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Policy/ Coverage Criteria Guideline	Revision Summary Description
CP.PHAR.05 Hyaluronate derivatives	Added allowable treatment number per duration to initial and continued criteria; references updated.
CP.PHAR.93 Bevacizumab (Avastin Mvasi Zirabev)	Added additional NCCN-supported regimens and classifications for colorectal cancer, NSCLC, glioblastoma, cervical cancer, and epithelial ovarian, fallopian tube, or primary peritoneal cancer; added criterion that HCC be classified as Child-Pugh class A disease per NCCN; added low-grade WHO grade I glioma to NCCN-supported off-label indication; added Nevada to Appendix E; references reviewed and updated.
CP.PHAR.132 Nitisinone (Orfadin, Nityr)	Added requirement for diagnosis confirmation by either genetic or biochemical testing; references reviewed and updated.
CP.PHAR.136 Elagolix (Orilissa), elagolix-estradiol-norethindrone (Oriahnn)	Removed the requirement for confirmation that the member does not have osteoporosis for both Orilissa and Oriahnn; revised continuation of therapy auth duration language to emphasize that the 6-month duration of 200 mg twice daily is a lifetime limit, and that dose de-escalated continuation of therapy after 6 months of 400 mg/day will not be covered; references reviewed and updated.
CP.PHAR.151 Levoleucovorin (Fusilev, Khapzory)	Contraindications updated to include leucovorin products; change the language to be consistent with FDA labeling (change patients to adults): the treatment of adults with metastatic colorectal cancer in combination with 5-fluorouracil (5-FU); updated redirections to off-label policies to current policy names; references reviewed and updated.
CP.PHAR.158 Agalsidase beta (Fabrazyme)	Added other specialist types who might be involved in a Fabry patient's care, in line with the previously P&T-approved approach to specialists in Fabry disease.
CP.PHAR.168 Corticotropin (H.P. Acthar)	Added experimental uses previously stated in Appendix D to Section III.
CP.PHAR.173 Leuprolide Acetate (Lupron, Lupron Depot, Eligard, Lupaneta Pack, Fensolvi)	Annual review: RT4: Added Camcevi, a new dosage form of existing product [Lupron Depot] with same indication for prostate cancer; added gender transition to gender dysphoria criteria set; clarified breast cancer should be hormone receptor-positive; references reviewed and updated.
CP.PHAR.177 Ecallantide (Kalbitor)	Per health plan request, added criteria that Kalbitor be administered by a qualified professional equipped to manage possible anaphylaxis as advised in the boxed warning.
CP.PHAR.200 Mepolizumab (Nucala)	Criteria added for newly FDA-approved indication of CRSwNP.
CP.PHAR.313 Pralatrexate (Folotyn)	Added option for use as initial palliation for PTCL and clarified use as a single-agent therapy per NCCN; added BI-ALCL indication to criteria per NCCN; references reviewed and updated.
CP.PHAR.340 Valbenazine (Ingrezza)	Annual Review. No Changes. Retired Wellcare policy version.
CP.PHAR.354 Testosterone (Testopel, Jatenzo)	Revised "Medical justification" to "Member must use" language; references reviewed and updated.
CP.PHAR.395 Patisiran (Onpattro)	Added requirement that Onpattro is not prescribed concurrently with Tegsedi; added biopsy requirement to align with previously Corporate P&T-approved approach for this class of medications; references reviewed and updated.
CP.PHAR.405 Inotersen (Tegsedi)	Added requirement that Tegesedi is not prescribed concurrently with Onpattro.
CP.PHAR.434 Bremelanotide (Vyleesi)	Added criterion for symptom persistence of 6 months per DSM-5 diagnostic criteria; references reviewed and updated.
CP.PHAR.446 Flibanserin (Addyi)	Added criterion for symptom persistence of 6 months per DSM-5 diagnostic criteria.
CP.PHAR.513 Plasminogen (Ryplazim)	Drug is now FDA-approved; criteria updated per FDA labeling; modified continuation of therapy to require increased trough plasminogen activity; modified examples of positive response to remove qualification of one year on treatment; references reviewed and updated.
CP.PHAR.520 Casirivimab and imdevimab (REGEN-COV)	Updated policy to reflect recent developments on the EUA including: authorization for post-exposure prophylaxis, inclusion of "death" in the definition of "severe" COVID-19, inclusion of a SC dosing option, new co-formulated vial formulation; references reviewed and updated.
CP.PHAR.521 Avalglucosidase alfa-ngpt (Nexviazyme)	Drug is now FDA approved – criteria updated per FDA labeling: updated covered diagnosis to include only late-onset disease; added requirement for biochemical or genetic testing to confirm Pompe diagnosis, removed the requirement for

	an endocrinologist prescriber (aligns with Lumizyme policy), updated minimum age to 1 year old; references reviewed and updated.
CP.PHAR.528 Odevixibat (Bylvay)	Added requirement for documentation of current body weight; added appendices D-F; references reviewed and updated.
CP.PMN.180 Halobetasol Propionate Lotion (Bryhali, Lexette, Ultravate)	Added age limits, revised quantity limit of Bryhali from 100 g per month to per 2 weeks per PI; references reviewed and updated.
CP.PMN.210 Acyclovir buccal tab (Sitavig)	Removed Avaclyr as the product is no longer on the market; references reviewed and updated.
CP.PMN.238 Carbidopa-Levodopa ER Capsules (Rytary), Enteral Suspension (Duopa)	Added Duopa.
CP.PMN.248 Ciprofloxacin-Dexamethasone (Ciprodex)	Added that member must use generic formulation; references reviewed and updated.
CP.PMN.249 Ciprofloxacin-Fluocinolone (Otovel)	Added that request should be for generic formulation; references reviewed and updated.
CP.PMN.255 No Coverage Criteria	Added requirement for diagnoses; added requirement that request is for a formulary drug; added notation that generic alternatives are preferred; modified dosing requirements to allow off-label dosing; references reviewed and updated.
CP.PHAR.550 Vutrisiran (ALN-TTRsc02)	Policy created pre-emptively
CP.PHAR.551 Anifrolumab-fnia (Saphnelo)	Policy created.
CP.PHAR.552 Belumosudil (Rezurock)	Policy created
CP.PHAR.553 Belzutifan (Welireg)	Policy created.
CP.PHAR.555 Efgartigimod (ARGX-113)	Policy created pre-emptively
CP.PHAR.556 Elivaldogene Autotemcel	Policy created pre-emptively
CP.PHAR.557 Udenafil	Policy created pre-emptively
CP.PMN.266 Finerenone (Kerendia)	Policy created
CP.PMN.267 Levodopa Inhalation Powder (Inbrija)	Policy created
CP.PMN.268 Tenofovir Alafenamide Fumarate (Vemlidy)	Policy created references reviewed and updated.
CP.PHAR.130 Avatrombopag (Doptelet)	No significant changes; references reviewed and updated.
CP.PHAR.139 Mogamulizumab-kpkc (Poteligeo)	No significant changes; references reviewed and updated.
CP.PHAR.140 Pegvaliase-pqpz (Palynziq)	No significant changes; references reviewed and updated.
CP.PHAR.141 Ribavirin (Copegus, Moderiba, Rebetol, Ribasphere)	No significant changes; added redirection to generic formulation; removed Daklinza criteria references as Daklinza has been discontinued; references reviewed and updated.
CP.PHAR.142 Adefovir (Hepsera)	No significant changes; references reviewed and updated.
CP.PHAR.143 Betaine (Cystadane)	No significant changes; references reviewed and updated.
NH.PHAR.149 Baclofen (Gablofen, Lioresal, Ozobax)	Policy created
CP.PHAR.172 Histrelin (Vantas, Supprelin LA)	Annual review: no significant changes; references reviewed and updated.
CP.PHAR.174 Nafarelin (Synarel)	Annual review: no significant changes; references reviewed and updated.
CP.PHAR.201 Belatacept (Nulojix)	Annual review: no significant changes; references reviewed and updated.
NH.PHAR.288 Eteplirsen (Exondys)	Annual review. No changes.
CP.PHAR.328 Asfotase Alfa (Strensiq)	Annual review: no significant changes; references reviewed and updated.
CP.PHAR.332 Pasireotide (Signifor, Signifor LAR)	Annual review: no significant changes; updated J code; references reviewed and updated
CP.PHAR.389 Pegvisomant (Somavert)	Annual review: no significant changes; references reviewed and updated.
CP.PHAR.390 Cholic Acid (Cholbam)	Annual review: no significant changes; references reviewed and updated.

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CP.PHAR.391 Lanreotide (Somatuline Depot)	No significant changes; references reviewed and updated.
CP.PHAR.393 Leucovorin Injection	Annual review: no significant changes; references reviewed and updated.
CP.PHAR.394 Migalastat (Galafold)	Annual review: no significant changes; added other specialist types who might be involved in a Fabry patient's care, in line with the previously P&T-approved approach to specialists in Fabry disease; references reviewed and updated.
CP.PHAR.438 Trientine (Syprine)	Annual review: no significant changes; references reviewed and updated.
CP.PHAR.442 Fedratinib (Inrebic)	Annual review: no significant changes; references reviewed and updated.
CP.PHAR.506 Antithymocyte Globulin (Atgam, Thymo	Annual review: no significant changes; references reviewed and updated.
CP.PHAR.509 Triheptanoin (Dojolvi)	No significant changes; references reviewed and updated.
CP.PHAR.510 Arimoclomol	Annual review: no significant changes as the drug is not yet FDA-approved.
CP.PHAR.512 Pegunigalsidase alfa (PRX-102)	Annual review: no significant changes, as the FDA issued a Complete Response Letter for this agent in April 2021 – status of BLA resubmission is uncertain; added a specialist prescriber requirement to align with the approach for other Fabry disease treatments; references reviewed and updated.
CP.PMN.13 Dose optimization	Annual review: no significant changes.
NH.PMN.16 Request for non-preferred medical necessary drug	Annual review: no changes
CP.PMN.17 Droxidopa (Northera)	Annual review: no significant changes; references reviewed and updated.
CP.PMN.47 Rifaximin (Xifaxan)	Annual review: no significant changes; references reviewed and updated.
CP.PMN.53 Off-Label Use	Annual review: no significant changes; added Ohio and Nevada to Appendix F; references reviewed and updated.
CP.PMN.54 Clobazam (Onfi, Sympazan)	Annual review: no significant changes; revised "Medical justification…for clobazam tablets and oral suspension…" to "Member must use clobazam tablets or oral suspension…"; references reviewed and updated.
NH.PMN.59 Quantity Limit Override	Annual review: no significant changes.
CP.PMN.71 Linaclotide (Linzess)	Annual review: no significant changes; references reviewed and updated.
CP.PMN.73 Lifitegrast (Xiidra)	Annual review: no significant changes; references reviewed and updated.
CP.PMN.87 Plecanatide (Trulance)	Annual review: no significant changes; references reviewed and updated.
CP.PMN.109 Suvorexant (Belsomra)	Annual review: no significant changes; references reviewed and updated.
CP.PMN.112 Naldemedine (Symproic)	Annual review: no significant changes; references reviewed and updated.
CP.PMN.116 L-glutamine (Endari)	Annual review: no significant changes; references reviewed and updated.
CP.PMN.142 Lubiprostone (Amitiza)	Annual review: no significant changes; references reviewed and updated.
CP.PMN.143 Isotretinoin (Claravis, Absorica, Absorica LD, Myorisan, Zenatane, Amnesteem)	Annual review; no significant changes; references reviewed and updated.
CP.PMN.153 Alosetron (Lotronex)	Annual review: no significant changes; references reviewed and updated.
CP.PMN.161 Methadone (Dolophine)	Annual review: no significant changes; references reviewed and updated.
CP.PMN.165 Fluorouracil Cream (Tolak)	Annual review: no significant changes; references reviewed and updated.
CP.PMN.167 Neomycin-fluocinolone cream (Neo-Synalar)	Annual review: no significant changes; references reviewed and updated.
CP.PMN.169 Methylnaltrexone Bromide (Relistor)	Annual review: no significant changes; references reviewed and updated.
CP.PMN.170 Eluxadoline (Viberzi)	Annual review: no significant changes; references reviewed and updated.

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CP.PMN.171 Naloxegol (Movantik)	Annual review: no significant changes; references reviewed and updated.
NH.PMN.172 Zolpidem (Edluar, Intermezzo, Zolpimist)	Annual review: no significant changes; references reviewed and updated.
NH.PMN.173 Ramelteon (Rozerem)	Annual review: no significant changes; references reviewed and updated.
CP.PMN.174 Perindopril-Amlodipine (Prestalia)	Annual review: no significant changes; references reviewed and updated.
NH.PMN.175 Doxepin (Silenor)	Annual review: no significant changes; references reviewed and updated.
NH.PMN.176 Amlodipine-Atorvastatin (Caduet)	Annual review: no significant changes; medical justification language revised to must use language per template; references reviewed and updated.
CP.PMN.177 Glycopyrronium (Qbrexza)	Annual review: no significant changes; references reviewed and updated.
CP.PMN.179 Megestrol Acetate Oral Suspension (Megace ES)	Annual review: no significant changes; changed megestrol 40 mg/mL requirement to "Member must use…" language; references reviewed and updated.
CP.PMN.181 Calcipotriene-Betamethasone Dipropionate Foam (Enstilar)	Annual review: no significant changes; references reviewed and updated.
CP.PMN.182 Betamethasone dipropionate (Sernivo)	Annual review: no significant changes; references reviewed and updated.
CP.PMN.184 Stiripentol (Diacomit)	Annual review: no significant changes; references reviewed and updated.
CP.PMN.185 Baloxavir Marboxil (Xofluza)	Annual review: no significant changes; revised "medical justification" to "must use" language and moved information in Appendix D to the criteria set; references reviewed and updated.
CP.PMN.213 Ferric maltol (Accrufer)	Annual review: no significant changes; references reviewed and updated.
CP.PMN.214 Continuous Glucose Monitors	Annual review: no significant changes; references reviewed and updated.
CP.PMN.215 Non-preferred blood glucose monitors and test strips	Annual review: no significant changes; references reviewed and updated.
CP.PMN.216 Diazepam nasal spray (Valtoco)	Annual review: no significant changes; revised "Medical justification" to "Documentation supports inability to use…" language; references reviewed and updated.
CP.PMN.244 Tazarotene (Arazlo, Fabior, Tazorac)	Annual review: no significant changes; references reviewed and updated.
CP.PMN.250 Colesevelam (Welchol)	Annual review: no significant changes; removed chewable bar per the FDA label; references reviewed and updated.
CP.PMN.251 Lactic acid-citric acid-potassium bitartrate (Phexxi)	Annual review: no significant changes; references reviewed and updated.
CP.PMN.252 Metoclopramide (Gimoti)	Annual review: no significant changes; references reviewed and updated.
CP.PMN.253 Abametapir (Xeglyze)	Annual review: no significant changes; references reviewed and updated.
CP.PMN.256 Nifurtimox (Lampit)	Annual review: no significant changes; references reviewed and updated.
CP.PHAR.135 Baricitinib (Olumiant)	Per August SDC and prior clinical guidance, for RA added Actemra to redirect options and modified to require a trial of all; for Xeljanz redirection requirements added bypass for members with cardiovascular risk and qualified redirection to apply only for member that has not responded or is intolerant to one or more TNF blockers.
CP.PHAR.157 Taliglucerase alfa (Elelyso) CY2022	Annual review no changes.
CP.PHAR.163 Velaglucerase alfa (VPRIV) CY2022	Annual review no changes.
NH.PHAR.241 Abatacept (Orencia)	Policy createdc
NH.PHAR.242 Adalimumab (Humira), Humira Biosimilars	Added trial and failure of Enbrel for AS, PJIA, PsA, RA. Updated appendix outlining diagnosis of RA and Clinical Disease Activity Index. Updated trial and failure to two therapies for Hidradenitis Suppurativa. Added Mayo Score requirement to UC and corticosteroid trial. Removed immunomodulatory requirement for UC. Updated appendices and references.

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CP.PHAR.244 Anakinra (Kineret)	Per August SDC and prior clinical guidance, for RA added Actemra to redirect options and modified to require a trial of all; for Xeljanz redirection requirements added bypass for members with cardiovascular risk and qualified redirection to apply only for member that has not responded or is intolerant to one or more TNF blockers.
CP.PHAR.245 Apremilast (Otezla)	Added requirement of concomitant treatment with MTX and bDMARD if request is for concomitant treatment with Otezla and bDMARD;
NH.PHAR.247 Certolizumab (Cimzia)	Policy created
CP.PHAR.250 Etanercept (Enbrel)	Annual review, no changes.
NH.PHAR.253 Golimumab (Simponi, Simponi Aria)	Policy created
CP.PHAR.260 Rituximab (Rituxan, Riabni, Ruxience, Truxima, Rituxan Hycela)	Per August SDC and prior clinical guidance, modified biosimilar redirection requirements for Rituxan to require use of Ruxience, Truxima, and Riabni in a step-wise manner; modified requirements for Riabni to require use of Ruxience and Truxima; removed age qualification for biosimilar redirection for NHL requests; for continuation of therapy modified age qualification for biosimilar redirection to apply only to GPA or MPA requests;
NH.PHAR.261 Secukinumab (Cosentyx)	Updated age from 18 to 6 on Plaque Psoriasis and dosing guidelines. Updated dosing guidelines for continued approval criteria. Updated appendices and references
NH.PHAR.263 Tocilizumab (Actemra)	Policy created
NH.PHAR.264 Ustekinumab (Stelara)	Update dosing limitations for CD, Plaque Psoriasis, PsA, and UC. Updated trial and failures for PsA. Updated dosing limitations on continued approval criteria. Updated appendices and references.
CP.PHAR.265 Vedolizumab (Entyvio)	Per August SDC and prior clinical guidance, modified from trial of Humira or Simponi to trial of all of the following: Humira, Simponi, and Zeposia, in a step-wise manner.
CP.PHAR.267 Tofacitinib (Xeljanz Xeljanz XR)	Annual review, no changes.
CP.PHAR.346 Sarilumab (Kevzara)	Annual review, no changes.
NH.PHAR.364 Guselkumab (Tremfya)	Policy created
CP.PHAR.375 Brodalumab (Siliq)	Per August SDC and prior clinical guidance, removed redirection to Taltz ;
NH.PHAR.386 Tildrakizumab-asmn (Ilumya)	Policy created
NH.PHAR.443 Upadacitinib (Rinvoq)	Policy created
CP.PHAR.462 Ozanimod (Zeposia)	Per August SDC and prior clinical guidance, for UC modified redirection to require Humira and Simponi.
CP.PMN.48 Cyclosporine ophthalmic emulsion (Cequa, Restasis, Verkazia)	RT4: added Verkazia and corresponding criteria for VKC; for all indications, added that multiple ophthalmic cyclosporine products should not be used in combination;
CP.PHAR.392 Pegademase Bovine (Adagen)	Retire.
CP.PHAR.519 Bamlanivimab (LY-CoV555)	Retire.
NH.PMN.254 Budesonide/Glycopyrrolate/Formoterol Fumarate (Breztri Aerosphere)	Retire.
CC.PHAR.06 PBM Inquiry for Additional Information	Annual Review- Minor edit to 8.c. “Upon request” was changed to “can request”.
NH.PHAR.09 Pharmacy Program	Annual Review- Added to the GOALS section: Continuously expand access to services and care to ensure improved patient centered health outcomes and safety; Monitor and evaluate the efficiency and effectiveness of the pharmacy program; and Optimize patient care through the use of evidence-based clinical guidelines. Added authorized representatives to the APPEALS AND GRIEVANCES and PREFERRED DRUG LIST (PDL) sections.
NH.PHAR.10 Preferred Drug List	Broke out sections to add greater detail to procedure and process involved in the changes to PDL/Policies
CC.PHAR.11 Requests for Pharmacy Profiles	Annual Review- No changes deemed necessary
CC.PHAR.17 COI and CF P and T Committee	Clarified under Procedure: under 1) membership by obtaining a list/roster includes both members and guests;

	under 2) That the Envolve Business Compliance Consultant is an Envolve Pharmacy Compliance officer; under 7) d) added a bullet If a Plan invites a new member or guest to attend a P&T meeting, regardless of role, the Plan must inform Corporate of the invite and provide contact information for that member/guest.
CC.PHAR.22 Medicaid PDL Audit Support	Annual Review- No changes deemed necessary