NH Healthy Families Pharmacy & Therapeutics Committee
23Q3 Combined Guideline Summary

| Policy/ Coverage Criteria Guideline | Revision Summary Description |
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| NH.PHAR.443 Upadacitinib (Rinvoq) | Added new indications |
| NH.PMN.183 GLP-1 Receptor Agonists | Updated criteria for T2DM initial requests to align with preferred options |
| NH.PMN.16 Request for non-preferred medically necessary drug | Annual Review – No Changes |
| NH.PMN.226 Pancrelipase (Perzyte, Viokace, Pancreaze) | Annual Review – No Changes |
| CP.PHAR.481 Idecabtagene Vicleucel (Abecma) | Policy created pre-emptively for expanded indication for use in the 3rd line setting. |
| CP.PHAR.546 Carbetocin | 3Q 2023 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated. |
| CP.PHAR.548 Palovarotene | 3Q 2023 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated. |
| CP.PHAR.587 Pegzilarginase (AEB1102) | 3Q 2023 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated. |
| CP.PHAR.589 Bulevirtide (Hepcludex) | 3Q annual review: no significant changes as drug is still not FDA approved; references reviewed and updated. |
| CP.PHAR.633 Eplontersen (AKCEA-TTR-LRx | Policy created pre-emptively. |
| CP.PHAR.28 Immunization coverage | 3Q 2023 annual review: added to initial criteria that there exists no product-specific clinical policy or custom coverage criteria; references reviewed and updated. |
| CP.PHAR.89 Peginterferon Alfa-2a (Pegasys) | 3Q 2023 annual review: removed PegIntron brand from policy as it has been discontinued with a Medispan obsolete date of 6/27/2023; removed minimum age of 5 years criterion from NCCN off-label oncology indications as Pegasys is indicated for peds as young as 3 years per PI-labeled indication; removed osteopenia/osteoporosis off-label indication as this is a complication of systemic mastocytosis; clarified that myelofibrosis, polycythemia vera, and essential thrombocythemia are myeloproliferative neoplasms; added off-label NCCN-supported criterion for use in combination with zidovudine in adult T-cell leukemia or lymphoma; removed hairy cell leukemia criterion for use following initial treatment with cladribine or pentostatin per NCCN; references reviewed and updated. |
| CP.PHAR.123 Evolocumab (Repatha) | Per guidelines: for primary hypercholesterolemia, modified baseline and recent LDL requirements for non-genetically mediated disease to be the same as genetically mediated disease, and for HeFH, added pathway for baseline LDL of at least 160 mg/dL for age < 20 years. |
| CP.PHAR.124 Alirocumab (Praluent) | Per guidelines: for primary hypercholesterolemia, modified baseline and recent LDL requirements for non-genetically mediated disease to be the same as genetically mediated disease, and for HeFH, added pathway for baseline LDL of at least 160 mg/dL for age < 20 years. |
| CP.PHAR.145 Deferasirox (Exjade, Jadenu) | 3Q 2023 annual review: per competitor analysis for continuation of therapy in chronic iron overload due to blood transfusions added requirement that member is responding positively to therapy as evidenced by a decrease in serum ferritin levels as compared to pretreatment baseline, added clarification that concurrent therapy with other iron chelators is allowable if member has excess cardiac iron as evidence by cardiac T2* < 20 millisecond or iron-induced cardiomyopathy; added requirement for generic use for continuation of therapy; references reviewed and updated. |
| CP.PHAR.146 Deferoxamine (Desferal) | 3Q 2023 annual review: updated FDA approved indications per prescribing information; per competitor analysis for continuation of therapy in chronic iron overload added requirement that member is responding positively to therapy as evidenced by a decrease in serum ferritin levels as compared to pretreatment baseline; for chronic iron overload added |

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| | requirement that therapy does not include concurrent use of other iron chelators, unless member has excess cardiac iron as evidence by cardiac T2* < 20 millisecond or iron-induced cardiomyopathy; references reviewed and updated. |
| CP.PHAR.147 Deferiprone (Ferriprox) | 3Q 2023 annual review: added requirement that therapy does not include concurrent use of other iron chelators, unless member has excess cardiac iron as evidence by cardiac T2* < 20 millisecond or iron-induced cardiomyopathy; per competitor analysis added requirement that member is responding positively to therapy as evidenced by a decrease in serum ferritin levels as compared to pretreatment baseline; per prescribing information limitation of use and competitor analysis added requirement that member does not have transfusional iron overload due to myelodysplastic syndrome or Diamond Blackfan anemia; references reviewed and updated. |
| CP.PHAR.202 C1 Esterase Inhibitors (Berinert Cinryze Haegarda Ruconest) | 3Q 2023 annual review: revised Cinryze maximum dose to 2,000 units (4 vials) per PI update; references reviewed and updated. |
| CP.PHAR.209 Aztreonam (Cayston) | 3Q 2023 annual review: updated prescriber restriction to include "expert in treatment of cystic fibrosis" to align with other policy for inhaled antibiotic (e.g. tobramycin) targeting Pseudomonas aeruginosa in CF; references reviewed and updated. |
| CP.PHAR.211 Tobramycin (Bethkis, Kitabis Pak, TOBI, TOBI Podhaler) | 3Q 2023 annual review: references reviewed and updated. |
| CP.PHAR.260 Rituximab (Rituxan, Riabni, Ruxience, Truxima, Rituxan Hycela) | Criteria added for off-label use in AIHA; per health plan request, changed continued therapy approval duration from 12 months to 6 months for all indications excluding DM, NS, and AIHA. |
| CP.PHAR.268 Sofosbuvir-Velpatasvir (Epclusa) | 3Q 2023 annual review: added a bypass for HCV genotype documentation if member is treatment-naïve and does not have cirrhosis (i.e., eligible for AASLD-IDSA simplified treatment regimen), also added accompanying rationale in Appendix E; removed prescriber specialty criterion per Medicaid plan requests; eliminated adherence program participation criterion due to competitor analysis; corrected genotype 3 lab test scenario from "and" to "or"; references reviewed and updated. |
| NH.PHAR.275 Elbasvir-Grazoprevir (Zepatier) | 3Q 2023 annual review: removed prescriber specialty criterion per Medicaid plan requests; eliminated adherence program participation criterion due to competitor analysis; added redirections to other diagnoses initial criteria section; references reviewed and updated. |
| CP.PHAR.278 Dasabuvir-Ombitasvir-Paritaprevir-Ritonavir (Viekira Pak) | 3Q 2023 annual review: removed prescriber specialty criterion per Medicaid plan requests; eliminated adherence program participation criterion due to competitor analysis; added preferred redirections to other diagnoses/indications section; references reviewed and updated. |
| NH.PHAR.279 Ledipasvir-Sofosbuvir (Harvoni) | 3Q 2023 annual review: removed prescriber specialty criterion per Medicaid plan requests; eliminated adherence program participation criterion due to competitor analysis; added preferred redirections to other diagnoses/indications initial criteria section; references reviewed and updated. |
| NH.PHAR.281 Sofosbuvir (Sovaldi) | 3Q 2023 annual review: removed prescriber specialty criterion per Medicaid plan requests; added previous Mavyret experience to initial approval criteria scenarios per AASLD recommended regimens; eliminated adherence program participation criterion due to competitor analysis; added redirections to other diagnoses initial criteria section; references reviewed and updated. |
| CP.PHAR.285 Nintedanib (Ofev) | 3Q 2023 annual review: for IPF, added transbronchial lung cryobiopsy as an option to confirm diagnosis per 2022 ATS guidelines; references reviewed and updated. |
| CP.PHAR.286 Pirfenidone (Esbriet) | 3Q 2023 annual review: added transbronchial lung cryobiopsy as an option to confirm diagnosis per 2022 ATS guidelines; references reviewed and updated. |
| CP.PHAR.289 Buprenorphine Injection (Sublocade, Brixadi) | 3Q 2023 annual review: for initial criteria, changed buprenorphine or buprenorphine-naloxone to buprenorphine-containing products and changed sublingual tablets or film to transmucosal buprenorphine; clarified oral buprenorphine as transmucosal buprenorphine; references reviewed and updated. RT4: Brixadi is now FDA approved – combined from previously approved |

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| | pre-emptive policy CP.PHAR.498; clarified that at least one dose of oral buprenorphine means member should have tolerated a single 4 mg dose of or is currently being treated with a transmucosal-containing product. |
| CP.PHAR.296 Pegfilgrastim (Neulasta and biosimilars) | 3Q 2023 annual review: added HCPCS codes Q5127 for Stimufend, Q5130 for Fylnetra, and J1449 for Rolvedon; removed HCPCS code J3590; for bone marrow transplantation removed off-label use in supportive care post autologous hematopoietic cell transplantation as this is no longer NCCN Compendium supported, updated Appendix D for consistency; for mobilization of peripheral-blood progenitor cells prior to autologous transplantation added requirement for being prescribed in combination with Mozobil per NCCN Compendium; references reviewed and updated. |
| CP.PHAR.300 Bezlotoxumab (Zinplava) | Removed metronidazole as an example of prior antibiotic therapy; added therapeutics alternatives in Appendix B. |
| CP.PHAR.338 Cerliponase alfa (Brineura) | 3Q 2023 annual review: revised and added to continuation of therapy to ensure member does not have acute intraventricular access device-related complications (e.g., leakage, device failure, or device-related infection) or ventriculoperitoneal shunts; references reviewed and updated. |
| NH.PHAR.347 Sofosbuvir-Velpatasvir-Voxilaprevir (Vosevi) | 3Q 2023 annual review: for criterion requiring preferred redirection of Mavyret and authorized generics of Harvoni/Epclusa, added clinical scenario of previous Mavyret failure per AASLD guidance; removed prescriber specialty criterion per Medicaid plan requests; eliminated adherence program participation criterion due to competitor analysis; corrected continued therapy other diagnoses section template verbiage to remove redirections; references reviewed and updated. |
| CP.PHAR.348 Glecaprevir-Pibrentasvir (Mavyret) | 3Q 2023 annual review: added a bypass for HCV genotype documentation if member is treatment-naïve and has either compensated cirrhosis or no cirrhosis (i.e., eligible for AASLD-IDSA simplified treatment regimen); removed prescriber specialty criterion per Medicaid plan requests; added previous Mavyret experience to initial approval criteria scenarios per AASLD recommended regimens; eliminated adherence program participation criterion due to competitor analysis; references reviewed and updated. |
| CP.PHAR.377 Tezacaftor-Ivacaftor (Symdeko) | 3Q 2023 annual review: updated criteria to include maximum dosing stratified by age and weight; references reviewed and updated. |
| CP.PHAR.384 Lutetium Lu 177 dotatate (Lutathera) | 3Q 2023 annual review: per NCCN – for NET, added coverage for well-differentiated grade 3 NET and carcinoid syndrome, and for NETs other than the aforementioned two, revised required qualifiers to include recurrent or unresectable; for pheochromocytoma/paraganglioma, revised from "metastatic or locally advanced, and unresectable" to "metastatic or locally unresectable"; revised dosing in criteria, approval duration (from 32 weeks to 36 weeks), and Section V to reflect updated PI, which allows for every 8 week dosing "± 1 week"; updated Appendix D regarding concurrent SSA use per updated PI; references reviewed and updated. |
| CP.PHAR.432 Tafamidis (Vyndaqel, Vyndamax) | 3Q 2023 annual review: added the following requirements per pivotal trial inclusion criteria and competitor analysis - member has heart failure of NHYA Class I, II, or III; and member has at least 1 prior hospitalization for heart failure or current (within the last 30 days) clinical evidence of heart failure; references reviewed and updated. |
| CP.PHAR.455 Enfortumab Vedotin-ejfv (Padcev) | Annual review |
| CP.PHAR.485 Berotralstat (Orladeyo) | 3Q 2023 annual review: references reviewed and updated. |
| CP.PHAR.495 Mitomycin for Pyelocalyceal Solution (Jelmyto) | 3Q 2023 annual review: per NCCN recommendations added a requirement for checkpoint inhibitor immunotherapy for dMMR/MSI-H colorectal cancer; references reviewed and updated. |
| CP.PHAR.497 Tucatinib (Tukysa) | 3Q 2023 annual review: per NCCN recommendations added a requirement for checkpoint inhibitor immunotherapy for dMMR/MSI-H colorectal cancer; references reviewed and updated. |
| CP.PHAR.512 Pegunigalsidase alfa-iwxj (Elfabrio) | Drug is now FDA-approved – criteria updated per labeling: removed requirement for initial coverage for documentation of three specific Fabry symptoms as outlined in the BALANCE trial, in order to align with the current Fabrazyme policy and because these three were not called out in the Prescribing Information, added Galafold to Fabrazyme as an excluded |

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| | medication for concomitant coverage, removed maximum dosing limit of 2 mg/kg every 4 weeks since the product was not ultimately approved for that dosing regimen; references reviewed and updated. |
| CP.PHAR.543 Maralixibat (Livmarli) | 3Q 2023 annual review: updated criteria to reflect pediatric extension to age > 3 months; added Appendix E containing ItchRO scale since criteria requires at least moderate scratching; references reviewed and updated. |
| CP.PHAR.568 Inclisiran (Leqvio) | Per guidelines: for HeFH, added pathway for baseline LDL of at least 160 mg/dL for age < 20 years. |
| CP.PHAR.613 Fecal microbiota, live-jslm (Rebyota) | Removed metronidazole as an example of prior antibiotic therapy. Added HCPCS code [J1440]. |
| CP.PHAR.632 Fecal Microbiota Spores, Live-brpk (Vowst) | Policy created |
| CP.PMN.05 Rifapentine (Priftin) | For latent TB added bypass for isoniazid redirection and optional alternative dosing up to 600 mg/day for a 4 week regimen per NIH/CDC HIV guidelines. |
| CP.PMN.19 Aprepitant (Aponvie, Cinvanti, Emend) | 3Q 2023 annual review: added HCPCS code J3490 for unclassified drugs; for prevention of nausea and vomiting associated with cancer chemotherapy added allowance for bypassing redirection if state regulations do not allow step therapy in certain oncology settings with additional details in Appendix E; references reviewed and updated. |
| CP.PMN.40 Acitretin (Soriatane) | 3Q 2023 annual review: added “topical” to “medium to high potency steroid” in initial criteria to clarify and align with alternative agents listed in Appendix B; updated boxed warning section; references reviewed and updated. |
| CP.PMN.62 Tedizolid (Sivextro) | 3Q 2023 annual review: added HCPCS code J8499 for oral Sivextro; references reviewed and updated. |
| CP.PMN.74 Granisetron (Sancuso, Sustol) | 3Q 2023 annual review: for prevention of nausea and vomiting associated with cancer chemotherapy added allowance for bypassing redirection if state regulations do not allow step therapy in certain oncology settings; references reviewed and updated. |
| CP.PMN.76 Calcifediol (Rayaldee) | 3Q 2023 annual review: to align with previously P&T-approved policies for other agents FDA-approved for secondary hyperparathyroidism – added specialist prescriber requirement, added requirement for no concomitant use with other vitamin D derivatives/analogs, and shortened initial approval duration to 6 months instead of 12 months; references reviewed and updated. |
| CP.PMN.132 Tadalafil BPH - ED (Cialis) | 3Q 2023 annual review: references reviewed and updated. |
| CP.PMN.141 Dolasetron (Anzemet) | 3Q 2023 annual review: removed 1 tablet quantity limit as the 100 mg strength will be obsolete per MediSpan; references reviewed and updated. |
| CP.PMN.144 Epinephrine (Auvi-Q, Epipen, Epipen Jr) Quantity Limit | 3Q 2023 annual review: adjusted the stated existing quantity limit from 4 pens per 365 days to 8 pens per 365 days to reflect the actual current quantity limit; references reviewed and updated. |
| CP.PMN.155 Lacosamide (Vimpat, Motpoly XR) | 3Q 2023 annual review: consistent with the previously P&T-approved approach for other IV anticonvulsant agents, added a requirement for documentation that the oral formulation is temporarily not feasible; specified that the existing 12 month approval duration applies to only the oral formulation and revised to allow only 1 month for the IV formulation; for continuation criteria for brand Vimpat added a requirement for prior trial of generic lacosamide; references reviewed and updated. RT4: added Motpoly XR to the policy as a newly FDA-approved dose formulation. |
| CP.PMN.158 Netupitant and Palonosetron (Akynzeo) | 3Q 2023 annual review: added requirement for continuation of therapy that member continues to receive moderately to highly emetogenic cancer chemotherapy; references reviewed and updated. |
| CP.PMN.159 Dronabinol (Marinol, Syndros) | 3Q 2023 annual review: clarified generic redirection bypass if member is unable to swallow capsules applies to Syndros requests only; references reviewed and updated. |
| CP.PMN.208 Halobetasol-Tazarotene (Duobrii) | 3Q 2023 annual review: added halobetasol proprionate 0.01% lotion as an alternative in Appendix B; references reviewed and update |
| CP.PMN.237 Bempedoic acid (Nexletol), bempedoic acid-ezetimibe (Nexlizet) | Per guidelines: for HeFH, added pathway for baseline LDL of at least 160 mg/dL for age < 20 years |

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| CP.PMN.243 Progesterone (Crinone, Endometrin, Milprosa) | 3Q 2023 annual review: for section I.C. removed “singleton pregnancy and history of spontaneous preterm birth” and added short cervix defined as a cervical length ≤ 25 mm per updated 2023 ACOG practice bulletin; references reviewed and updated. | |
| CP.PMN.247 Rivaroxaban (Xarelto) | 3Q 2023 annual review: added “reduction in the risk of recurrence of DVT and/or PE in patients at continued risk for DVT and/or PE” in initial criteria to align with all FDA approved indications and require trial of preferred Eliquis agent; references reviewed and updated. | |
| CP.PHAR.11 Burosumab-twza (Crysvita) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PHAR.27 Tolvaptan (Jynarque, Samsca) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PHAR.41 Enfuvirtide (Fuzeon) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PHAR.61 Cinacalcet (Sensipar) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PHAR.82 Collagenase (Xiaflex) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PHAR.95 Thyrotropin alfa (Thyrogen) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PHAR.97 Eculizumab (Soliris) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PHAR.109 Tesamorelin (Egrifta SV) | | 3Q 2023 annual review: no significant changes; updated HCPCS codes; references reviewed and updated. |
| CP.PHAR.150 Mecasermin (Increlex) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PHAR.169 Vigabatrin (Sabril) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PHAR.177 Ecallantide (Kalbitor) | | 3Q 2023 annual review: no significant changes; added clarification that prior authorization may be required for icatibant within criteria; references reviewed and updated. |
| CP.PHAR.178 Icatibant (Firazyr) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PHAR.210 Ivacaftor (Kalydeco) | | 3Q23 annual review: no significant changes after comprehensive review completed as part of the RT4 review in June 2023. |
| CP.PHAR.212 Dornase alfa (Pulmozyme) | | 3Q 2023 annual review: no significant changes; updated FDA approved indication section to align with language in prescriber information; references reviewed and updated. |
| CP.PHAR.213 Lumacaftor-ivacaftor (Orkambi) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PHAR.270 Paricalcitol Injection (Zemplar) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PHAR.277 Cytomegalovirus Immune Globulin (Cytogam) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PHAR.287 Obeticholic acid (Ocaliva) | | 3Q 2023 annual review: no significant changes; added examples of evidence of portal hypertension; references reviewed and updated. |
| CP.PHAR.295 Sargramostim (Leukine) | | 3Q 2023 annual review: no significant changes; removed 500 mcg/mL solution from product availability per prescribing information; references reviewed and updated. |
| CP.PHAR.351 Daptomycin (Cubicin, Cubicin RF, Dapzura RT) | | 3Q 2023 annual review: no significant changes; added HCPCS code J0877; references reviewed and updated. |
| CP.PHAR.379 Etelcalcetide (Parsabiv) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PHAR.385 Corticosteroids for ophth inj (Dextenza, Iluvien, Ozurdex, Retisert, Xipere, Yutiq) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PHAR.388 Chloramphenicol | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |

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| CP.PHAR.396 Lanadelumab-fylo (Takhzyro) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PHAR.401 Amikacin (Arikayce) | | 3Q 2023 annual review: no significant change; references reviewed and updated. |
| CP.PHAR.415 Ravulizumab-cwvz (Ultomiris) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PHAR.425 Metreleptin (Myalept) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PHAR.430 Alpelisib (Piqray, Vijoice) | | 3Q 2023 annual review: no significant changes; for Piqray added examples of CDK4/6 inhibitors to be used with aromatase inhibitors as first-line therapy to Appendix B; references reviewed and updated. |
| CP.PHAR.440 Elexacaftor/Ivacaftor/Tezacaftor; Ivacaftor (Trikafta) | | 3Q23 annual review: no significant changes after comprehensive review completed as part of the RT4 review in June 2023. |
| CP.PHAR.448 Mometasone Furoate (Sinuva) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PHAR.458 Inebilizumab-cdon (Uplizna) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PHAR.463 Satralizumab-mwge (Enspryng) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PHAR.487 Osilodrostat (Isturisa) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PHAR.488 Apomorphine (Apokyn, Kynmobi) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PHAR.494 Capmatinib (Tabrecta) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PHAR.518 Mannitol (Bronchitol) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PHAR.524 Pegcetacoplan (Empaveli, Syfovre) | | 3Q 2023 annual review: no significant changes; added drug-specific HCPCS code for Syfvore; references reviewed and updated. |
| CP.PHAR.578 Abrocitinib (Cibinqo) | | 3Q 2023 annual review: no significant changes; updated methotrexate maximum dosing in Appendix B to align with other bDMARD policies; removed informational EASI score and IGA scale in Appendix E and Appendix F since criteria does not require objective scoring; references reviewed and updated. |
| CP.PHAR.586 Olipudase alfa-rpcp (Xenpozyme) | | 3Q 2023 annual review: no significant changes; added 4 mg vial; updated HCPCS code; references reviewed and updated. |
| CP.PMN.08 Lidocaine transdermal (Lidoderm, ZTlido) | | 3Q 2023 annual review: no significant changes; updated desipramine and venlafaxine off-label dosing for diabetic neuropathy; references reviewed and updated. |
| CP.PMN.09 Lindane shampoo | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PMN.27 Linezolid (Zyvox) | | 3Q 2023 annual review: no significant changes; in Section V MDR-TB or XDR-TB dosing, modified linezolid initial dose from 1,200 mg to 600 mg per CDC recommendations; references reviewed and updated. |
| CP.PMN.44 Pyrimethamine (Daraprim) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PMN.45 Ondansetron (Zuplenz) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PMN.46 Roflumilast (Daliresp, Zoryve) | | 3Q 2023 annual review: no significant changes; added redirection to generic roflumilast for brand Daliresp requests; references reviewed and updated. |
| CP.PMN.60 SSRI SNRI Duplicate Therapy | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PMN.65 Vortioxetine (Trintellix) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |

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| CP.PMN.83 Short ragweed pollen allergen extract (Ragwitek) | | 3Q 2023 annual review: no significant changes; updated Allegra dosing in Appendix B; references reviewed and updated. |
| CP.PMN.84 Timothy grass pollen allergen extract (Grastek) | | 3Q 2023 annual review: no significant changes; updated Allegra dosing in Appendix B; references reviewed and updated. |
| CP.PMN.85 Mixed pollens allergen extract (Oralair) | | 3Q 2023 annual review: no significant changes; updated Allegra dosing in Appendix B; references reviewed and updated. |
| CP.PMN.95 Fluticasone propionate (Xhance) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PMN.102 Rolapitant (Varubi) | | 3Q 2023 annual review: no significant changes; clarified quantity and dose limit as separate requirements; references reviewed and updated. |
| CP.PMN.111 House dust mite allergen extract (Odactra) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PMN.115 Delafloxacin (Baxdela) | | 3Q 2023 annual review: no significant changes; added HCPCS code J8499; references reviewed and updated. |
| CP.PMN.152 Lofexidine (Lucemyra) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PMN.156 Perampanel (Fycompa) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PMN.157 Rufinamide (Banzel) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PMN.163 Sodium zirconium cyclosilicate (Lokelma) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PMN.164 Cannabidiol (Epidiolex) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PMN.188 Omadacycline (Nuzyra) | | 3Q 2023 annual review: no significant changes; added HCPCS code J8499; references reviewed and updated. |
| CP.PMN.202 Benzyl alcohol (Ulesfia) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PMN.207 Triclabendazole (Egaten) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PMN.211 Midazolam (Nayzilam) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PMN.219 Lefamulin (Xenleta) | | 3Q 2023 annual review: no significant changes; added HCPCS codes C9399 and J8499; references reviewed and updated. |
| CP.PMN.220 Peanut allergen powder (Palforzia) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PMN.236 Amisulpride (Barhemsys) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PMN.238 Carbidopa-Levodopa ER Capsules (Rytary), Enteral Suspension (Duopa), IR Tablets (Dhivy) | | 3Q 2023 annual review: no significant changes; consolidated continued therapy criteria for Rytary, Duopa and Dhivy to "All Indications in Section I"; references reviewed and updated. |
| CP.PMN.239 Chenodiol (Chenodal) | | 3Q 2023 annual review: no significant changes; updated boxed warning section in Appendix C to align with most current prescriber information wording; references reviewed and updated. |
| CP.PMN.240 Gabapentin ER (Gralise, Horizant) | | 3Q 2023 annual review: no significant changes; for RLS separated redirection requirements for added clarity; references reviewed and updated. |
| CP.PMN.242 Minocycline micronized foam (Amzeeq) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PMN.245 Opicapone (Ongentys) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PMN.246 Fenfluramine (Fintepla) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PMN.263 Estradiol (Femring) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PMN.269 Ivermectin | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PMN.272 Mavacamten (Camzyos) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |

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| CP.PMN.279 Long-term Antibiotic Treatment for Tick-borne Diseases | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PMN.280 Compounded Medication | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| CP.PMN.281 Topiramate ER (Qudexy XR, Trokendi XR) | | 3Q 2023 annual review: no significant changes; references reviewed and updated. |
| **Strategy Development Committee (SDC) Criteria changes based on SDC decisions** | | |
| CP.PHAR.297 Filgrastim (Neupogen, Zarxio, Granix, Nivestym, Releuko) | | 3Q 2023 annual review: for MDS added requirement per NCCN to be prescribed in combination with an erythropoiesis-stimulating agent; removed inactive HCPCS codes C9096, C9399, J3590; per May SDC if member is unable to use Zarxio, added stepwise redirection to use Nivestym; references reviewed and updated. |
| CP.PMN.122 Celecoxib (Celebrex, Elyxyb) | | Per May SDC, separated criteria sets for Elyxyb and Celebrex requests; for Celebrex requests added clarification criteria applies to Medicaid. |
| CP.PMN.205 Patiromer (Veltassa) | | 3Q 2023 annual review: per May SDC, added redirection to Lokelma; references reviewed and updated. |
| **Retired** | | |
| CP.PHAR.498 Buprenorphine Injection (Brixadi) | | To be combined with CP.PHAR.289 Sublocade policy |
| CP.PMN.139 Naloxone (Evzio) | | November 2020: Kaleo, the makers of Evzio, have recently discontinued the production of Evizio naloxone auto-injector. Obsolete date of 9/4/22 |

| | Status | Revision Summary Description |
|---|---|---|
| CC.PHAR.03 Drug Recall Notification | Retired | Retired |
| CC.PHAR.08_Pharmacy Prior Authorization and Medical Necessity Criteria_ | Revised | Annual Review- Removed references to Health Plan P&T Committees.<br>Updated policy to direct to CC.PHARM.31 (Creating and Revising Drug Prior Authorization Policies) and CC.PHARM.03A (Medicaid Prior Authorization Review Process) for specific process details.<br>Removed specific details of the PA Department review process since we are now directing to the PA Department team's Policy CC.PHARM.03<br>Addendum added for Nebraska Total Care. |
| CC.PHAR.14_Generic Drug Additions to PDL | Revised | Annual Review- Replaced CP.PMN.16 Request for Medically Necessary Drug Not on the PDL with CP.PMN.22 Brand Name override policy. |
| CC.PHAR.14 NHHF Addendum | Reviewed | Annual Review – No Change |
| CC.PHAR.15_Line Extension Additions to PDL | Reviewed | Annual Review- No changes deemed necessary. |
| NH.PHAR.14 Pharmacy Lock In Program | Reviewed | Added additional Care Management Language to process |