NH Healthy Families Pharmacy & Therapeutics Committee 1Q20

Coverage Criteria Guideline	Revision Summary Description
CC.PHAR.07_Pharmaceutical_Management	Updated to include drugs covered under the medical benefit and Clinical Pharmacy Advisory Committee (CPAC)
CC.PHAR.20 Less Than Effective (LTE) Desi Drugs	Annual Review. No changes deemed necessary.
CC.PHAR.23 Clinical Pharmacy Policy Web Posting	New policy created.
NH.PHAR.14 Pharmacy Lock In Program	Updated procedure from “considered” to “evaluated”

Coverage Criteria Guideline	Revision Summary Description
CP.PHAR.24 Fostamatinib (Tavalisse)	1Q 2020 annual review: updated failure of corticosteroids and immune globulins to be at up to maximally indicated dose; references reviewed and updated.
CP.PHAR.40 Octreotide (Sandostatin, Sandostatin LAR)	1Q 2020 annual review: specialist added for acromegaly indication for alignment with other somatostatin analogs; references reviewed and updated.
CP.PHAR.52 Interferon Gamma- 1b (Actimmune)	1Q 2020 annual review: off-label age increased to 18 years; rheumatologist added as specialist for SMO; continuity of care added for oncology; references reviewed and updated
CP.PHAR.55 Somatropin (Human Growth Hormone)	1Q 2020 annual review: pediatric endocrinologist, open epiphyses, diagnostic criteria, auxology, and dosing added to all pediatric indications; post transplantation off-label use added to CKD; closed epiphyses added to adult GHD if younger than 18 years; dosing added to all adult indications; intravenous nutrition requirement add to SBS with gastroenterologist consultation; HIV-associated wasting - specialist added, GH treatment limited to one year per pivotal trial, failed trials edited to require two from two different therapeutic classes (Appendix B); references reviewed and updated.
CP.PHAR.59 Zoledronic Acid (Reclast, Zometa)	1Q 2020 annual review: Reclast: closed epiphyses added if less than 18 years; Paget diease - continuation criteria removed for individualization of therapy; Zometa: oncology - examples of skeletal related event and solid tumor added; oncologist and age added; NCCN recommended breast/prostate cancer and systemic mastocytosis uses added; hypercalcemia continuation of therapy criteria removed given response fluidity; references updated.
CP.PHAR.61 Cinacalcet (Sensipar)	Revised positive response to therapy criterion to allow continuation of therapy if request is for dose increase.
CP.PHAR.63 Everolimus (Afinitor, Afinitor Disperz, Zortress)	1Q 2020 annual review: TSC association seizures - neurologist added; meningioma removed NCCN 2B; NET bronchopulmonary disease added NCCN 2A; specified max dose requirement in continued therapy applies to all diagnoses except partial-onset seizures associated with TSC and organ rejection prophylaxis; references updated
CP.PHAR.84 Abiraterone (Zytiga, Yonsa)	1Q 2020 annual review: modified to require that a GnRH analog should always be prescribed concurrently with abiraterone unless member has had a bilateral orchiectomy (regardless of CRPC or CSPC) per FDA labeling and NCCN guidelines; references reviewed and updated.
CP.PHAR.91 Vemurafenib (Zelboraf)	1Q 2020 annual review: melanoma CNS metastasis no longer an alterantive to the required mutation per NCCN 2B rating; references reviewed and updated.
CP.PHAR.97 Eculizumab (Soliris)	1Q 2020 annual review: aHUS initial criteria and PNH/aHUS continued criteria updated to align with Ultomiris criteria; references reviewed and updated.

CP.PHAR.98 Ruxolitinib (Jakafi)	1Q 2020 annual review: NCCN recommended use for chronic GVHD added with new NCCN guideline update to steroid refractory definitions at Appendix D; additional NCCN uses added for chronic myelomonocytic leukemia, chronic myeloid leukemia, acute lymphoblastic leukemia; references reviewed and updated; continuation approval duration increased to 12 months; references reviewed and updated.
CP.PHAR.100 Axitinib (Inlyta)	1Q 2020 annual review: for RCC with clear cell histology added additional approval pathway for concurrent use with Keytruda or Bavencio consistent with NCCN Compendium; references reviewed and updated.
CP.PHAR.103 Immune Globulins	Added hematologist as a prescriber option for primary immunodeficiencies. Added note that coverage exclusion of PANDAS does not apply to New Hampshire per state law NH SB 224.
CP.PHAR.106 Enzalutamide (Xtandi)	1Q 2020 annual review: added coverage for metastatic castration-naïve prostate cancer per NCCN guidelines category 1 recommendation; modified to require that a GnRH analog should always be prescribed concurrently with Xtandi unless member has had a bilateral orchiectomy (regardless of metastatic or non-metastatic disease) per FDA labeling and NCCN guidelines; references reviewed and updated.
CP.PHAR.114 Teduglutide (Gattex)	1Q 2020 annual review: somatropin trial limited to adults and Norditropin is designated as a preferred drug; references reviewed and updated.
CP.PHAR.121 Nivolumab (Opdivo)	1Q 2020 annual review: added off-label use in malignant pleural mesothelioma per NCCN recommendation update from category 2B to category 2A; added requirement for use in anal carcinoma as second line or subsequent therapy; added requirement for use in gestational trophoblastic neoplasia following a platinum/etoposide-containing regimen or in methotrexate-resistant, high-risk disease; references reviewed and updated.
CP.PHAR.123 Evolocumab (Repatha)	1Q 2020 annual review: For primary hyperlipidemia/ASCVD (I.A.)—removed the requirement for explicit documentation of rule out of secondary causes of hyperlipidemia; clarified the requirement for ruling out lipid-increasing medications as a secondary cause of hyperlipidemia, by specifying that the medication must be ruled out only if it has significantly increased the member's lipid levels; increased the timeframe for LDL-C lab draws from 30 days to 60 days; for members on a low intensity statin, modified requirement for statin intolerance to one high and one moderate intensity statins (previously required two of each); modified the requirement for four prior statin trials to two prior statin trials; For HoFH (I.B.)—increased the timeframe for LDL-C lab draws from 30 days to 60 days; concomitant statin usage section modified to more clearly delineate between patients who are currently on statin therapy vs. those who are not, and for the latter, to require documentation of a prior trial of two statins with documentation of statin risk factors or intolerance; criteria for statin-rechallenge in the setting of SAMS are added; Appendix E updated based on 2018 ACC/AHA guidelines; references reviewed and updated.
CP.PHAR.124 Alirocumab (Praluent)	1Q 2020 annual review: removed the requirement for explicit documentation of rule out of secondary causes of hyperlipidemia; clarified the requirement for ruling out lipid-increasing medications as a secondary cause of hyperlipidemia, by specifying that the medication must be ruled out only if it has significantly increased the member's lipid levels; increased the timeframe for LDL-C lab draws from 30 days to 60 days; for members on a low intensity statin, modified requirement for statin intolerance to one high and one moderate intensity statins (previously required two of each); modified the requirement for four prior statin trials to two prior statin trials; Appendix E updated based on 2018 ACC/AHA guidelines; references reviewed and updated.
CP.PHAR.177 Ecallantide (Kalbitor)	1Q20 annual review: HAE lab reference range updated; initial auth duration revised to 6 months for alignment; references reviewed and updated.
CP.PHAR.178 Icatibant (Firazyr)	1Q20 annual review: HAE lab reference range updated; initial auth duration revised to 6 months for alignment; references reviewed and updated.
CP.PHAR.179 Romiplostim (Nplate)	1Q 2020 annual review: revised criteria to allow use in non-chronic ITP per revised prescribing information; revised systemic corticosteroid *and* immune globulin trial to tiered re-direction with immune globulin trial only if corticosteroid cannot be

	used; removed MDS from excluded diagnoses and added criteria set as NCCN supported category 2A recommendation for use; references reviewed and updated.
CP.PHAR.180 Eltrombopag (Promacta)	1Q 2020 annual review: added MDS criteria set as NCCN supported category 2A recommendation for use; updated failure of corticosteroids and immune globulins to be at up to maximally indicated dose; references reviewed and updated.
CP.PHAR.184 Aflibercept (Eylea)	1Q 2020 annual review: added requirement of less frequent dosing; references reviewed and updated.
CP.PHAR.189 Ibandronate injection (Boniva)	1Q20 annual review: age - added closed epiphyses if younger than 18; references reviewed and updated.
CP.PHAR.202 C1 Esterase Inhibitors (Berinert Cinryze Haegarda Ruconest)	1Q20 annual review: initial auth duration for Medicaid revised to 6 months for alignment; removed specific C1 esterase inhibitor options for short-term prophylaxis; HAE lab reference range updated; references reviewed and updated.
CP.PHAR.233 RimabotulinumtoxinB (Myobloc)	Criteria added for new FDA indication: chronic sialorrhea; added in Section III that for Ambetter, hyperhidrosis is a benefit exclusion categorized as a cosmetic service; references reviewed and updated.
CP.PHAR.235 Atezolizumab (Tecentriq)	1Q 2020 annual review: For NSCLC, added indication as subsequent therapy if no progression on other PD-1/PDL-1 inhibitors; references reviewed and updated.
CP.PHAR.257 Ixekizumab (Taltz)	Criteria added for new FDA indication: ankylosing spondylitis; references reviewed and updated.
CP.PHAR.264 Ustekinumab (Stelara)	Criteria added for new FDA indication: ulcerative colitis; references reviewed and updated.
CP.PHAR.283 Lomitapide (Juxtapid)	1Q 2020 annual review: increased the timeframe for LDL-C lab draws from 30 days to 60 days; concomitant statin usage section modified to more clearly delineate between patients who are currently on statin therapy vs. those who are not, and for the latter, to require documentation of a prior trial of two statins with documentation of statin risk factors or intolerance; criteria for statin-rechallenge in the setting of SAMS are added; Appendix D updated based on 2018 ACC/AHA guidelines; references reviewed and updated.
CP.PHAR.284 Mipomersen (Kynamro)	1Q 2020 annual review: increased the timeframe for LDL-C lab draws from 30 days to 60 days; concomitant statin usage section modified to more clearly delineate between patients who are currently on statin therapy vs. those who are not, and for the latter, to require documentation of a prior trial of two statins with documentation of statin risk factors or intolerance; criteria for statin-rechallenge in the setting of SAMS are added; Appendix D updated based on 2018 ACC/AHA guidelines; references reviewed and updated.
CP.PHAR.285 Nintedanib (Ofev)	Criteria added for new FDA indication: SSc-ILD; diagnostic criteria added for IPF; references reviewed and updated.
CP.PHAR.301 Erwinia Asparaginase (Erwinaze	1Q 2020 annual review: induction therapy added per NCCN for members 65 or older; references reviewed and updated.
CP.PHAR.333 Avelumab (Bavencio)	1Q 2020 annual review: examples added per NCCN for advanced RCC, limited to first-line therapy per PI and NCCN; references reviewed and updated.
CP.PHAR.360 Olaparib (Lynparza)	1Q 2020 annual review: added off-label NCCN Compendium supported use in pancreatic adenocarcinoma; references reviewed and updated.
CP.PHAR.367 Letermovir (Prevymis)	1Q 2020 annual review: added pathway to approval to bypass valacyclovir or ganciclovir trial for members who are high risk for CMV infection; added information for defining high risk in Appendix D; references reviewed and updated.
CP.PHAR.396 Lanadelumab-fylo (Takhzyro)	1Q20 annual review: HAE lab reference range updated; removed rheumatologist specialty for alignment; revised dosing criteria for dose reduction if member is well-controlled per PI; added coding implications; references reviewed and updated.
CP.PHAR.403 Fremanezumab-vfrm (Ajovy)	1Q 2020 annual review: added cluster headaches to section III; references reviewed and updated.
CP.PHAR.404 Galcanezumab-gnlm (Emgality)	1Q 2020 annual review: for episodic cluster headache removed "≥ 1 cluster headache attack every other day and ≤ 8 cluster headache attacks per day with a total of ≥ 5 previous attacks", added lower limit of 7 days for cluster period consistent with ICHD-3 diagnostic criteria; references reviewed and updated.
CP.PHAR.408 Niraparib (Zejula)	1Q 2020 annual review: criteria added for expanded FDA-indication in advanced ovarian, fallopian tube, or primary peritoneal cancer after treated with three or more prior chemotherapy regimens and whose cancer is associated with HRD positive status; references reviewed and updated.

CP.PHAR.412 Gilteritinib (Xospata)	1Q 2020 annual review: Nexavar added as a prior therapy option given unique place in FLT3 therapy per NCCN; references reviewed and updated.
CP.PHAR.413 Glasdegib (Daurismo)	1Q 2020 annual review: AML NCCN recommended use added for relapsed disease; references reviewed and updated.
CP.PHAR.414 Larotrectinib (Vitrakvi)	1Q 2020 annual review: criteria adjusted to accommodate NCCN recommended uses; references reviewed and updated.
CP.PHAR.415 Ravulizumab-cwvz (Ultomiris)	1Q 2020 annual review: criteria added for new FDA indication: aHUS; references reviewed and updated.
CP.PMN.14 SGLT2 inhibitors	1Q 2020 annual review: policy updated to include Invokana's new FDA indication: diabetic nephropathy and Farxiga's new FDA indication: reduction in risk of hospitalization due to HF in patients with established cardiovascular disease or with multiple cardiovascular risk factors; criteria modified to allow Jardiance for diabetic nephropathy/HF as supported by ADA guidelines/published data (Farxiga and Invokana are not allowed due to formulary status); clarified that established cardiovascular disease can mean ASCVD or HF; added criteria to allow Invokana for patients with multiple cardiovascular risk factors as supported by CANVAS Program trials; references reviewed and updated.
CP.PMN.21 Becaplermin (Regranex)	1Q 2020 annual review: based on new clinical data demonstrating no increase in cancer mortality risk and the FDA's subsequent removal of the boxed warning, modified quantity restriction from 2 tubes/lifetime to 1 tube/30 days and modified approval durations from 1 tube to 6 months; references reviewed and updated.
CP.PMN.25 Efinaconazole (Jublia)	1Q 2020 annual review; references reviewed and updated.
CP.PMN.27 Linezolid (Zyvox)	1Q 2020 annual review: Criteria added for treatment of multi-drug resistant and extensively drug resistant TB with pretomanid; Added general information regarding all oral combination regimen of pretomanid, bedaquiline, and linezolid based on FDA briefing document; removed that linezolid should be prescribed by or in consultation with an ID specialist; references reviewed and updated.
CP.PMN.62 Tedizolid (Sivextro)	1Q 2020 annual review: Removed the requirement that tedizolid be prescribed by or in consultation with an ID specialist, for consistency with policies of related drugs; references reviewed and updated.
CP.PMN.67 Sacubitril-Valsartan (Entresto)	1Q 2020 annual review: addition of new FDA labeling for pediatric extension for use in the treatment of symptomatic HF with systemic LV systolic dysfunction; added cardiologist prescriber requirement; revised age restriction from age ≥ 18 years to age ≥ 1 year; added LVEF requirement ≤ 40% for pediatrics per PANORAMA-HF clinical trial; revised quantity limit requirement of 2 tablets per day to apply only to adults since pediatrics may require dosing of up to 3 tablets per day or use of multiple tablets to make sufficient quantity for an oral suspension; references reviewed and updated.
CP.PMN.92 CNS Stimulants	1Q 2020 annual review: references reviewed and updated.
CP.PMN.94 Etidronate (Didronel)	1Q 2020 annual review: age added for all indications; Paget disease: continuation of therapy requirements removed for individualization of therapy; HO: use expanded to prevention; hypercalcemia of malignancy: oncologist added, continuation of therapy requirements removed given response fluidity; references updated.
CP.PMN.95 Fluticasone propionate (Xhance)	1Q 2020 annual review: increased requirement to require a trial of 3 preferred intranasl corticosteroids; adjusted criteria to require one of the intranasal corticosteroids member must T/F be fluticasone; added criteria requiring medical justification why Xhance will work if generic fluticasone did not; references reviewed and updated.
CP.PMN.96 Ibandronate Oral (Boniva)	1Q 2020 review: age or closed epiphyses added; alendronate trial 12 month duration added; references updated.
CP.PMN.100 Risedronate (Actonel, Atelvia)	1Q 2020 annual review: osteoporosis: closed epiphyses added if less than 18 yo; alendronate trial changed to 12-month trial; Paget disease: age added, continuation of therapy requirements removed for individualization of therapy; references updated.
CP.PMN.102 Rolapitant (Varubi)	1Q 2020 annual review: references reviewed and updated.
CP.PMN.105 Tavaborole (Kerydin)	1Q 2020 annual review: added requirement for ciclopirox 8% topical solution failure if member has intolerance or contraindication to oral terbinafine; references reviewed and updated.
CP.PMN.108 Latanoprostene Bunod (Vyzulta)	1Q 2020 annual review; references reviewed and updated.

CP.PMN.113 Safinamide (Xadago)	1Q 2020 annual review: added age ≥ 18 years; revised criteria to add "failure of two of the following adjunct drugs prescribed in combination with levodopa/carbidopa, each from different classes" and indicated drug class names; added tolcapone as an additional agent for trial of COMT inhibitor; references reviewed and updated.
CP.PMN.115 Delafloxacin (Baxdela)	1Q 2020 annual review: criteria added for new FDA approved indication: CABP; updated dosage and administration table to distinguish between treatment durations for ABSSSI and CABP; references updated.
CP.PMN.212 Bedaquiline (Sirturo)	Criteria added for treatment of multi-drug resistant and extensively drug resistant TB with pretomanid; Added general information regarding all oral combination regimen of pretomanid, bedaquiline, and linezolid based on FDA briefing document; references reviewed and updated.
CP.PHAR.444 Afamelanotide (Scenesse)	Policy Created
CP.PHAR.445 Brolucizumab (Beovu)	Policy Created
CP.PHAR.447 Mercaptopurine (Purixan)	Policy Created
CP.PHAR.448 Mometasone furoate (Sinuva)	Policy Created
CP.PMN.217 Istradefylline (Nourianz)	Policy Created
CP.PMN.218 Lasmiditan (Reyvow)	Policy Created
CP.PMN.219 Lefamulin (Xenleta)	Policy Created
CP.PMN.221 Pitolisant (Wakix)	Policy Created
CP.PMN.222 Pretomanid	Policy Created
CP.PMN.223 Rifabutin (Mycobutin), Rifabutin, omeprazole, amoxicillin (Talicia)	Policy Created
CP.PMN.224 Tenapanor (Ibsrela)	Policy Created
CP.PMN.225 Trifarotene (Aklief)	Policy Created
CP.PHAR.01 Omalizumab (Xolair)	1Q 2020 annual review: no significant changes; added requirement that Xolair is not prescribed concurrently with other biologic therapies for asthma; references reviewed and updated.
CP.PHAR.05 Hyaluronate derivatives	1Q 2020 annual review: no significant changes; added examples of positive but inadequate response to intra-articular glucocorticoids to Appendix D; moved examples of positive response to therapy from Appendix D to criterion 2 in section IIA; references reviewed and updated.
CP.PHAR.14 Hydroxyprogesterone caproate (Makena)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.43 Sapropeterin (Kuvan)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.58 Denosumab (Prolia Xgeva)	1Q 2020 annual review: Prolia: very high fracture risk or 3-year bisphosphonate trial added with required contraindication to both PO/IV formulations; specialists removed; age 18 or closed epiphyses added per PI; nonmetastatic limitation removed from prostate cancer per NCCN; breast cancer expanded to include men; Xgeva: examples of skeletal related event and solid tumor added; oncologist added; lower age limit and weight restriction removed from giant cell tumor to include NCCN recommended localized disease; NCCN recommended use for systemic mastocytosis added with Zometa trial; hypercalcemia continuation of therapy criteria removed given response fluidity; references reviewed and updated.
CP.PHAR.80 Vandetanib (Caprelsa)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.94 Alpha1-Proteinase Inhibitors	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.96 Naltrexone (Vivitrol)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.101 Mifepristone (Korlym)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.111 Cabozantinib (Cabometyx, Cometriq)	1Q 2020 annual review: no significant changes; updated Cabometyx FDA approved indications to include HCC and removed off-label designation; references reviewed and updated.
CP.PHAR.115 Pegloticase (Krystexxa)	1Q 2020 annual review: no significant changes; references reviewed and updated.

CP.PHAR.119 Ramucirumab (Cyramza)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.126 Ibrutinib (Imbruvica)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.128 Erenumab-aaoe (Aimovig)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.165 Ferumoxytol (Feraheme)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.166 Ferric Gluconate (Ferrlecit)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.167 Iron Sucrose (Venofer)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.168 Corticotropin (H.P. Acthar)	1Q 2020 annual review: no significant changes; added mL quantity limits for multiple sclerosis and nephrotic syndrome indications; references reviewed and updated.
CP.PHAR.181 Hemin (Panhematin)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.185 Pegaptanib (Macugen)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.186 Ranibizumab (Lucentis)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.187 Verteporfin (Visudyne)	1Q 2020 annual review: no significant changes; added Avastin biosimilar to therapeutic alternatives; references updated.
CP.PHAR.188 Teriparatide (Forteo)	1Q 2020 annual review: very high fracture risk or 3-year bisphosphonate trial added with required contraindication to both PO/IV formulations; specialists removed; age 18 or closed epiphyses added per PI; references updated
CP.PHAR.190 Ambrisentan (Letairis)	1Q 2020 annual review: no significant changes; added max quantity per day; references reviewed and updated.
CP.PHAR.191 Bosentan (Tracleer)	1Q 2020 annual review: no significant changes; added max quantity per day; references reviewed and updated.
CP.PHAR.192 Epoprostenol (Flolan, Veletri)	1Q 2020 annual review: no significant changes; added statement that treatment plan detailing dose, quantity, and frequency; references reviewed and updated.
CP.PHAR.193 Iloprost (Ventavis)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.194 Macitentan (Opsumit)	1Q 2020 annual review: no significant changes; added max quantity per day; references reviewed and updated.
CP.PHAR.195 Riociguat (Adempas)	1Q 2020 annual review: no significant changes; added max quantity per day; references reviewed and updated.
CP.PHAR.196 Selexipag (Uptravi)	1Q 2020 annual review: no significant changes; added statement that titration plan be submitted; references updated.
CP.PHAR.197 Sildenafil (Revatio)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.198 Tadalafil (Adcirca, Alyq)	1Q 2020 annual review: no significant changes; added Alyq; added max quantity per day; references updated.
CP.PHAR.199 Treprostinil (Orenitram, Remodulin, Tyvaso)	1Q 2020 annual review: no significant changes; added statement that titration plan be submitted for Orenitram and treatment plan detailing dose, quantity, and frequency be submitted for Remodulin; references updated.
CP.PHAR.200 Mepolizumab (Nucala)	1Q 2020 annual review: no significant changes; criteria updated to include asthma pediatric expansion for age 6-11 years; added requirement that Nucala is not prescribed concurrently with other biologic therapies for asthma; references updated.
CP.PHAR.203 Cosyntropin (Cortrosyn)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.204 Trabectedin (Yondelis)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.208 Sodium phenylbutyrate (Buphenyl)	1Q 2020 annual review: no significant changes; references reviewed and updated
CP.PHAR.209 Aztreonam (Cayston)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.211 Tobramycin	1Q 2020 annual review: no significant changes; clarified brand TOBI and Kitabis Pak are non-formulary, but policy does apply to generic tobramycin nebulized solution; references reviewed and updated.
CP.PHAR.212 Dornase alfa (Pulmozyme)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.214 Desmopressin (DDAVP, Stimate, Nocdurna, Noctiva)	1Q 2020 annual review: no significant changes; references updated.
CP.PHAR.223 Reslizumab (Cinqair)	1Q 2020 annual review: no significant changes; added requirement that Cinqair is not prescribed concurrently with other biologic therapies for asthma; references reviewed and updated.
CP.PHAR.224 Enoxaparin (Lovenox)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.225 Dalteparin (Fragmin)	1Q 2020 annual review: no significant changes; dosage table updated; references reviewed and updated.

CP.PHAR.226 Fondaparinux (Arixtra)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.234 Ferric Carboxymaltose (Injectafer)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.282 Parathyroid hormone (Natpara)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.300 Bezlotoxumab (Zinplava)	1Q20 annual review: no significant changes; references updated.
CP.PHAR.327 Nusinersen (Spinraza)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.329 Siltuximab (Sylvant)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.330 Protein C Concentrate Human (Ceprotin)	1Q 2020 annual review: references reviewed and updated.
CP.PHAR.331 Deflazacort (Emflaza)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.336 Dupilumab (Dupixent)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.345 Abaloparatide (Tymlos)	1Q 2020 annual review: very high fracture risk or 3-year bisphosphonate trial added with required contraindication to both PO/IV formulations; specialists removed; age 18 or closed epiphyses added per PI; references reviewed and updated.
CP.PHAR.350 Rucaparib (Rubraca)	1Q 2020 review: no significant changes; added quantity limit of 4 tablets for max dosing; references updated.
CP.PHAR.361 Tisagenlecleucel (Kymriah)	1Q 2020 annual review: no significant changes; updated therapeutic alternatives to include regimens for Ph-negative ALL; added HCPCS codes; references reviewed and updated.
CP.PHAR.362 Axicabtagene ciloleucel (Yescarta)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.366 Acalabrutinib (Calquence)	1Q 2020 annual review: no clinically significant changes; references reviewed and updated.
CP.PHAR.368 Pemetrexed (Alimta)	1Q 2020 annual review: no clinically significant changes; references reviewed and updated.
CP.PHAR.370 Emicizumab-kxwh (Hemlibra)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.371 Triamcinolone ER Injection (Zilretta)	1Q 2020 annual review: no significant changes; modified NSAID trial duration to 4 weeks to align with existing requirements for hyaluronates; references reviewed and updated.
CP.PHAR.372 Voretigene neparvovec-rzyl (Luxturna)	1Q 2020 annual review; no significant changes; removed baseline MLMT test requirement due to absence of available test sites; references reviewed and updated.
CP.PHAR.373 Benralizumab (Fasenra)	1Q 2020 annual review: no significant changes; added requirement that Fasenra is not prescribed concurrently with other biologic therapies for asthma; added new autoinjector formulation; references reviewed and updated.
CP.PHAR.388 Chloramphenicol	1Q 2020 annual review: no significant changes; added renewal criteria to allow for continuity of care upon hospital discharge; references reviewed and updated.
CP.PHAR.401 Amikacin (Arikayce)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.402 Emapalumab-lzsg (Gamifant)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.405 Inotersen (Tegsedi)	1Q 2020 annual review: no significant clinical changes; references reviewed and updated.
CP.PHAR.407 Lusutrombopag (Mulpleta)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.409 Talazoparib (Talzenna)	1Q 2020 annual review: no significant changes; added recurrent or locally advanced breast cancer to align with NCCN and FDA-approved indication; references reviewed and updated.
CP.PHAR.410 Bortezomib (Velcade)	1Q 2020 annual review: no clinically significant changes; references reviewed and updated.
CP.PHAR.411 Amifampridine (Firdapse, Ruzurgi)	1Q 2020 annual review: no significant changes; added quantities associated with dosing requirements; references updated.
CP.PHAR.428 Romosozumab-aqqg (Evenity)	1Q 2020 annual review: very high fracture risk or 3-year bisphosphonate trial added with required contraindication to both PO/IV formulations; specialists removed; age 18 or closed epiphyses added per PI; references reviewed and updated.
CP.PMN.03 DPP-4 inhibitors	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.04 Non-Calcium Phosphate Binders (Auryxia, Fosrenol, Renagel, Renvela, Velphoro)	1Q 2020 annual review: no significant changes; moved examples of positive response from appendix to criterion 2 in section IIA; references reviewed and updated.

CP.PMN.05 Rifapentine (Priftin)	1Q 2020 annual review: no significant changes; latent tuberculosis infection dosing regimen updated to include self-adminstration as per updated CDC recommendations; references reviewed and updated.
CP.PMN.07 Levalbuterol (Xopenex)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.12 Clozapine (Fazaclo)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.15 Asenapine (Saphris, Secuado)	1Q 2020 annual review: no significant changes; added criteria for RT4 Secuado; references reviewed and updated.
CP.PMN.19 Aprepitant (Cinvanti, Emend)	1Q 2020 annual review: no significant changes; RT4 Cinvanti new FDA indication added for prevention of delayed nausea and vomiting associated with initial and repeat courses of MEC as a single-dose regimen, dosage/administration updated; references reviewed and updated.
CP.PMN.20 Aspirin-dipyridamole (Aggrenox)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.24 Ciclopirox (Penlac)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.29 Olanzapine ODT (Zyprexa Zydis)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.30 Paliperidone (Invega)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.32 Iloperidone (Fanapt)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.34 Ranolazine (Ranexa)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.45 Ondansetron (Zuplenz)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.50 Lurasidone (Latuda)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.52 Omega-3-Acid Ethyl Esters (Lovaza)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.57 Febuxostat (Uloric)	1Q 2020 annual review: no significant changes; updated verbiage for tiered redirection; references updated.
CP.PMN.64 Quetiapine ER (Seroquel XR)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.68 Brexpiprazole (Rexulti)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.70 Ivabradine (Corlanor)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.72 Metformin ER (Glumetza, Fortamet)	1Q 2020 annual review: no significant changes; modified max dose to 2,000 mg (2 tablets) per day for both products per prescribing information; references reviewed and updated.
CP.PMN.74 Granisetron (Kytril, Sancuso, Sustol)	1Q 2020 annual review: no significant changes; references updated.
CP.PMN.81 Buprenorphine-naloxone (Bunavail, Cassipa, Suboxone, Zubsolv)	1Q 2020 annual review: no significant changes; RT4: added new dosage form Cassipa to the policy; references updated.
CP.PMN.82 Buprenorphine (Subutex)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.89 Amantadine ER (Gocovri,Osmolex ER)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.90 Benznidazole	1Q 2020 annual review; no significant changes, aligned the maximum auth duration for Other diagnoses/indications to 60 days; references reviewed and updated.
CP.PMN.91 Cariprazine (Vraylar)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.93 Dextromethorphan-Quinidine (Nuedexta)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.101 Rivastigmine (Exelon)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.103 Secnidazole (Solosec)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.104 Tasimelteon (Hetlioz)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.107 Topical Immunomodulators	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.123 Colchicine (Colcrys)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.129 Pramlintide (Symlin)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.141 Dolasetron (Anzemet)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.150 Lesinurad (Zurampic), Lesinurad-allopurinol (Duzallo)	1Q 2020 annual review: no significant changes; references reviewed and updated.

CP.PMN.151 QL of Blood Glucose Test Strips Not Receiving insulin	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.158 Netupitant and Palonosetron (Akynzeo)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.159 Dronabinol (Marinol, Syndros)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.160 Nabilone (Cesamet)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.166 Luliconazole cream (Luzu)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.178 Tafenoquine (Arakoda)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.183 GLP-1 receptor agonists	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.186 Cenegermin-bkbj (Oxervate)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.188 Omadacycline (Nuzyra)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.189 Sarecycline (Seysara)	1Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.190 Segesterone-Ethinyl Estradiol (Annovera)	1Q 2020 annual review: no significant changes; references updated