review, no changes
CP.PHAR.24 Fostamatinib (Tavalisse)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.52 Interferon Gamma- 1b (Actimmune)	1Q 2023 annual review: no significant changes; template changes applied to other diagnoses/indications section; references reviewed and updated.
CP.PHAR.58 Denosumab (Prolia Xgeva)	1Q 2023 annual review: no significant changes, reference reviewed and updated.
NH.PHAR.82 Split Fill Program	Annual review, no changes
CP.PHAR.94 Alpha1-Proteinase Inhibitors	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.97 Eculizumab (Soliris)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.101 Mifepristone (Korlym)	1Q 2023 annual review: no significant changes; references reviewed and updated.
NH.PHAR.149 Baclofen (Fleqsuvy, Gablofen, Lioresal, Lyvispah, Ozobax)	Updated references and products to reflect new products on the market
CP.PHAR.165 Ferumoxytol (Feraheme)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.166 Ferric Gluconate (Ferrlecit)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.167 Iron Sucrose (Venofer)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.177 Ecallantide (Kalbitor)	1Q 2023 annual review: no significant changes; updated Appendix D lab reference range and mutations associated with HAE; references reviewed and updated.
CP.PHAR.178 Icatibant (Firazyr)	1Q 2023 annual review: no significant changes; updated Appendix D lab reference range and mutations associated with HAE; references reviewed and updated.
CP.PHAR.184 Aflibercept (Eylea)	1Q 2023 annual review: no significant changes; clarified initial criteria from “worse than” to state BCVA 20/50 “or worse”; references reviewed and updated.
CP.PHAR.186 Ranibizumab (Byooviz, Lucentis, Susvimo)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.188 Teriparatide (Forteo)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.189 Ibandronate injection (Boniva)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.190 Ambrisentan (Letairis)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.192 Epoprostenol (Flolan, Veletri)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.193 Iloprost (Ventavis)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.194 Macitentan (Opsumit)	1Q 2023 annual review: no significant changes; reference reviewed and updated.
CP.PHAR.195 Riociguat (Adempas)	1Q 2023 annual review: no significant changes; reference reviewed and updated.
CP.PHAR.196 Selexipag (Uptravi)	1Q 2023 annual review: no significant changes; reference reviewed and updated.
CP.PHAR.197 Sildenafil (Revatio)	1Q 2023 annual review: no significant changes; reference reviewed and updated.
CP.PHAR.198 Tadalafil (Adcirca, Alyq, Tadliq)	1Q 2023 annual review: no significant changes; reference reviewed and updated.

CP.PHAR.200 Mepolizumab (Nucala)	1Q 2023 annual review: no significant changes; added Tezspire as another agent with which Nucala should not be used concurrently; references reviewed and updated.
CP.PHAR.202 C1 Esterase Inhibitors (Berinert Cinryze Haegarda Ruconest)	1Q 2023 annual review: no significant changes; updated Appendix D lab reference range and mutations associated with HAE; references reviewed and updated.
CP.PHAR.203 Cosyntropin (Cortrosyn)	1Q 2023 annual review: no significant changes; modified dosing limits for age 2 or less to 0.125 mg per prescribing information; removed inactive HCPCS code J0833; references updated.
CP.PHAR.208 Sodium phenylbutyrate (Buphenyl, Pheburane)	1Q 2023 annual review: no significant changes; updated "CPSI" with "CPS1" to clarify the enzyme name; references updated.
CP.PHAR.209 Aztreonam (Cayston)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.210 Ivacaftor (Kalydeco)	1Q 2023 annual review: no significant changes; updated Appendix D; references updated.
CP.PHAR.211 Tobramycin (Bethkis, Kitabis Pak, TOBI, TOBI Podhaler)	1Q 2023 annual review: no significant changes; updated limitations of use section to reflect FEV1 from most current prescribing information; references reviewed and updated.
CP.PHAR.212 Dornase alfa (Pulmozyme)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.223 Reslizumab (Cinqair)	1Q 2023 annual review: no significant changes; added Tezspire as another agent with which Cinqair should not be used concurrently; references reviewed and updated.
CP.PHAR.224 Enoxaparin (Lovenox)	1Q 2023 annual review: no significant changes; updated appendix D with current NCCN compendium language; updated template language for continued therapy and other diagnoses/indication sections; references reviewed and updated.
CP.PHAR.225 Dalteparin (Fragmin)	1Q 2023 annual review: no significant changes; RT4: added newly approved 10,000 IU/4 mL (2,500 IU/mL) dosage strength; updated appendix D with current NCCN compendium language; updated template language for continued therapy and other diagnoses/indication sections; references reviewed and updated.
CP.PHAR.226 Fondaparinux (Arixtra)	1Q 2023 annual review: no significant changes; updated appendix D with current NCCN compendium language; updated template language for continued therapy and other diagnoses/indication sections; references reviewed and updated.
CP.PHAR.234 Ferric Carboxymaltose (Injectafer)	1Q 2023 annual review: no significant changes; added updated vial strength of 100 mg/2 mL; FDA-approved age expansion was updated to reflect approval for pediatric patients 1 year of age and older who have either intolerance to oral iron or have had an unsatisfactory response to oral iron; references reviewed and updated.
NH.PHAR.241 Abatacept (Orencia)	Annual review, no changes
NH.PHAR.247 Certolizumab (Cimzia)	Annual review, no changes
NH.PHAR.253 Golimumab (Simponi, Simponi aria)	Annual review, no changes
NH.PHAR.261 Secukinumab (Cosentyx)	Annual review, no changes
CP.PHAR.263 Tocilizumab (Actemra)	Retire NH.PHAR.263 Tocilizumab (Actemra) in lieu of corporate policy
NH.PHAR.264 Ustekinumab (Stelara)	Annual review, no changes
CP.PHAR.268 Sofosbuvir-Velpatasvir (Epclusa)	Retire NH.PHAR.268 Sofosbuvir-Velpatasvir (Epclusa) in lieu of corporate policy
CP.PHAR.282 Parathyroid hormone (Natpara)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.288 Eteplirsen (Exondys 51)	1Q 2023 annual review: no significant changes; updated Section III to match template; references reviewed and updated.
CP.PHAR.289 Buprenorphine (Sublocade)	1Q 2023 annual review: no significant changes; removal of references to discontinued product Probuphine; references updated.
CP.PHAR.300 Bezlotoxumab (Zinplava)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.329 Siltuximab (Sylvant)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.330 Protein C Concentrate Human (Ceprotin)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.331 Deflazacort (Emflaza)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.345 Abaloparatide (Tymlos)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.348 Glecaprevir-Pibrentasvir (Mavyret)	Retire NH.PHAR.348 Glecaprevir-Pibrentasvir (Mavyret) in lieu of corporate policy
NH.PHAR.364 Guselkumab (Tremfya)	Annual review, no changes
CP.PHAR.371 Triamcinolone ER Injection (Zilretta)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.372 Voretigene neparvovec-rzyl (Luxturna)	1Q 2023 annual review: no significant changes; references reviewed and updated.

CP.PHAR.373 Benralizumab (Fasenra)	1Q 2023 annual review: no significant changes; added Tezspire as another agent with which Fasenra should not be used concurrently; references reviewed and updated.
CP.PHAR.377 Tezacaftor-Ivacaftor (Symdeko)	1Q 2023 annual review: no significant changes; updated Appendix D and Appendix E; references reviewed and updated.
NH.PHAR.386 Tildrakizumab-asmn (Ilumya)	Annual review, no changes
CP.PHAR.388 Chloramphenicol	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.396 Lanadelumab-fylo (Takhzyro)	1Q 2023 annual review: no significant changes; updated Appendix D lab reference range and mutations associated with HAE; references reviewed and updated.
CP.PHAR.401 Amikacin (Arikayce)	1Q 2021 annual review: no significant changes; references updated.
CP.PHAR.405 Inotersen (Tegsedi)	1Q 2023 annual review: no significant changes; template changes applied to other diagnoses/indications section; references reviewed and updated.
CP.PHAR.407 Lusutrombopag (Mulpleta)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.415 Ravulizumab-cwvz (Ultomiris)	1Q 2023 annual review: no significant changes; references updated.
CP.PHAR.428 Romosozumab-aqqg (Evenity)	1Q 2023 annual review: no significant changes; references reviewed and updated.
NH.PHAR.443 Upadacitinib (Rinvoq)	Annual review, no changes
CP.PHAR.444 Afamelanotide (Scenesse)	1Q 2023 annual review: no significant changes; Appendix C updated with contraindications; references reviewed and updated.
CP.PHAR.445 Brolucizumab (Beovu)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.448 Mometasone furoate (Sinuva)	1Q 2023 annual review: no significant changes; updated HCPCS code; references reviewed and updated.
CP.PHAR.449 Crizanlizumab-tmca (Adakveo)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.453 Golodirsen (Vyondys 53)	1Q 2023 annual review: no significant changes; updated Section III to match template; references reviewed and updated.
CP.PHAR.455 Enfortumab Vedotin-ejfv (Padcev)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.457 Givosiran (Givlaari)	1Q 2023 annual review: no significant changes; added hepatologist as specialty able to prescribe or be in consultation with; references reviewed and updated.
CP.PHAR.458 Inebilizumab-cdon (Uplizna)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.459 Iobenguane I 131 (Azedra)	1Q 2023 annual review: no significant changes; added hepatologist as specialty able to prescribe or be in consultation with; references reviewed and updated.
CP.PHAR.461 Nadofaragene Firadenovec (Instiladrin)	1Q 2023 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated.
CP.PHAR.463 Satralizumab-mwge (Enspryng)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.466 Valoctocogene Roxaparvovec	1Q 2023 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated.
CP.PHAR.468 Aducanumab (Aduhelm)	Retired NH.PHAR.468 Aducanumab (Aduhelm) in lieu of corporate policy.
CP.PHAR.470 Casimersen (Amondys 45)	1Q 2023 annual review: no significant changes; updated Section III to match template; updated HCPCS code; references updated.
CP.PHAR.472 Brexucabtagene autoleucel (Tecartus)	1Q 2023 annual review: no significant changes; added Carvykti as examples listed for CAR-T therapies; references updated.
CP.PHAR.473 Lumasiran (Oxlumo)	1Q 2023 annual review: HCPCS code updated; no sigifncant changes; references reviewed and updated. RT4: added new indication of lowering of plasma oxlate levels in PH1; removal of eGFR requirement, added ability to use plasma oxalate (POx) levels ≥ 20 µmol/L as documentation, and if on dialysis member is on hemodialysis only for at least 4 weeks based on study population characteristics in ILLUMINATE-C trial.
CP.PHAR.477 Risdiplam (Evrysdi)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.484 Viltolarsen (Viltepso)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.485 Berotralstat (Orladeyo)	1Q 2023 annual review: no significant changes; updated Appendix D lab reference range and mutations associated with HAE; references reviewed and updated.
CP.PHAR.491 Setmelanotide (Imcivree)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.499 Lonafarnib (Zokinvy)	1Q 2023 annual review: no significant changes; updated Appendix D to include Progeria Research Foundation Diagnostic Testing Program link; references reviewed and updated.
CP.PHAR.515 Avacopan (Tavneos)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.516 Fostemsavir (Rukobia)	1Q 2023 annual review: no significant changes; updated Appendices A and B; references reviewed and updated.
CP.PHAR.518 Mannitol (Bronchitol)	1Q 2023 annual review: no significant changes; updated Appendix D; references reviewed and updated.

CP.PHAR.522 Margetuximab-cmkb (Margenza)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.523 Naxitamab-gqgk (Danyelza)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.524 Pegcetacoplan (Empaveli, APL-2)	1Q 2023 annual review: no significant changes; revised tentative product availability for APL-2 from 15 mg/1 mL to 15 mg/0.1 mL per manufacturer; references reviewed and updated.
CP.PHAR.525 Vosoritide (Voxzogo)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.555 Efgartigimod alfa-fcab (Vyvgart)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.562 Allogeneic cultured keratinocytes and dermal fibroblasts (StrataGraft)	1Q 2023 annual review: no significant changes; updated HCPCS code; references reviewed and updated.
CP.PHAR.563 Allogenic processed thymus tissue-agdc (Rethymic)	1Q 2023 annual review: no significant changes; clarified PCR assay is an example of CMV infection diagnosis with the addition of "e.g."; references reviewed and updated.
CP.PHAR.567 Cipaglucosidase alfa-miglustat (AT-GAA)	1Q 2023 annual review: no significant changes as the drug is not yet FDA-approved; references reviewed and updated.
CP.PHAR.569 Donislecel (Lantidra)	1Q 2023 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated.
CP.PHAR.573 Cabotegravir, Cabotegravir-Rilpivirine (Apretude Cabenuva)	1Q 2023 annual review: no significant changes; updated HCPCS code for cabotegravir; references reviewed and updated.
CP.PHAR.574 Sirolimus Protein-Bound Particles (Fyarro), topical gel (Hyftor)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.576 Tezepelumab (Tezspire)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.03 DPP-4 inhibitors	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.20 Aspirin-dipyridamole (Aggrenox)	1Q 2023 annual review: no significant changes; references reviewed and updated.
NH.PMN.22 Brand Name Override	Annual review, no changes
CP.PMN.25 Efinaconazole (Jublia)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.27 Linezolid (Zyvox)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.34 Ranolazine (Ranexa, Aspruzyo Sprinkle)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.45 Ondansetron (Zuplenz)	1Q 2023 annual review: no significant changes; modified to generalize beyond Stage IV or metastatic cancer to the following redirection bypass: "Request is for treatment associated with cancer for a State with regulations against step therapy in certain oncology settings"; references reviewed and updated.
CP.PMN.52 Omega-3-Acid Ethyl Esters (Lovaza)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.57 Febuxostat (Uloric)	1Q 2023 annual review: no significant changes; updated dosing in Appendix B; updated template language for continued therapy and other diagnoses/indication sections; references reviewed and updated.
CP.PMN.62 Tedizolid (Sivextro)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.65 Vortioxetine (Trintellix)	Retire NH.PMN.65 Vortioxetine (Trintellix) in lieu of corporate policy
CP.PMN.67 Sacubitril-Valsartan (Entresto)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.70 Ivabradine (Corlanor)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.72 Metformin ER (Glumetza, Fortamet)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.81 Buprenorphine-naloxone (Bunavail, Cassipa, Suboxone, Zubsolv)	1Q 2023 annual review: no significant changes; references reviewed and updated. Retire NH.PMN.81 Buprenorphine/Naloxone (Bunavail, Cassipa, Suboxone, Zubsolv) in lieu of corporate policy.
CP.PMN.82 Buprenorphine (Subutex)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.88 Alendronate (Binosto, Fosamax plus D)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.89 Amantadine ER (Gocovri,Osmolex ER	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.95 Fluticasone propionate (Xhance)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.96 Ibandronate Oral (Boniva)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.99 Prasterone (Intrarosa)	1Q 2023 annual review: no significant changes; modified redirection language per template to state "clinically significant adverse effects are experienced or all are contraindicated"; references reviewed and updated.
CP.PMN.101 Rivastigmine (Exelon)	1Q 2023 annual review: no significant changes; added must use generic language for Exelon patch; references updated.

CP.PMN.102 Rolapitant (Varubi)	1Q 2023 annual review: no significant changes; modified to generalize beyond Stage IV or metastatic cancer to the following redirection bypass: “Request is for treatment associated with cancer for a State with regulations against step therapy in certain oncology settings”; references reviewed and updated.
CP.PMN.103 Secnidazole (Solosec)	1Q 2023 annual review: no significant changes; references reviewed and updated.
NH.PMN.104 Tasimelteon (Hetlioz)	Annual review, no changes
CP.PMN.107 Topical Immunomodulator	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.113 Safinamide (Xadago)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.115 Delafloxacin (Baxdela)	1Q 2023 annual review: no significant changes; references reviewed and updated.
NH.PMN.121 Lisdexamfetamine (Vyvanse)	1Q 2023 annual review: no significant changes; updated maximum quantity in continued criteria to include chewable tablets to align with initial criteria; updated topiramate maximum dose in section B; updated section V dosing regimen in from QD to QAM to align with prescribing information; references reviewed and updated.
CP.PMN.123 Colchicine (Colcrys)	1Q 2023 annual review: no significant changes; updated dosing in Appendix B; updated template language for continued therapy and other diagnoses/indication sections; references reviewed and updated.
CP.PMN.129 Pramlintide (Symlin)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.141 Dolasetron (Anzemet)	1Q 2023 annual review: no significant changes; modified to generalize beyond Stage IV or metastatic cancer to the following redirection bypass: “Request is for treatment associated with cancer for a State with regulations against step therapy in certain oncology settings”; references reviewed and updated.
CP.PMN.151 QL of Blood Glucose Test Strips Not Receiving Insulin	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.188 Omadacycline (Nuzyra)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.189 Sarecycline (Seysara)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.217 Istradefylline (Nourianz)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.219 Lefamulin (Xenleta)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.220 Peanut allergen powder (Palforzia)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.223 Rifabutin (Mycobutin)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.224 Tenapanor (Ibsrela)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.225 Trifarotene (Aklief)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.227 Edoxaban (Savaysa)	1Q 2023 annual review: no significant changes; updated appendix D with current NCCN compendium language; updated template language for continued therapy and other diagnoses/indication sections; references reviewed and updated.
CP.PMN.231 Cenobamate (Xcopri)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.232 Lumateperone (Caplyta)	1Q 2023 annual review: no significant changes; added dementia-related psychosis to section III; references reviewed and updated.
CP.PMN.257 Clascoterone (Winlevi)	1Q 2023 annual review: no significant changes; added generic adapalene as an option; updated dosing for retinoid alternatives in Appendix B to align with other retinoid policies; references reviewed and updated.
CP.PMN.258 Conjugated estrogens-bazedoxifene (Duavee)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.259 Inhaled asthma and COPD agents	1Q 2023 annual review: no significant changes; for Xopenex, references updated.
CP.PMN.260 Loteprednol etabonate (Eysuvis)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.261 Dichlorphenamide (Keveyis)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.271 Maribavir (Livtencity)	1Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.273 Varenicline (Tyrvaya)	1Q 2023 annual review: no significant changes; references reviewed and updated.
NH.PST.01 Step Therapy	Policy Created

CP.PHAR.01 Omalizumab (Xolair)	1Q 2023 annual review: no significant changes; modified CIU to CSU; added Tezspire as another agent with which Xolair should not be used concurrently; references reviewed and updated. Per November SDC: for asthma and CSU indications removed prescriber specialist requirement; for nasal polyps removed requirements for bilateral disease, use of systemic and intranasal corticosteroids; for CSU modified trial redirection to only require one antihistamines.
CP.PHAR.242 Adalimumab (Humira) Biosimilars	Per November SDC, removed step therapy requiring redirection to branded biologics for all indications in initial and continued therapy section; for HS, removed redirection to oral retinoids and hormonal treatment. **Retired NH.PHAR.242 Adalimumab (Humira) biosimilars**
NH.PMN.183 GLP-1 receptor agonists	1Q 2023 annual review: added new dosage strength (2 mg/3 mL pen) for Ozempic; added pediatric expansion for age ≥ 10 years for Trulicity; references reviewed and updated. Per November SDC, updated redirections from requiring metformin + SGLT2 to requiring two agents from any of the following classes: biguanides, SU, TZD, DPP-4 inhibitors, SGLT2 inhibitors; added bypass of required trial agents for members with ASCVD, indicators of high ASCVD risk, or chronic kidney disease per ADA guidelines;
Pharmacy Program	**Revision Summary Description**
CC.PHAR.13 Pharmacy and Therapeutics Committee	Annual Review- Removed Medicaid-specific language. Added definition for Expert in the care of the elderly.
NH.PHAR.09 Pharmacy Program	Per Amendment 9 of MCM contract added carve out language as well as clawback language of the PBM process