

NH Healthy Families Pharmacy & Therapeutics Committee 23Q2 Combined Guideline Summary

Policy/ Coverage Criteria Guideline	Applicable Business	Revision Summary Description
Clinically Significant Change(s)		
NH.PHAR.15 Continuity of Care	Medicaid	Annual Review, no changes
NH.PHAR.02 Approval of brand name Override	Medicaid	Annual Review, no changes
CP.PHAR.16 Palivizumab (Synagis)	Medicaid	2Q 2023 annual review: for CLD added bronchodilator therapy as an additional option to confirm appropriateness of therapy in the second year of life per AAP guidance; references reviewed and updated
CP.PHAR.78 Thalidomide (Thalomid)	Medicaid	2Q 2023 annual review: for myeloproliferative neoplasms added prescribed in combination with prednisone per NCCN 2A recommendation; for aphthous stomatitis/ulcers, updated dose from 100 to 400 mg per day in initial criteria per Clinical Pharmacology and referenced trial (Jacobson et al); clarified MM dosing in continued therapy criteria; revised oral oncology generic (if available) redirection language to align with template; references reviewed and updated.
CP.PHAR.103 Immune Globulins	Medicaid	2Q 2023 annual review: added limitation of use for HyQvia and Privigen; removed HCPCS code C9270; added HCPCS Codes J1460, J1554, J1558, J1560; removed references to Carimune NF due to product discontinuation; references reviewed and updated.
CP.PHAR.145 Deferasirox (Exjade, Jadenu)	Medicaid	Added Parkinson disease to section III with rationale in Appendix E.
CP.PHAR.146 Deferoxamine (Desferal)	Medicaid	Added Parkinson disease to section III with rationale in Appendix D.
CP.PHAR.147 Deferiprone (Ferroprox)	Medicaid	Added Parkinson disease to section III with rationale in Appendix E.
CP.PHAR.172 Histrelin (Vantas, Supprelin LA)	Medicaid	Added Commercial line of business; added off-label use criteria for gender dysphoria or gender transition.
CP.PHAR.174 Nafarelin (Synarel)	Medicaid	Added off-label use criteria for gender dysphoria or gender transition.
CP.PHAR.236 Darbepoetin alfa (Aranesp)	Medicaid	2Q 2023 annual review: per NCCN for MDS continuation of therapy modified treatment response assessment to occur after at least 8 weeks of therapy (previously this was 12 weeks); per NCCN Compendium for MDS added approval pathway for lower risk (IPSS low/intermediate-1) disease associated with symptomatic anemia with del(5q); references reviewed and updated.
NH.PHAR.237 Epoetin alfa (Epogen, Procrit), Epoetin alfa-epbx (Retacrit)	Medicaid	2Q 2023 annual review: per NCCN for MDS continuation of therapy modified treatment response assessment to occur after at least 8 weeks of therapy (previously this was 12 weeks); per NCCN Compendium for MDS added approval pathway for lower risk (IPSS low/intermediate-1) disease associated with symptomatic anemia with del(5q); for cancer indications and other indications sections clarified redirection requirements to include an option for Retacrit requests where no redirection is required; for zidovudine induced anemia continuation of therapy added requirement to confirm member continues to receive zidovudine therapy; references reviewed and updated.
CP.PHAR.244 Anakinra (Kineret)	Medicaid	2Q 2023 annual review: for RA, added TNFi criteria to allow bypass if member has had history of failure of two TNF blockers; updated appendix D with general information for CAPS; references reviewed and updated.
CP.PHAR.246 Canakinumab (Ilaris)	Medicaid	2Q 2023 annual review: no significant changes; updated off-label dosing for Appendix B; references reviewed and updated.
CP.PHAR.259 Natalizumab (Tysabri)	Medicaid	2Q 2023 annual review: for CD, added TNFi criteria to allow bypass if member has had history of failure of two TNF blockers; for MS, to be inclusive of members continuing therapy from a different benefit, revised Medicaid/HIM continued approval duration to reference the duration of total treatment received rather than the number of re-authorizations; references reviewed and updated.
CP.PHAR.260 Rituximab (Rituxan, Riabni, Ruxience, Truxima, Rituxan Hycela)	Medicaid	2Q 2023 annual review: criteria added for off-label use in NS; for RA, added TNFi criteria to allow bypass if member has had history of failure of two TNF blockers; removed nephrotic syndrome in other diagnoses/indications section in initial and continued therapy; continued therapy approval duration for DM updated to 1 month; references reviewed and updated.
CP.PHAR.263 Tocilizumab (Actemra)	Medicaid	2Q 2023 annual review: RT4: revised criteria for COVID-19 emergency authorized use to FDA-approved indication; removed Appendix K since Actemra does not have EUA and is approved for COVID-19; updated off-label dosing in Appendix B; references reviewed and updated.
CP.PHAR.265 Vedolizumab (Entyvio)	Medicaid	2Q 2023 annual review: for UC and CD, added TNFi criteria to allow bypass if member has had history of failure of two TNF blockers; updated off-label dosing for Appendix B; added high risk factors for postoperative occurrence to Appendix E to align with other CD policies; references reviewed and updated.
CP.PHAR.385 Corticosteroids for ophthalmic injection (Dextenza, Iluvien, Ozurdex, Retisert, Xipere, Yutiq)	Medicaid	Added Dextenza to policy; revised dosing frequency for Ozurdex from q4 months to q3 months per literature review, market analysis, and specialist feedback; updated HCPCS code for Xipere.

CP.PHAR.417 Brexanolone (Zulresso)	Medicaid	2Q 2023 annual review: shortened the trial durations of antidepressant agent from 8 weeks to 4 weeks; references reviewed and updated. Template verbiage pertaining to continued therapy does not apply.
CP.PHAR.419 Elapegedemase-lvlr (Revcovi)	Medicaid	2Q 2023 annual review: added hematologist specialty option to criteria; references reviewed and updated.
CP.PHAR.426 Risankizumab-rzaa (Skyrizi)	Medicaid	2Q 2023 annual review: updated off-label dosing in Appendix B; for PsA and CD, added TNFi criteria to allow bypass if member has had history of failure of two TNF blockers; references reviewed and updated.
CP.PHAR.447 Mercaptopurine (Purixan)	Medicaid	2Q 2023 annual review: added by-passing of redirection if state regulations do not allow step therapy in certain oncology settings; clarified HIM approval durations align with Medicaid; references reviewed and updated. Template verbiage pertaining to continued therapy does not apply.
CP.PHAR.462 Ozanimod (Zeposia)	Medicaid	2Q 2023 annual review: for UC, added TNFi criteria to allow bypass if member has had history of failure of two TNF blockers; for MS, to be inclusive of members continuing therapy from a different benefit, revised continued approval duration to reference the duration of total treatment received rather than the number of re-authorizations; references reviewed and updated.
CP.PHAR.481 Idecabtagene Vicleucel (Abecma)	Medicaid	2Q 2023 annual review: added additional option to currently required measurable disease requirement to allow for progressive disease as defined by IMWG; clarified requirement for diagnosis of <i>relapsed or refractory</i> multiple myeloma; references reviewed and updated.
CP.PHAR.503 Sutimlimab-jome (Enjaymo)	Medicaid	2Q 2023 annual review: RT4: removed requirement for history of at least one documented blood transfusion within 6 months (initial criteria), revised required increase in hemoglobin level from 2 to 1.5 g/dL (continued criteria), and modified evidence of positive response from being both of the following to just one of the following per revised FDA indication and new data from the CADENZA study; corrected hemoglobin-related continued criteria from > to ≥ per pivotal trial design; removed inactive HCPCS codes; references reviewed and updated.
CP.PHAR.533 Ciltacabtagene Autoleucel (Carvykti)	Medicaid	2Q 2023 annual review: added additional option to currently required measurable disease requirement to allow for progressive disease as defined by IMWG; clarified requirement for diagnosis of <i>relapsed or refractory</i> multiple myeloma; removed J9999 HCPCS code; references reviewed and updated.
CP.PHAR.538 Tivozanib (Fotivda)	Medicaid	2Q 2023 annual review: clarified requirement that RCC is of clear cell histology per NCCN and pivotal clinical trial inclusion criteria, updated <i>Appendix B</i> to remove references to regimens for non-clear cell histology; references reviewed and updated.
CP.PHAR.577 Tralokinumab-ldrm (Adbry)	Medicaid	2Q 2023 annual review: modified list of agents for which concurrent use is not allowed to include non-asthma biologic immunomodulators; clarified that topical corticosteroids requirement is for corticosteroids of different molecular identities and expanded examples of medium to very high potency topical corticosteroids in Appendix B; removed low potency topical corticosteroids from Appendix B; references reviewed and updated.
CP.PHAR.582 Lutetium Lu 177 vipivotide tetraxetan (Pluvicto)	Medicaid	2Q 2023 annual review: added clarification to approval duration is for up to a total of 6 doses; revised continued therapy approval duration from 12 to 6 months; for continued therapy added requirement that member has not received ≥ 6 doses (infusions) of Pluvicto; added piflufolastat F-18 as an additional radioactive diagnostic agent for identification of PSMA-positive disease; updated <i>Appendix D</i> examples of androgen deprivation therapy per NCCN; removed inactive HCPCS code A9699; references reviewed and updated.
CP.PHAR.583 Pacritinib (Vonjo)	Medicaid	2Q 2023 annual review: for MF added criteria for lower-risk disease per NCCN 2A recommendation and added criteria for higher-risk disease with platelets ≥ 50 x 10 ⁹ /L per NCCN 1 recommendation; for continued therapy section updated FDA maximum dosing to mirror PI; provided details on risk stratification in Appendix D; references reviewed and updated.
CP.PMN.49 Dabigatran (Pradaxa)	Medicaid	2Q 2023 annual review: differentiated FDA approved indications between Pradaxa capsules and pellets; separate criteria created for treatment and risk reduction of VTE; added age requirement; for Pradaxa capsule [75 and 150 mg strength] requests added requirement for use of generic; references reviewed and updated.
CP.PMN.110 Crisaborole (Eucrisa)	Medicaid	2Q 2023 annual review: clarified that topical corticosteroids requirement is for corticosteroids of different molecular identities and expanded examples of medium to very high potency topical corticosteroids in Appendix B; references reviewed and updated.
CP.PMN.124 Itraconazole (Sporanox, Tolsura)	Medicaid	2Q 2023 annual review: per IDSA dosing recommendations reduced trial duration of fluconazole for oropharyngeal candidiasis from 14 to 7 days, for esophageal candidiasis from 21 to 14 days, for oropharyngeal candidiasis reduced nystatin suspension or clotrimazole troches/lozenges trial duration from 14 to 7 days; clarified in Appendix C contraindication in women who are pregnant or contemplating pregnancy applies only for the treatment of onychomycosis; references reviewed and updated.
CP.PMN.125 Milnacipran (Savella)	Medicaid	2Q 2023 annual review: shortened the trial durations of antidepressant agents from 8 weeks to 4 weeks; references reviewed and updated.
CP.PMN.158 Netupitant and Palonosetron (Akinzeo), Fosnetupitant and Palonosetron (Akinzeo IV)	Medicaid	Added Commercial line of business per Health Plan request.
CP.PMN.198 Overactive Bladder Agents	Medicaid	2Q 2023 annual review: for Toviaz requests added generic redirection; references reviewed and updated.
CP.PMN.199 Esketamine (Spravato)	Medicaid	2Q 2023 annual review: for TRD added clarification that Spravato be used in combination with oral antidepressant; references reviewed and updated.
New		
CP.PHAR.619 Nedosiran (DCR-PHXC)	Medicaid	Policy created pre-emptively

CP.PHAR.621 Ublituximab-xiyy (Briumvi)	Medicaid	Policy created: adapted from existing criteria for non-preferred MS agents in line with prior SDC recommendations/P&T approved clinical guidance.
CP.PHAR.622 Lenacapavir (Sunlenca)	Medicaid	Policy created
CP.PHAR.624 Ferric Pyrophosphate Citrate (Triferic)	Medicaid	Policy created per February SDC.
CP.PMN.285 Insulin degludec (Tresiba)	Medicaid	Policy created per February SDC.
CP.PMN.287 Nabumatone Double-Strength (Relafen DS)	Medicaid	Policy created per February SDC.
No Significant Change(s)		
CP.PHAR.00 State Pharmacy Criteria Process	Medicaid	2Q 23 Annual Review, no significant changes. Under I. C. clarified “maintenance” includes an annual review, removed reference to local P&T and changed UM to other local committee. Under III. A clarified SharePoint would include annual review dates and under B. added Policies must be 508 remediated at least annually.
CP.PHAR.43 Sapropterin (Kuvan)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.88 Belimumab (Benlysta)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.92 Tetrabenazine (Xenazine)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.135 Baricitinib (Olumiant)	Medicaid	2Q 2023 annual review: no significant changes; updated off-label dosing in Appendix B; references reviewed and updated.
CP.PHAR.152 Laronidase (Aldurazyme)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.153 Eliglustat (Cerdelga)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.154 Imiglucerase (Cerezyme)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.155 Cysteamine oral (Cystagon, Procysbi)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.156 Idursulfase (Elaprase)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.158 Agalsidase beta (Fabrazyme)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.159 Sebelipase alfa (Kanuma)	Medicaid	2Q 2023 annual review: no significant changes; added definition of “suboptimal clinical response” for determining the need for further dose increases; references reviewed and updated.
CP.PHAR.160 Alglucosidase (Lumizyme)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.161 Galsulfase (Naglazyme)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.162 Elosulfase alfa (Vimizim)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.164 Miglustat (Zavesca)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.230 AbobotulinumtoxinA (Dysport)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.238 Methoxy polyethylene glycol-epoetin beta (Mircera)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.242 Adalimumab (Humira) Humira Biosimilars	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.243 Alemtuzumab (Lemtrada)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.245 Apremilast (Otezla)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.248 Dalfampridine (Ampyra)	Medicaid	2Q 2023 annual review: no significant changes; added generic redirection to continued therapy section; references reviewed and updated.
CP.PHAR.249 Dimethyl fumarate (Tecfidera), diroximel fumarate, monomethyl fumarate	Medicaid	2Q 2023 annual review: no significant changes; to be inclusive of members continuing therapy from a different benefit, revised continued approval duration to reference the duration of total treatment received rather than the number of re-authorizations; references reviewed and updated.
CP.PHAR.250 Etanercept (Enbrel)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.251 Fingolimod (Gilenya, Tascenso ODT)	Medicaid	2Q 2023 annual review: no significant changes; added redirection to generic for Gilenya 0.5 mg requests per SDC; RT4: for Tascenso ODT, added new 0.5 mg dosage strength and updated indication/criteria to remove prior upper age limit and weight requirement per revised FDA labeling; to be inclusive of members continuing therapy from a different benefit, revised continued approval duration to reference the duration of total treatment received rather than the number of re-authorizations; references reviewed and updated.
CP.PHAR.252 Glatiramer (Copaxone, Glatopa)	Medicaid	2Q 2023 annual review: no significant changes; added generic redirection to continued therapy section; to be inclusive of members continuing therapy from a different benefit, revised Medicaid continued approval duration to reference the duration of total treatment received rather than the number of re-authorizations; references reviewed and updated.
CP.PHAR.254 Infliximab (Avsola, Inflectra, Remicade, Renflexis)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.

CP.PHAR.255 Interferon beta-1a (Avonex, Rebif)	Medicaid	2Q 2023 annual review: no significant changes; to be inclusive of members continuing therapy from a different benefit, revised Medicaid/HIM continued approval duration to reference the duration of total treatment received rather than the number of re-authorizations; references reviewed and updated.
CP.PHAR.256 Interferon beta-1b (Betaseron, Extavia)	Medicaid	2Q 2023 annual review: no significant changes; to be inclusive of members continuing therapy from a different benefit, revised continued approval duration to reference the duration of total treatment received rather than the number of re-authorizations; references reviewed and updated.
CP.PHAR.257 Ixekizumab (Taltz)	Medicaid	2Q 2023 annual review: no significant changes; updated off-label dosing for Appendix B; references reviewed and updated.
CP.PHAR.262 Teriflunomide (Aubagio)	Medicaid	2Q 2023 annual review: no significant changes; to be inclusive of members continuing therapy from a different benefit, revised continued approval duration to reference the duration of total treatment received rather than the number of re-authorizations; references reviewed and updated.
CP.PHAR.266 Riloncept (Arcalyst)	Medicaid	2Q 2023 annual review: no significant changes; updated appendix B dosing for recurrent pericarditis to align with 2020 JACC Management of Acute and Recurrent Pericarditis guideline; references reviewed and updated.
CP.PHAR.267 Tofacitinib (Xeljanz Xeljanz XR)	Medicaid	2Q 2023 annual review: no significant changes; updated off-label dosing in Appendix B; references reviewed and updated.
CP.PHAR.271 Peginterferon beta-1a (Plegridy)	Medicaid	2Q 2023 annual review: no significant changes; to be inclusive of members continuing therapy from a different benefit, revised Medicaid/HIM continued approval duration to reference the duration of total treatment received rather than the number of re-authorizations; references reviewed and updated.
CP.PHAR.335 Ocrelizumab (Ocrevus)	Medicaid	2Q 2023 annual review: no significant changes; to be inclusive of members continuing therapy from a different benefit, revised Medicaid/HIM continued approval duration to reference the duration of total treatment received rather than the number of re-authorizations; references reviewed and updated.
CP.PHAR.340 Valbenazine (Ingrezza)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.341 Deutetrabenazine (Austedo)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.343 Edaravone (Radicava)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.346 Sarilumab (Kevzara)	Medicaid	2Q 2023 annual review: no significant changes; updated off-label dosing for Appendix B; references reviewed and updated.
CP.PHAR.374 Vestronidase alfa-vjbc (Mepsevii)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.375 Brodalumab (Siliq)	Medicaid	2Q 2023 annual review: no significant changes; updated Appendix B to include all relevant formulations of MTX; references reviewed and updated.
CP.PHAR.378 Ibalizumab-uiyk (Trogarzo)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.416 Caplacizumab-yhdp (Cablivi)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.422 Cladribine (Mavenclad)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.427 Siponimod (Mayzent)	Medicaid	2Q 2023 annual review: no significant changes; to be inclusive of members continuing therapy from a different benefit, revised continued approval duration to reference the duration of total treatment received rather than the number of re-authorizations; references reviewed and updated.
CP.PHAR.468 Aducanumab-avwa (Aduhelm)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.471 Fosdenopterin (Nulibry)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.474 Remestemcel-L (Ryoncil)	Medicaid	2Q 2023 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated.
CP.PHAR.479 Decitabine/Cedazuridine (Inqovi)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.482 Isatuximab-irfc (Sarclisa)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.483 Lisocabtagene Maraleucel (Breyanzi)	Medicaid	2Q 2023 annual review: no significant changes; modified AIDS-related DLBCL to HIV-related per NCCN Compendium; references reviewed and updated.
CP.PHAR.486 Bimatoprost Implant (Durysta)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.504 Voclosporin (Lupkynis)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.521 Avalglucosidase Alfa-ngpt (Nexvzyme)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.526 Fibrinogen Concentrate [Human] (Fibryga, RiaSTAP)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.527 Narsoplimab (OMS721)	Medicaid	2Q 2023 annual review: no significant changes as drug is not yet FDA-approved; references reviewed and updated.

CP.PHAR.528 Odevixibat (Bylvy)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.534 Insulin Delivery Systems (V-Go, Omnipod, InPen)	Medicaid	2Q 2023 annual review: no significant changes; for V-Go, revised minimum age requirement from 21 years to 18 years per user guide; references reviewed and updated.
CP.PHAR.535 Melphalan Flufenamide (Pepaxto)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.536 Ophthalmic Riboflavin (Photrexa, Photrexa Viscous)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PHAR.537 Ponesimod (Ponvory)	Medicaid	2Q 2023 annual review: no significant changes; to be inclusive of members continuing therapy from a different benefit, revised continued approval duration to reference the duration of total treatment received rather than the number of re-authorizations; references reviewed and updated.
CP.PHAR.581 Faricimab (Vabysmo)	Medicaid	2Q 2023 annual review: no significant changes, removed inactive HCPCS codes J3590 and C9097; references reviewed and updated.
CP.PHAR.584 Sodium Phenylbutyrate/Taurursodiol (Relyvrio)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.33 Pregabalin (Lyrica, Lyrica CR)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.35 Armodafinil (Nuvigil)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.39 Modafinil (Provigil)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.42 Sodium Oxybate (Xyrem) and Calcium Magnesium Potassium Sodium Oxybate (Xywav)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.48 Cyclosporine ophthalmic emulsion (Cequa, Restasis, Verkazia)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.58 Propranolol (Hemangeol)	Medicaid	2Q 2023 annual review: no significant changes; contraindications updated per PI; references reviewed and updated.
CP.PMN.61 ACEI and ARB duplicate therapy	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.79 Doxycycline (Doryx, Oracea, Acticlate)	Medicaid	2Q 2023 annual review: no significant updates; references reviewed and updated.
CP.PMN.80 Minocycline ER (Solodyn, Ximino, Minolira), Microspheres (Arestin), Foam (Zilxi)	Medicaid	2Q 2023 annual review: no significant changes; clarified that Arestin is excluded for all HIM plans except Florida where it is NF and can follow this policy for coverage criteria and duration as stated; references reviewed and updated.
CP.PMN.86 Oxymetazoline (Rhofade, Upneeq)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.117 Esomeprazole-Naproxen (Vimovo)	Medicaid	2Q 2023 annual review: no significant changes; added quantity limit for adolescents with weight 38 kg to < 50 kg; references reviewed and updated.
CP.PMN.119 Ozenoxacin (Xepi)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.120 Famotidine-Ibuprofen (Duexis)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.122 Celecoxib (Celebrex, Elyxyb)	Medicaid	2Q 2023 annual review: no significant changes; added limitation of use for Elyxyb per PI; references reviewed and updated.
CP.PMN.127 Fentanyl IR (Actiq, Fentora, Lazanda, Subsys)	Medicaid	2Q 2023 annual review: no significant changes; removed references to Abstral due to discontinuation of product; references reviewed and updated.
CP.PMN.128 Dutasteride (Avodart, Jalyn)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.130 Cysteamine ophthalmic (Cystaran, Cystadrops)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.136 Mecamylamine (Vecamyl)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.137 Carbamazepine ER (Equetro)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.138 Age Limit Override (Codeine, Tramadol, Hydrocodone)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.154 Isavuconazonium (Cresemba)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.191 Age Limit for Topical Tretinoin	Medicaid	2Q 2023 annual review: no significant changes; added additional available tube sizes for cream and gel formulation per product availability; references reviewed and updated.
CP.PMN.192 Brimonidine (Mirvaso)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.193 Hydroxyurea (Siklos)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.196 Rifamycin (Aemcolo)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.197 Clomipramine (Anafranil)	Medicaid	2Q 2023 annual review: no significant changes; added template requirement to use generic clomipramine; references reviewed and updated.

CP.PMN.209 Solriamfetol (Sunosi)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.221 Pitolisant (Wakix)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.234 EPSDT Benefit for Pediatric Members	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.235 Emtricitabine-tenofovir alafenamide (Descovy)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.262 Quinine Sulfate (Qualaquin)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.264 Viloxazine (Qelbree)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.275 Levoketoconazole (Recorlev)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.276 Pentosan polysulfate sodium (Elmiron)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
CP.PMN.277 Ulcer Therapy Combinations (Omeclamox Pak, Pylera, Talicia, Voquezna)	Medicaid	2Q 2023 annual review: no significant changes; added boxed warning for Pylera to Appendix C; simplified dosing regimen for Talicia in initial criteria and dosing table; references reviewed and updated
CP.PMN.278 Ganaxolone (Ztalmy)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated.
Strategy Development Committee (SDC) Criteria changes based on SDC decisions		
CP.PHAR.157 Taliglucerase alfa (Elelyso)	Medicaid	2Q 2023 annual review: no significant changes; references reviewed and updated. Per February SDC and prior clinical guidance, added redirections to Cerdelga and Cerezyme; added Appendix B; added HIM line of business and retired HIM.PA.162.
CP.PHAR.163 Velaglucerase alfa (VPRIV)	Medicaid	2Q 2023 annual review: no significant changes; added weight requirement and max dose limits to align with previously Corporate P&T-approved approach for max dose limits when switching from imiglucerase; references reviewed and updated. Per February SDC and prior clinical guidance, added redirections to Cerdelga and Cerezyme; added Appendix B; added HIM line of business and retired HIM.PA.163.
CP.PHAR.165 Ferumoxytol (Feraheme)	Medicaid	Per February SDC, added Commercial line of business; updated initial criteria to require failure of the following: for IDA and CKD Ferrlecit and Venofer; for IDA without CKD two of Ferrlecit, Infed, or Venofer.
CP.PHAR.200 Mepolizumab (Nucala)	Medicaid	Per February SDC, for CRSwNP modified requirement from three intranasal steroids to require only two.
CP.PHAR.231 IncobotulinumtoxinA (Xeomin)	Medicaid	2Q 2023 annual review: Per February SDC and prior clinical guidance, added redirection requirement to co-prefer Botox and Dysport for all indications except chronic sialorrhea; references reviewed and updated.
CP.PHAR.232 OnabotulinumtoxinA (Botox)	Medicaid	2Q 2023 annual review: for chronic anal fissure, revised maximum dosing allowance up to 25 units for initial therapy and 100 units for continued therapy per treatment session; added chronic sialorrhea off-label indication; references reviewed and updated. Per February SDC: removed Dysport and/or Xeomin redirection requirement for upper and lower limb spasticity, cervical dystonia, blepharospasm, overactive bladder, chronic migraine, and axillary hyperhidrosis; for Overactive Bladder, updated criteria for adults to require use of two anticholinergic agents or one oral beta-3 agonist medication (previously both were required); changed all approval durations to 12 months for Medicaid, HIM, and Commercial.
CP.PHAR.233 RimabotulinumtoxinB (Myobloc)	Medicaid	2Q 2023 annual review: Per February SDC and prior clinical guidance, for cervical dystonia replaced Xeomin redirection with Botox to co-prefer with Dysport; references reviewed and updated.
CP.PHAR.234 Ferric Carboxymaltose (Injectafer)	Medicaid	Per February SDC, added Commercial line of business; updated initial criteria to require failure of the following with associated age considerations: for IDA and CKD Ferrlecit and Venofer; for IDA without CKD two of Ferrlecit, Infed, or Venofer; additionally, added redirection to Feraheme in a step-wise fashion if member has intolerance or contraindication to all preferred injectable agents.
CP.PHAR.296 Pegfilgrastim (Neulasta and biosimilars)	Medicaid	Per February SDC and prior clinical guidance, added Udenyca as step through requirement to co-prefer with Ziextenzo.
CP.PHAR.336 Dupilumab (Dupixent)	Medicaid	Per February SDC, for CRSwNP modified requirement from three intranasal steroids to require only two.
CP.PHAR.391 Lanreotide (Somatuline Depot)	Medicaid	Per February SDC and prior clinical guidance added redirection to Sandostatin LAR depot.
CP.PHAR.480 Ferric Derisomaltose (Monoferric)	Medicaid	2Q 2023 annual review: Per February SDC, updated initial criteria to require failure of the following: for IDA and CKD Ferrlecit and Venofer; for IDA without CKD two of Ferrlecit, Infed, or Venofer; additionally, added redirection to Feraheme in a step-wise fashion if member has intolerance or contraindication to all preferred injectable agents; references reviewed and updated.
CP.PMN.95 Fluticasone propionate (Xhance)	Medicaid	Per February SDC, modified requirement from two formulary intranasal steroids to require only one.
CP.PMN.112 Naldemedine (Symproic)	Medicaid	Per February SDC and prior clinical guidance, added redirection to Movantik; added HIM line of business.
CP.PMN.169 Methylnaltrexone Bromide (Relistor)	Medicaid	Per February SDC and prior clinical guidance; consolidated commercial line of business and retired CP.CPA.274; added redirection to Movantik.

NH.PMN.183 GLP-1 receptor agonists	Medicaid	Per February SDC, added Soliqua requiring use of either basal insulin or GLP-1 receptor agonist within the past 180 days
NH.PST.01 Step Therapy	Medicaid	Removed Soliqua as EST is no longer required.