NH Healthy Families 21Q3 Clinical Policies Pharmacy & Therapeutics Committee

Policy/ Coverage Criteria Guideline	Revision Summary Description
NH.PMN.56 Atypical Antipsychotics	Added new product Olanzapine-samidorphan (Lybalvi) to policy
NH.PHAR.122 Long Acting Injectable Antipsychotics	Policy retired as PA removed on these three agents.
NH.PPA.12 Opioid Analgesics	Added additional details about NH Board Administrative Rule 502 to criteria and PA form
CP.PHAR.89 Peginterferon Alfa-2a,b (Pegasys, PegIntron, Sylatron)	3Q 2021 annual review: Pegasys autoinjector discontinued and removed from section V; approval duration for melanoma and NCCN-supported off-label uses standardized to 6 months initial duration and 12 months continued duration; added off-label indications of hairy cell leukemia and Erdheim-Chester disease and corrected essential thrombocytopenia to essential thrombocythemia per NCCN; references reviewed and updated.
CP.PHAR.103 Immune Globulins	3Q 2021 annual review: for myasthenia gravis/LEMS, revised requirement for steroid or alternative immunosuppressant to a requirement for both; for multiple myeloma infection prevention, updated IgG level to < 400 mg/dL per NCCN guidelines; references reviewed and updated.
CP.PHAR.147 Deferiprone (Ferriprox)	3Q 2021 annual review: RT4: added new indication for sickle cell and other anemias transfusional iron overload with pediatric expansions; references reviewed and updated.
CP.PHAR.173 Leuprolide Acetate (Lupron, Lupron Depot, Eligard, Lupaneta Pack, Fensolvi)	3Q 2021 annual review: for endometriosis and uterine fibroid indications added requirements for total duration of therapy per prescribing information; for uterine fibroids continuation of therapy revised to restrict re-authorization and require use of initial approval criteria as each preoperative treatment course would be evaluated individually; revised salivary gland tumor to allow continuity of care and revised initial approval duration from duration of request or through the end of contract year to 12 months to align with other oncology approval durations; for gender dysphoria continuation of therapy added requirement that request is not for Lupaneta Pack to align with initial approval criteria; for ovarian cancer added Lupron Depot 7.5 mg and 22.5 mg strengths per NCCN; references reviewed and updated.
CP.PHAR.199 Treprostinil (Orenitram, Remodulin, Tyvaso)	RT4: added criteria for new indication for PH-ILD; updated max recommended dose for PAH per PI.
CP.PHAR.266 Rilonacept (Arcalyst)	RT4: Criteria added for new FDA indication: treatment of RP and reduction in risk of recurrence in adults and pediatric patients 12 years and older; references reviewed and updated.
NH.PHAR.281 Sofosbuvir (Sovaldi)	Updated appendices and references sections
CP.PHAR.285 Nintedanib (Ofev)	3Q 2021 annual review: for SSc-ILD added redirection to cyclophosphamide or mycophenolate mofetil; references reviewed and updated.
CP.PHAR.296 Pegfilgrastim (Neulasta, Neulasta OnPro Nyvepria, Fulphila, Udenyca, Ziextenzo)	3Q 2021 annual review: added NCCN compendium supported off-label use in Wilms tumor; references reviewed and updated.
CP.PHAR.297 Filgrastim (Neupogen, Zarxio, Granix, Nivestym)	3Q 2021 annual review: added NCCN compendium supported off-label use in Wilms tumor; references reviewed and updated.
CP.PHAR.385 Corticosteroid Intravitreal Implants (Iluvien, Ozurdex, Retisert, Yutiq)	3Q 2021 annual review: revised approval durations from 4 weeks to 3 months to allow for staggered dosing of bilateral implants; references reviewed and updated.
CP.PHAR.468 Aducanumab-avwa (Aduhelm)	Drug is now FDA-approved – criteria updated per FDA labeling; added MRI requirements prior to initial, 7th, and 12th doses, added initial titration dosing requirement; divided continued therapy approval durations to allow verification of MRI scans

	prior to the 7th and 12 doses, increased the minimum age to 50 years old, added exclusion criteria related to current use of blood thinners or recent brain hemorrhage, bleeding disorder, and cerebrovascular abnormalities in the last 6 months; references reviewed and updated.
CP.PHAR.524 Pegcetacoplan (Empaveli)	Drug is now FDA-approved – criteria updated per FDA labeling: modified restriction against concomitant use of Empaveli with Soliris by making an exception for the initial 4-week cross-titration phase; references reviewed and updated.
CP.PMN.14 SGLT2 inhibitors	RT4: Criteria added for Farxiga's new FDA indication: CKD.
CP.PMN.44 Pyrimethamine (Daraprim)	3Q 2021 annual review: added initial approval duration of 12 months for treatment of congenital toxoplasmosis in newborns per CDC guidelines; revised "medical justification" to "must use" language; added requirement for use of generic to continued criteria; references reviewed and updated
NH.PMN.127 Vortioxetine (Trintellix)	Updated appendices and references
CP.PMN.92 CNS Stimulants	Revised redirection from failure of 1 methylphenidate and 1 amphetamine product to failure of 2 from the same therapeutic class; RT4: for Evekeo ODT added pediatric extension to 3 years of age and 2.5 mg strength per updated prescribing information; for Mydayis added age requirement for 13 years or older per label.
CP.PMN.123 Colchicine (Colcrys)	For pericarditis, added the option to use colchicine in combination with glucocorticoids.
NH.PPA.16 Vilazodone (Viibryd)	Updated appendices and references
CP.PMN.155 Lacosamide (Vimpat)	3Q 2021 annual review: added criteria for FDA-approved indication for generalized tonic-clonic seizures; references reviewed and updated.
CP.PMN.163 Sodium zirconium cyclosilicate (Lokelma)	3Q 2021 annual review: removed redirection to preferred sodium polystyrene sulfonate (SPS) due to SPS toxicity and current standard of practice; references reviewed and updated.
CP.PMN.205 Patiromer (Veltassa)	3Q 2021 annual review: removed redirection to preferred sodium polystyrene sulfonate (SPS) due to SPS toxicity and current standard of practice; references reviewed and updated.
CP.PMN.236 Amisulpride (Barhemsys)	3Q 2021 annual review: revised initial approval duration from 3 days to 1 month to allow for sufficient time to obtain medication; references reviewed and updated.
CP.PHAR.541 Sotrovimab (VIR-7831)	Policy created.
CP.PHAR.543 Maralixibat (LUM001)	Policy created.
NH.PMN.50 Anti-Obesity Medications	Policy created.

CP.PHAR.11 Burosumab-twza (Crysvita)	3Q 2021 annual review: no significant changes; references reviewed and updated.
NH.PMN.36 Lisdexamfetamine (Vyvanse)	Annual review, no changes
NH.PHAR.289 Buprenorphine Implant/Injection (Probuphine, Sublocade)	Annual Review, no changes
CP.PHAR.27 Tolvaptan (Jynarque, Samsca)	3Q 2021 annual review: no significant changes; revised "medical justification" to "must use"; references reviewed and updated.
CP.PHAR.28 Immunization coverage	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.41 Enfuvirtide (Fuzeon)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.61 Cinacalcet (Sensipar)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.82 Collagenase (Xiaflex)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.95 Thyrotropin alfa (Thyrogen)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.109 Tesamorelin (Egrifta SV)	3Q 2021 annual review: no significant changes; references reviewed and updated.

CP.PHAR.145 Deferasirox (Exjade, Jaden)	3Q 2021 annual review: no significant changes; revised medical justification language for not using generic deferasirox to "must use" language; references reviewed and updated.
CP.PHAR.146 Deferoxamine (Desferal)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.150 Mecasermin (Increlex)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.169 Vigabatrin (Sabril)	3Q 2021 annual review: no significant changes; references reviewed and updated.
NH.PHAR.268 Sofosbuvir-Velpatasvir (Epclusa)	Updated appendices and references sections
CP.PHAR.270 Paricalcitol Injection (Zemplar)	3Q 2021 annual review: no significant changes; added redirection for brand Zemplar requests to generic paricalcitol to both initial and continued therapy sections; references reviewed and updated.
NH.PHAR.275 Elbasvir-Grazoprevir (Zepatier)	Updated appendices and references sections
CP.PHAR.277 Cytomegalovirus Immune Globulin (Cytogam)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.278 Dasabuvir-Ombitasvir-Paritaprevir-Ritonavir (Viekira Pak)	3Q 2021 annual review: no significant changes; included reference to Appendix E with addition of contraindications that would warrant bypassing preferred agents; references reviewed and updated.
NH.PHAR.279 Ledipasvir-Sofosbuvir (Harvoni)	Updated appendices and references sections
CP.PHAR.286 Pirfenidone (Esbriet)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.287 Obeticholic acid (Ocaliva)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.295 Sargramostim (Leukine)	3Q 2021 annual review: no significant changes; allowed by-passing of redirection if state regulations do not allow step therapy in Stage IV or metastatic cancer settings for AML; references reviewed and updated.
CP.PHAR.338 Cerliponase alfa (Brineura)	3Q 2021 annual review: no significant changes; references reviewed and updated.
NH.PHAR.347 Sofosbuvir-Velpatasvir-Voxilaprevir (Vosevi)	Updated appendices and references sections
NH.PHAR.348 Glecaprevir-Pibrentasvir (Mavyret)	Updated appendices and references sections
CP.PHAR.351 Daptomycin (Cubicin, Cubicin RF)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.379 Etelcalcetide (Parsabiv)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.384 Lutetium Lu 177 dotatate (Lutathera)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.425 Metreleptin (Myalept)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.429 Valproate (Depacon)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.430 Alpelisib (Piqray)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.432 Tafamidis (Vyndaqel, Vyndamax)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.487 Osilodrostat (Isturisa)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.488 Apomorphine (Apokyn, Kynmobi)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.490 Rimegepant (Nurtec ODT)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.492 Teplizumab	3Q 2021 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated.
CP.PHAR.494 Capmatinib (Tabrecta)	3Q 2021 annual review: no significant changes; added in Section III: Positive MET amplification WITHOUT an Exon 14 skipping mutation; references reviewed and updated.
CP.PHAR.495 Mitomycin for Pyelocalyceal Solution (Jelmyto)	3Q 2021 annual review: no significant changes; added HCPCS codes; references reviewed and updated.
CP.PHAR.497 Tucatinib (Tukysa)	3Q 2021 annual review: no significant changes; added requirement for use in combination with trastuzumab and capecitabine per labeling; references reviewed and updated.

CP.PHAR.498 Burprenorphine (Brixadi)	3Q 2021 annual review: no significant changes; product is still waiting for final FDA approval; references reviewed and updated.
CP.PHAR.503 Sutimlimab	3Q 2021 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated.
CP.PMN.08 Lidocaine transdermal (Lidoderm, ZTlido)	3Q 2021 annual review: no significant changes; replaced "Documentation of" language with "Member must use"; references reviewed and updated.
CP.PMN.09 Lindane shampoo	3Q 2021 annual review; no significant changes; references reviewed and updated.
CP.PMN.40 Acitretin (Soriatane)	3Q 2021 annual review: no significant changes; required use of generic formulation; references updated.
CP.PMN.46 Roflumilast (Daliresp)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.60 SSRI SNRI Duplicate Thearapy	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.76 Calcifediol (Rayaldee)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.83 Short ragweed pollen allergen extract (Ragwitek)	3Q 2021 annual review: no significant changes; RT4: revised age restriction from 18-65 years to 5-65 years per updated FDA indication; references reviewed and updated.
CP.PMN.84 Timothy grass pollen allergen extract (Grastek)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.85 Mixed pollens allergen extract (Oralair)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.111 House dust mite allergen extract (Odactra)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.132 Tadalafil BPH - ED (Cialis)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.139 Naloxone (Evzio)	3Q 2021 annual review: no significant changes; updated "Medical justification" language to "Member must use"; references reviewed and updated.
CP.PMN.144 Epinephrine (Auvi-Q, Epipen, Epipen Jr) Quantity Limit	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.152 Lofexidine (Lucemyra)	3Q 2021 annual review: no significant changes; moved requirement for total number of tablets per duration per course of treatment from the approval duration section to the criteria contents; references reviewed and updated.
CP.PMN.156 Perampanel (Fycompa)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.157 Rufinamide (Banzel)	3Q 2021 annual review: no significant changes; for brand name Banzel requests, added requirement for generic formulation where available; references reviewed and updated.
CP.PMN.164 Cannabidiol (Epidiolex)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.202 Benzyl alcohol (Ulesfia)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.207 Triclabendazole (Egaten)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.208 Halobetasol-Tazarotene (Duobrii)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.211 Midazolam (Nayzilam)	3Q 2021 annual review: no significant changes; references reviewed and updated.
NH.PMN.226 Pancrelipase (Perzyte, Viokace, Pancreaze)	Annual Review, no changes
CP.PMN.238 Carbidopa-Levodopa ER Capsules (Rytary)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.239 Chenodiol (Chenodal)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.240 Gabapentin ER (Gralise, Horizant)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.241 Lactitol (Pizensy)	3Q 2021 annual review: no significant changes; revised medical justification why lactulose cannot be used to must use lactulose; references reviewed and updated.

CP.PMN.242 Minocycline micronized foam (Amzeeq)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.243 Progesterone (Crinone, Endometrin, Milprosa)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.245 Opicapone (Ongentys)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.246 Fenfluramine (Fintepla)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PMN.247 Rivaroxaban (Xarelto)	3Q 2021 annual review: no significant changes; references reviewed and updated.
CP.PHAR.177 Ecallantide (Kalbitor)	Per June SDC and prior clinical guidance, added redirection to generic Firazyr.
CP.PHAR.178 Icatibant (Firazyr)	Per June SDC and prior clinical guidance, revised generic Firazyr redirect language to state "Member must use"; added requirement for use of generic Firazyr for continuation of therapy requests.
CP.PHAR.188 Teriparatide (Forteo)	Per June SDC and prior clinical guidance, added Prolia in addition to Tymlos as redirect options for PMO.
CP.PHAR.202 C1 Esterase Inhibitors (Berinert Cinryze Haegarda Ruconest)	Per June SDC and prior clinical guidance, added redirection to generic Firazyr for treatment of acute HAE attacks, added redirection to Haegarda for HAE prophylaxis.
CP.PHAR.254 Infliximab (Avsola, Inflectra, Remicade, Renflexis)	Per June SDC and prior clinical guidance, added Avsola to list of biosimilar infliximab products that must be used prior to Remicade.
CP.PHAR.259 Natalizumab (Tysabri)	Per June SDC and prior clinical guidance, modified Avsola to parity status with Inflectra and Renflexis.
CP.PHAR.260 Rituximab (Rituxan, Riabni, Ruxience, Truxima, Rituxan Hycela)	Per June SDC and prior clinical guidance, modified Avsola to parity status with Inflectra and Renflexis; clarified age threshold for redirection to Ruxience for NHL and continued therapy for all other indications in section I.
CP.PHAR.265 Vedolizumab (Entyvio)	Per June SDC and prior clinical guidance, modified Avsola to parity status with Inflectra and Renflexis.
CP.PHAR.396 Lanadelumab-fylo (Takhzyro)	Per June SDC and prior clinical guidance, added redirection to Haegarda.
CP.PHAR.485 Berotralstat (Orladeyo)	Per June SDC and prior clinical guidance, added redirection to Haegarda.
CP.PMN.71 Linaclotide (Linzess)	Per June SDC and prior clinical guidance, added requirement for use of generic lubiprostone;
CP.PMN.87 Plecanatide (Trulance)	Per June SDC and prior clinical guidance, added requirement for use of generic lubiprostone.
CP.PMN.142 Lubiprostone (Amitiza)	Per SDC annual review.
CP.PMN.194 Prucalopride (Motegrity)	Per June SDC and prior clinical guidance, added requirement for use of generic lubiprostone.
CP.PMN.206 Tegaserod (Zelnorm)	3Q 2021 annual review: modified Amitiza redirection to reference generic lubiprostone; removed Trulance and Linzess as redirect options per June SDC; references reviewed and updated.
CP.PST.01 Step Therapy	Per June SDC and prior clinical guidance, removed Symtuza, Complera, Delstrigo, and Odefsey from policy.
CC.PHAR.03 Drug Recall Notification	Annual Review- Minor capitalization updates. Added the Utilization Management report is created by DART on the same day of FDA Classification (Class I or Class II) or market withdrawal notification. Added that DART reports to Clinical Services Quality Committee on a quarterly basis.
CC.PHAR.07 Pharmaceutical Management	Added Addendum for Arizona.
NH.PHAR.08 Pharmacy Prior Authorization and Medical Necessity Criteria	Annual Review- Minor grammatical updates. Updated to new EPS PA Request Form for Attachment A. Added to prescriber notification of denial: language notifying of right to appeal the decision, a description of appeal rights, explanation of the appeal process and expedited appeal process, reference to the criteria on which the decision was based and a statement that a copy of the criteria used can be obtained, upon request. Added to member denial letter: description of the expedited appeal process, notification of an external

	review process, a reference to the criteria on which the decision was based and a statement that a copy of the criteria used can be obtained, upon request.
NH.PHAR.09 Pharmacy Program	Updated contract compliance section to add language around frequency and reasons a member may be required to change prescription drugs based on MCM contract updates
CC.PHAR.14 Generic Drug Additions to PDL	Annual Review- Added First Data Bank (in addition to Medispan) as a reference for brand or generic designations. Clarifications added through out to make the overall process easier to understand. New Hampshire Addendum was updated to the new Centene Addendum template.
CC.PHAR.15 Line Extension Additions to PDL	For products that SDC does not review, changed "or an established policy and procedure will be used" to "prior precedent can help guide decisions". Moved four bullets (cough and cold, vitamin, prenatal vitamin, and flu vaccine) to a new section "The following are reviewed by the health plan, and can be added as line extensions to the PDL", because EPS does not review these products.
CC.PHAR.21 Precision Drug Action Committee	Updated Attachment B, PDAC UM process, to include Compass as one of the EPS systems in B.1.