NH Healthy Families 22Q3 Combined Guideline Summary

Policy/ Coverage Criteria Guideline	Revision Summary Description
CP.PHAR.89 Peginterferon Alfa-2a,b (Pegasys, PegIntron)	3Q 2022 annual review: removed Sylatron brand and corresponding melanoma criteria from policy as it has been discontinued with a Medispan obsolete date of 09/28/2021; per NCCN the following changes were made: added chronic myeloid leukemia off-label indication and updated Erdheim-Chester disease, essential thrombocythemia, polycythemia vera, and systemic mastocytosis off-label indications; references reviewed and updated.
CP.PHAR.295 Sargramostim (Leukine)	3Q 2022 annual review: removed general description of "stage IV or metastatic" cancer for states with regulations against redirections; applied redirection bypass for State with regulations against step therapy to all indications; added requirement that Leukine will not be prescribed concurrently with other colony stimulating factors (e.g., filgrastim, pegfilgrastim) within any chemotherapy cycle; references reviewed and updated.
CP.PHAR.296 Pegfilgrastim (Neulasta, Neulasta OnPro Nyvepria, Fulphila, Udenyca, Ziextenzo)	3Q 2022 annual review: added requirement that requested medication will not be prescribed concurrently with other colony stimulating factors (e.g., pegfilgrastim, Leukine) within any chemotherapy cycle; clarified non-myeloid malignancy refers to solid tumor and lymphoid malignancies; for bone marrow transplantation redirection to Leukine added bypass option if request is for a state with regulations against redirection in certain oncology settings; reference reviewed and updated.
CP.PHAR.297 Filgrastim (Neupogen, Zarxio, Granix, Nivestym, Releuko)	3Q 2022 annual review: removed general description of "stage IV or metastatic" cancer for states with regulations against redirections; applied redirection bypass for State with regulations against step therapy to all indications; added requirement that requested medication will not be prescribed concurrently with other colony stimulating factors (e.g., pegfilgrastim, Leukine) within any chemotherapy cycle; clarified non-myeloid malignancy refers to solid tumor and lymphoid malignancies; added unclassified biologics HCPCS code for Releuko; reference reviewed and updated.
CP.PHAR.336 Dupilumab (Dupixent)	RT4: criteria added for new FDA indication of EoE; for all indications, added Tezspire as an agent with which Dupixent should not be used concurrently.
CP.PHAR.351 Daptomycin (Cubicin, Cubicin RF)	3Q 2022 annual review: added requirement for use of generic daptomycin if request is for brand Cubicin/Cubicin RF; references updated.
CP.PHAR.430 Alpelisib (Piqray, Vijoice)	3Q 2022 annual review: no significant changes; added oral oncology generic redirection language; references reviewed and updated. RT4: Newly approved agent Vijoice for PROS added to policy.
CP.PHAR.416 Caplacizumab-yhdp (Cablivi)	Added alternate pathway for confirmation of diagnosis with ADAMTS13 level with additional information in Appendix D.
CP.PHAR.425 Metreleptin (Myalept)	3Q 2022 annual review: added prescriber requirement; clarified that leptin deficiency should be confirmed by laboratory testing per clinical study design; clarified that congenital generalized lipodystrophy should be confirmed by gene mutation; updated HCPCS codes; references reviewed and updated.
CP.PHAR.432 Tafamidis (Vyndaqel, Vyndamax)	3Q 2022 annual review: added requirement that Vyndaqel/Vyndamax is not prescribed concurrently with Onpattro and Tegsedi; references reviewed and updated.
CP.PHAR.438 Trientine (Syprine, Cuvrior)	RT4: added new dose form, Cuvrior; updated Appendix D with information regarding the difference in FDA indications for Cuvrior and Syprine.
CP.PHAR.495 Mitomycin for Pyelocalyceal Solution (Jelmyto)	3Q 2022 annual review: updated initial approval criteria to include "member is not candidate for or seeking nephroureterectomy as definitive treatment" to mirror NCCN bladder cancer guidelines, added Appendix D for additional information from NCCN Compendium to support this addition; references reviewed and updated.
CP.PHAR.543 Maralixibat (Livmarli)	3Q 2022 annual review: corrected maximum daily dose from 1 bottle per day to 3 mL per day; modified required pruritis from medium to moderate scratching to align with verbiage from the Itch Reported Outcome score used in the ICONIC trial; references updated.
CP.PMN.40 Acitretin (Soriatane)	3Q 2022 annual review: removed legacy Wellcare separate initial approval duration; references reviewed and updated.
NH.PMN.104 Tasimelteon (Hetlioz, Hetlioz LQ)	Policy Created
CP.PMN.123 Colchicine (Colcrys)	Added that member must use generic tablet formulations; added that health plan-approved quantity limits also applies.
CP.PMN.132 Tadalafil BPH - ED (Cialis)	3Q 2022 annual review: added requirement for generic tadalafil use for both initial and reauthorization requests; references updated.
CP.PMN.199 Esketamine (Spravato)	Reduced trial duration of antidepressants for TRD from at least 8 weeks to 4 weeks

NH Healthy Families 22Q3 Combined Guideline Summary

CP.PMN.236 Amisulpride (Barhemsys)	3Q 2022 annual review: revised initial approval criteria for PONV prophylaxis to require failure of one multimodal combination therapy; updated appendix B to include examples of combination agents recommended by Anesthesia & Analgesia guideline; reference updated.
CP.PMN.240 Gabapentin ER (Gralise, Horizant)	3Q 2022 annual review: updated RLS approval criteria – removed trial of ropinirole and pramipexole, added trial of gabapentin IR and generic pregabalin to align with RLS Foundation clinical guidelines, updated Appendix B: therapeutic alternative table to include.
CP.PMN.242 Minocycline micronized foam (Amzeeq)	3Q 2022 annual review: references reviewed and updated.
CP.PMN.272 Camzyos (mavacamten)	Drug is now FDA approved - criteria updated per FDA labeling: removed requirement for maximal left ventricular wall thickness and this is not a requirement per the FDA label, changed "Member exhibits NYHA Class II or III symptoms" to "Member exhibits NYHA Class II to III symptoms", changed wording of "or after Valsalva maneuver or exercise" to "or with provocation" for alignment with label language; references reviewed and updated.
CP.PMN.277 Ulcer Therapy Combinations (Omeclamox Pak, Pylera, Talicia, Voquezna)	RT4: added Voquezna Triple/Dual Pak to criteria with specific redirection based on *H. pylori* clarithromycin- and amoxicillin-sensitivity.
CP.PHAR.586 Olipudase alfa (GZ402665)	Policy created.
CP.PHAR.587 Pegzilarginase (AEB1102)	Policy created pre-emptively
CP.PHAR.589 Bulevirtide (Hepcludex)	Policy created pre-emptively
CP.PMN.280 Compounded Medications	Policy created
CP.PMN.281 Topiramate ER (Qudexy XR, Trokendi XR	Policy created per May SDC and prior clinical guidance.
CP.PHAR.11 Burosumab-twza (Crysvita)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.27 Tolvaptan (Jynarque, Samsca)	3Q 2022 annual review: no significant changes; updated Section V to state "Samsca initiation and re-initiation should occur in a hospital"; updated Samsca contraindication section removing "need to raise serum sodium acutely" to align with prescribing information; provided duration clarification for continued hyponatremia treatment with Samsca; references reviewed and updated.
CP.PHAR.28 Immunization coverage	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.41 Enfuvirtide (Fuzeon)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.61 Cinacalcet (Sensipar)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.82 Collagenase (Xiaflex)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.95 Thyrotropin alfa (Thyrogen)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.109 Tesamorelin (Egrifta SV)	3Q 2022 annual review: no significant changes; added quantity restriction (1 vial per day) to dosing requirement; updated HCPCS codes; references reviewed and updated.
CP.PHAR.145 Deferasirox (Exjade, Jadenu)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.146 Deferoxamine (Desferal)	3Q 2022 annual review: no significant changes; added criterion that member must use generic deferoxamine; references updated.
CP.PHAR.147 Deferiprone (Ferriprox)	3Q 2022 annual review: no significant changes; clarified redirection to Exjade/Jadenu is for generic deferasirox; references updated.
CP.PHAR.150 Mecasermin (Increlex)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.169 Vigabatrin (Sabril)	3Q 2022 annual review: no significant changes; references reviewed and updated.
NH.PHAR.268 Sofosbuvir-Velpatasvir (Epclusa)	3Q 2021 annual review: revised medical justification language for not using authorized generic version of Eplcusa to "must use" language; updated Section V table with AASLD recommended regimens; RT4: updated criteria for Epclusa pediatric age expansion to 3 years and older along with pediatric dosing and new oral pellet dosage formulation; references reviewed and updated
CP.PHAR.270 Paricalcitol Injection (Zemplar)	3Q 2022 annual review: no significant changes; references reviewed and updated.
NH.PHAR.275 Elbasvir-Grazoprevir (Zepatier)	3Q 2022 annual review: no significant changes; added omeprazole coadministration as unacceptable rationale for not using preferred Epclusa and removed redundant rationale in Appendix E; references reviewed and updated.
CP.PHAR.277 Cytomegalovirus Immune Globulin (Cytogam)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.278 Dasabuvir-Ombitasvir-Paritaprevir-Ritonavir (Viekira Pak)	3Q 2022 annual review: no significant changes; added omeprazole coadministration as unacceptable rationale for not using preferred Epclusa in Appendix E; references reviewed and updated.
NH.PHAR.279 Ledipasvir-Sofosbuvir (Harvoni)	3Q 2022 annual review: no significant changes; references reviewed and updated.

NH Healthy Families 22Q3 Combined Guideline Summary

NH.PHAR.281 Sofosbuvir (Sovaldi)	3Q 2022 annual review: no significant changes; added omeprazole coadministration as unacceptable rationale for not using preferred Epclusa and removed redundant rationale in Appendix E references; reviewed and updated.
CP.PHAR.285 Nintedanib (Ofev)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.286 Pirfenidone (Esbriet)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.287 Obeticholic acid (Ocaliva)	3Q 2022 annual review: no significant changes; added "without cirrhosis or with compensated cirrhosis who do not have evidence of portal hypertension" to indication and initial criteria per PI; removal of Child Pugh B/C dosing as it is contraindicated per PI; references reviewed and updated.
CP.PHAR.338 Cerliponase alfa (Brineura)	3Q 2022 annual review: no significant changes; references reviewed and updated.
NH.PHAR.347 Sofosbuvir-Velpatasvir-Voxilaprevir (Vosevi)	3Q 2022 annual review: no significant changes; removed Appendix E unacceptable medical justification section for inability to use Mavyret as it overlaps with Vosevi warnings and removed reference to Appendix E from initial criteria; references reviewed and updated.
NH.PHAR.348 Glecaprevir-Pibrentasvir (Mavyret)	3Q 2022 annual review: no significant changes; clarified confirmed genotype criterion 2 by removing "in combination with sofosbuvir" from Vosevi-experienced members to align with preceding bullets which include genotype and previous treatment experience (approved regimens are listed in section V); references reviewed and updated. Updated FDA indications section.
CP.PHAR.379 Etelcalcetide (Parsabiv)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.384 Lutetium Lu 177 dotatate (Lutathera)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.385 Corticosteroids for ophthalmic injection (Iluvien, Ozurdex, Retisert, Xipere, Yutiq)	3Q 2022 annual review: no significant changes; updated HCPCS code for Xipere; references updated.
CP.PHAR.487 Osilodrostat (Isturisa)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.488 Apomorphine (Apokyn, Kynmobi)	3Q 2022 annual review: no significant changes; updated language in section I from "or" to "and" for dose limits; references updated.
CP.PHAR.492 Teplizumab	3Q 2022 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated.
CP.PHAR.494 Capmatinib (Tabrecta)	3Q 2022 annual review: no significant changes; added option for recurrent disease per NCCN; references updated.
CP.PHAR.497 Tucatinib (Tukysa)	3Q 2022 annual review: no significant changes; revised redirection language to failure of one or more anti-HER2 based regimens; updated Appendix B with NCCN examples of systemic therapies for HER2-positive recurrent or metastatic disease; added oral generic redirection language; references reviewed and updated.
CP.PHAR.498 Burprenorphine (Brixadi)	3Q 2022 annual review: no significant changes as drug is still not FDA approved; clarified oral formulations of buprenorphine with examples in criteria; removal of Probuphine (discontinued product); references updated.
CP.PHAR.541 Sotrovimab (VIR-7831)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.545 Betibeglogene autotemcel	3Q 2022 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated.
CP.PHAR.546 Carbetocin	3Q 2022 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated.
CP.PHAR.548 Palovarotene	3Q 2022 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated.
CP.PMN.08 Lidocaine transdermal (Lidoderm, ZTlido)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.09 Lindane shampoo	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.44 Pyrimethamine (Daraprim)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.46 Roflumilast (Daliresp)	3Q 2022 annual review: no significant changes; references reviewed and updated.
NH.PMN.50 Anti-Obesity Medications	Annual review; no changes.
NH.PMN.56 Atypical Antipsychotics	3Q 2022 annual review: no significant changes.
CP.PMN.59 Quantity Limit Override and Dose Optimization	Added dose optimization criteria (CP.PMN.13 retired). **RETIRE NH.PMN.59 QUANTITY LIMIT OVERRIDE IN LIEU OF CORPORATE POLICY WHICH IS MORE COMPREHENSIVE**
CP.PMN.60 SSRI SNRI Duplicate Therapy	3Q 2022 annual review: no significant changes; references reviewed and updated.
NH.PMN.127 Vortioxetine (Trintellix)	3Q 2022 annual review: no significant changes; reformatted and updated table in Appendix B; references updated.

NH Healthy Families 22Q3 Combined Guideline Summary

CP.PMN.76 Calcifediol (Rayaldee)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.83 Short ragweed pollen allergen extract (Ragwitek)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.84 Timothy grass pollen allergen extract (Grastek)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.85 Mixed pollens allergen extract (Oralair)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.111 House dust mite allergen extract (Odactra)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.139 Naloxone (Evzio)	3Q 2022 annual review: no significant changes; redirection to generic naloxone nasal spray; references updated.
CP.PMN.144 Epinephrine (Auvi-Q, Epipen, Epipen Jr) Quantity Limit	3Q 2022 annual review: no significant changes; references reviewed and updated.
NH.PPA.16 Vilazodone (Viibryd)	3Q 2022 annual review: no significant changes; updated black box warning verbiage per PI; references updated.
CP.PMN.152 Lofexidine (Lucemyra)	3Q 2022 annual review: no significant changes; changes in verbiage in Section I to clarify intent; removal of hypertension dosing regimen in Appendix B; references reviewed and updated.
CP.PMN.155 Lacosamide (Vimpat)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.156 Perampanel (Fycompa)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.157 Rufinamide (Banzel)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.163 Sodium zirconium cyclosilicate (Lokelma)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.164 Cannabidiol (Epidiolex)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.202 Benzyl alcohol (Ulesfia)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.205 Patiromer (Veltassa)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.207 Triclabendazole (Egaten)	3Q 2022 annual review: no significant changes; references reviewed and updated
CP.PMN.208 Halobetasol-Tazarotene (Duobrii)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.211 Midazolam (Nayzilam)	3Q 2022 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), Enteral Suspension (Duopa), IR Tablets (Dhivy)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.239 Chenodiol (Chenodal)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.243 Progesterone (Crinone, Endometrin, Milprosa)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.245 Opicapone (Ongentys)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.246 Fenfluramine (Fintepla)	3Q 2022 annual review: no significant changes; references reviewed and updated. RT4: added criteria for newly FDA-approved indication of LGS.
CP.PMN.247 Rivaroxaban (Xarelto)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.263 Estradiol (Femring)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.269 Ivermectin	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.272 Mavaxamten (Camzyo)	RT1: no significant changes; references reviewed and updated.
CP.PHAR.92 Tetrabenazine (Xenazine)	Per May SDC and prior clinical guidance, added redirection for both initial and continuation of therapy to require redirection to generic tetrabenazine.
CP.PHAR.103 Immune Globulins	3Q 2022 annual review: removed “Dermatomyositis, autoimmune blistering” from Section III, since coverage for this indication is included in the criteria for Sections I.B. (dermatomyositis) and I.O. (pemphigus disorders); removed “Systemic vasculitides” and

NH Healthy Families 22Q3 Combined Guideline Summary

	"Wegener's granulomatosis" from Section III, based on 2021 ACR guidelines and 2016 EULAR guidelines providing some support use of IG products for patients with refractory GPA/MPA; per May SDC and prior clinical guidance added requirement for use of Gammunex-C or Gammaked if Gammagard (or health plan-preferred immune globulin product) is unavailable due to shortage; references reviewed and updated.
CP.PMN.14 SGLT2 inhibitors	For HFrEF, removed requirement for prior use of standard HF therapy as SGLT2 inhibitors are now a recommended first line therapy per 2022 AHA/ACC/HFSA guidelines.
CP.PMN.67 Sacubitril-Valsartan (Entresto)	Per May SDC and prior clinical guidance, added redirection to Jardiance for LVEF ≥ 41%, removed prior requirement restricting use to LVEF ≤ 40%; revised approval durations for Medicaid from length of benefit to 12 months.
CP.PMN.257 Clascoterone (Winlevi)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.101 Mifepristone (Korlym)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PHAR.143 Betaine (Cystadane)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.72 Metformin ER (Fortamet, Glumetza)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.80 Minocycline ER (Solodyn, imino, Minolira), Microspheres (Arestin), Foam (Zilxi)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.86 Oxymetazoline (Rhofade, Upneeq)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.88 Alendronate (Binosto, Fosamax Plus D)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.100 Risedronate (Actonel, Atelvia)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.107 Topical Immunomodulators	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.110 Crisaborole (Eucrisa)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.129 Pramlintide (Symlin)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.143 Isotretinoin (Absorica, Absorica LD, Amnesteem, Claravis, Myorisan, Zenatane)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.177 Glycopyrronium (Qbrexza)	3Q 2022 annual review: no significant changes; references reviewed and updated.
CP.PMN.192 Brimonidine Tartrate (Mirvaso)	3Q 2022 annual review: no significant changes; references reviewed and updated.
Retired	
CP.PHAR.429 Valproate Sodium for Intravenous Injection (Depacon)	Only available in generic form, which is at Tier 1 without PA for Medicaid; low cost drug without a brand.
CP.PMN.13 Dose Optimization	Combined with CP.PMN.59 Quantity Limit Override and Dose Optimization 04.26.22.docx per PA Ops request
NH.PMN.59 Quantity Limit Overrides	Retired in lieu of corporate policy CP.PMN.59 Quantity Limit Override and Dose Optimization
CP.PMN.241 Lactitol (Pizensy)	Retired policy due to the "discontinued status for Sebela's NDA for Pizensy"; confirmed by SDC.

Pharmacy Program	Revision Summary Description
CC.PHAR.03 Drug Recall Notification	Annual Review- No changes deemed necessary.
CC.PHAR.07 Pharmaceutical Management	Added new Addendum for Arizona
NH.PHAR.09 Pharmacy Program	Added language "Beginning with calendar year 2022, for the HEDIS Measure "Use of Opioids from Multiple Providers", the MCO shall achieve performance that is less than or equal to the average rate of New England HMO Medicaid health plans as reported by NCQA Quality Compass for the previous calendar year" to align with Amendment 8 of MCM Contract. Updated Envolve Pharmacy Solutions to Pharmacy Services Nomenclature.
CC.PHAR.14 Generic Drug Additions to PDL	Annual Review- changed insure to ensure in PURPOSE section.

CC.PHAR.15 Line Extension Additions to PDL	Annual Review- Removed unnecessary apostrophes.