

NH Healthy Families Pharmacy & Therapeutics Committee Q2 2020 Guideline Summary

Policy/ Coverage Criteria Guideline	Applicable Business	Revision Summary Description
Clinically Significant Change(s)		
CP.PHAR.16 Palivizumab (Synagis)	HIM, Medicaid	2Q 2020 annual review: added appendix E: dose rounding guidelines; added reference to appendix E within criteria; revised HIM-Medical Benefit to HIM line of business; references updated.
CP.PHAR.78 Thalidomide (Thalomid)	HIM, Medicaid	2Q 2020 annual review: added NCCN compendium-supported indication of active idiopathic MCD in section I.D.; references reviewed and updated. <u>Policy will not be used for oncology related conditions due to New Century Health Initiative</u>
NH.PHAR.122 Long acting injectable antipsychotics	Medicaid	Added Aristada to preferred drug list with Prior Authorization.
CP.PHAR.230 AbobotulinumtoxinA (Dysport)	HIM, Medicaid	2Q 2020 annual review: cerebral palsy included in spasticity criteria set without restriction; rehabilitation specialist incorporated under physiatrist; previous (last 12 weeks) or concurrent toxin product use restriction added to all initial/continuation criteria; dosing updated per package insert; same-visit treatment for multiple indications is limited to upper/lower limb spasticity (Section III); references reviewed and updated.
CP.PHAR.231 IncobotulinumtoxinA (Xeomin)	HIM, Medicaid	2Q 2020 annual review: HIM nonformulary language removed; sialorrhea medical trial added; rehabilitation specialist incorporated under physiatrist; previous (last 12 weeks) or concurrent toxin product use restriction added to all initial/continuation criteria; dosing updated per package insert; same-visit treatment for multiple indications is excluded (Section III); references updated.
CP.PHAR.232 OnabotulinumtoxinA (Botox)	HIM, Medicaid	2Q 2020 annual review: CP criteria incorporated under upper/lower limb spasticity; rehabilitation specialist incorporated under physiatrist; colorectal surgeon incorporated under gastroenterologist; previous (last 12 weeks) or concurrent toxin product use restriction added to all initial/continuation criteria; off-label uses limited to those with guideline-based support (laryngeal dystonia, OMD, UE dystonia/essential tremor, HD, IAD, esophageal achalasia - Appendix E); neurologist added for off-label GI uses; dosing updated per package insert/off-label literature (Section V); same-visit treatment for multiple indications is limited to upper/lower limb spasticity (Section III); references reviewed and updated.
CP.PHAR.233 RimabotulinumtoxinB (Myobloc)	HIM, Medicaid	2Q 2020 annual review: rehabilitation specialist incorporated under physiatrist; previous (last 12 weeks) or concurrent toxin product use restriction added to all initial/continuation criteria; dosing updated per package insert; same-visit treatment for multiple indications is excluded (Section III); references reviewed and updated.
CP.PHAR.236 Darbepoetin alfa (Aranesp)	HIM, Medicaid	2Q 2020 annual review: added redirection to biosimilar ESA Retacrit per existing clinical guidance; for anemia with chemotherapy, modified diagnosis requirement to confirm request is for use in solid or non-myeloid malignancies in members receiving myelosuppressive chemotherapy without curative intent consistent with NCCN and ASCO recommendations; references updated. <u>Policy will not be used for oncology related conditions due to New Century Health Initiative</u>
CP.PHAR.237 Epoetin alfa (Epoen, Procrit), Epoetin alfa-epbx (Retacrit)	HIM, Medicaid	2Q 2020 annual review: for anemia with chemotherapy, modified diagnosis requirement to confirm request is for use in solid or non-myeloid malignancies in members receiving myelosuppressive chemotherapy without curative intent consistent with NCCN and ASCO recommendations; added appendix D: dose rounding guidelines; added reference to appendix D within criteria; references reviewed and updated.
CP.PHAR.238 Methoxy polyethylene glycol-epoetin beta (Mircera)	HIM, Medicaid	2Q 2020 annual review: added redirection to biosimilar ESA Retacrit per existing clinical guidance; Section IA,1b clarified Age ≥ 5 years to ≤ 17 years; references reviewed and updated.
CP.PHAR.242 Adalimumab (Humira), Humira Biosimilars	Medicaid	2Q 2020 annual review: for UC, revised redirection from AZA, 6-MP, and ASA to corticosteroids and added requirement of Mayoscore of at least 6; references reviewed and updated.
CP.PHAR.243 Alemtuzumab (Lemtrada)	HIM, Medicaid	2Q 2020 annual review: added requirements for documentation of baseline relapses/EDSS and objective measures of positive response upon re-authorization; clarified that only 1 treatment course may be approved per authorization;

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		references reviewed and updated. <u>Policy will not be used for oncology related conditions due to New Century Health Initiative</u>
CP.PHAR.249 Dimethyl fumarate (Tecfidera), diroximel fumarate (Vumerity)	HIM, Medicaid	2Q 2020 annual review: modified CIS re-direction for Vumerity to include glatiramer per SDC; added requirements for documentation of baseline relapses/EDSS and objective measures of positive response upon re-authorization; modified all continued approval duration to 6 months for the first re-authorization and 12 months for second/subsequent re-authorizations; references reviewed and updated.
CP.PHAR.250 Etanercept (Enbrel)	Medicaid	2Q 2020 annual review: no significant changes; added dose rounding guidelines for IV weight-based dosing for PIIA and pediatric PsO; references reviewed and updated.
CP.PHAR.251 Fingolimod (Gilenya)	HIM, Medicaid	2Q 2020 annual review: clarified max dosing requirement per body weight; added requirements for documentation of baseline relapses/EDSS and objective measures of positive response upon re-authorization; modified all continued approval duration to 6 months for the first re-authorization and 12 months for second/subsequent re-authorizations; references updated.
CP.PHAR.252 Glatiramer (Copaxone, Glatopa)	HIM, Medicaid	2Q 2020 annual review: added requirements for documentation of baseline relapses/EDSS and objective measures of positive response upon re-authorization; modified Medicaid/HIM continued approval duration to 6 months for the first re-authorization and 12 months for second/subsequent re-authorizations; references reviewed and updated.
CP.PHAR.253 Golimumab (Simponi, Simponi Aria)	Medicaid	2Q 2020 annual review: for UC, revised redirection from AZA, 6-MP, ASA to systemic corticosteroids, added requirement for Mayo score of at least 6; added dose rounding guidelines for Simponi Aria; references reviewed and updated.
CP.PHAR.254 Infliximab (Remicade, Renflexis, Inflectra)	Medicaid	2Q 2020 annual review: for UC, revised redirection from AZA, 6-MP, ASA to systemic corticosteroids, and added requirement for Mayo score of at least 6; added dose rounding guidelines for all indications; references reviewed and updated.
CP.PHAR.255 Interferon beta-1a (Avonex, Rebif)	HIM, Medicaid	2Q 2020 annual review: added requirements for documentation of baseline relapses/EDSS and objective measures of positive response upon re-authorization; modified Medicaid/HIM continued approval duration to 6 months for the first re-authorization and 12 months for second/subsequent re-authorizations; references reviewed and updated.
CP.PHAR.256 Interferon beta-1b (Betaseron, Extavia)	HIM, Medicaid	2Q 2020 annual review: added CIS re-directions for Extavia per SDC; added requirements for documentation of baseline relapses/EDSS and objective measures of positive response upon re-authorization; modified Medicaid/HIM continued approval duration to 6 months for the first re-authorization and 12 months for second/subsequent re-authorizations; references updated.
CP.PHAR.259 Natalizumab (Tysabri)	Medicaid	2Q 2020 annual review: MS: added CIS re-directions per SDC; added requirements for documentation of baseline relapses/EDSS and objective measures of positive response upon re-authorization; modified continued approval duration to 6 months for the first re-authorization and 12 months for second/subsequent re-authorizations; references reviewed and updated.
CP.PHAR.260 Rituximab (Rituxan, Ruxience, Truxima, Rituxan Hycela)	HIM, Medicaid	2Q 2020 annual review: removed HIM-Medical Benefit line of business; updated newly approved FDA-indications for Truxina: RA, MPA, GPA; added NCCN 2A supported off-label use primary CNS lymphoma; added requirement for aggressive mature B-cell lymphoma for pediatric patients; added requirement for CD20 positivity for ALL off-label use per NCCN; for RA, removed redirection to adalimumab; references reviewed and updated. <u>Policy will not be used for oncology related conditions due to New Century Health Initiative</u>
CP.PHAR.261 Secukinumab (Cosentyx)	Medicaid	2Q 2020 annual review: no significant changes; for AS, added requirement of inadequate response to a ≥ 3 consecutive month trial of 150 mg every 4 weeks for increased maintenance dosing of 300 mg every 4 weeks per updated PI; references reviewed and updated.
CP.PHAR.262 Teriflunomide (Aubagio)	HIM, Medicaid	2Q 2020 annual review: added HIM lines of business; added requirements for documentation of baseline relapses/EDSS and objective measures of positive response upon re-authorization; modified all continued approval duration to 6 months for the first re-authorization and 12 months for second/subsequent re-authorizations; references reviewed and updated.

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CP.PHAR.263 Tocilizumab (Actemra)	Medicaid	2Q 2020 annual review: allowed refractory CRS related to blinatumomab therapy per NCCN; added off-label use criteria for Castleman's disease per NCCN; added dose rounding guidelines for IV weight-based dosing for PJA and SJIA; references reviewed and updated.
CP.PHAR.265 Vedolizumab (Entyvio)	Medicaid	2Q 2020 annual review; removed HIM-Medical Benefit (see HIM.PA.SP60); for UC, revised redirection from AZA, 6-MP, and ASA to systemic corticosteroids, revised redirection from Humira and another TNFi to Humira or Simponi, and added Mayo score requirement of at least 6; references reviewed and updated.
CP.PHAR.267 Tofacitinib (Xeljanz Xeljanz XR)	Medicaid	2Q 2020 annual review: for UC, removed requirement for immediate-release formulation, removed redirection to ASA, 6-MP, AZA, added requirement for Mayo score of at least 6, added a trial of corticosteroids; references reviewed and updated.
CP.PHAR.271 Peginterferon beta-1a (Plegridy)	HIM, Medicaid	2Q 2020 annual review: added HIM line of business (HIM.PA.SP18 retired); added requirements for documentation of baseline relapses/EDSS and objective measures of positive response upon re-authorization; modified Medicaid/HIM continued approval duration to 6 months for the first re-authorization and 12 months for second/subsequent re-authorizations; references updated.
CP.PHAR.287 Obeticholic acid (Ocaliva)	HIM, Medicaid	Added preemptive criteria for the pending FDA approval of NASH indication; added HIM
CP.PHAR.335 Ocrelizumab (Ocrevus)	HIM, Medicaid	2Q 2020 annual review: modified CIS re-direction to include glatiramer to per SDC; added requirements for documentation of baseline relapses/EDSS and objective measures of positive response upon re-authorization; modified Medicaid/HIM continued approval duration to 6 months for the first re-authorization and 12 months for second/subsequent re-authorizations; references reviewed and updated.
CP.PHAR.361 Tisagenlecleucel (Kymriah)	HIM, Medicaid	Section III clarified for LBCL active or primary CNS disease are excluded; for ALL removed exclusion for primary CNS disease as this does not apply. HCPCS code Q2040 removed.
CP.PHAR.362 Axicabtagene ciloleucel (Yescarta)	HIM, Medicaid	Clarified history of or current CNS disease is an exclusion.
CP.PHAR.378 Ibalizumab-uiyk (Trogarzo)	HIM, Medicaid	2Q 2020 annual review: modified required resistance to an agent from 4 classes to 3 classes and required trials from both Fuzeon and Selzentry to either Fuzeon or Selzentry per pivotal trial inclusion criteria and to better allow formation of a viable regimen; revised HIM-Medical Benefit to HIM line of business; updated HCPCS code; references reviewed and updated.
CP.PHAR.417 Brexanolone (Zulresso)	HIM, Medicaid	2Q 2020 annual review: added prescriber requirement; revised diagnosis with DSM-V definition of postpartum depression; revised criteria to allow member's with severe depression without trial of other antidepressants; revised HIM-Medical Benefit line of business to HIM; references reviewed and updated.
CP.PHAR.419 Elapegedemase-lvlr (Revcovi)	HIM, Medicaid	2Q 2020 annual review: revised HIM-Medical Benefit to HIM line of business; references reviewed and updated.
CP.PHAR.422 Cladribine (Mavenclad)	HIM, Medicaid	2Q 2020 annual review: added requirements for documentation of baseline relapses/EDSS and objective measures of positive response upon re-authorization; references reviewed and updated.
CP.PHAR.427 Siponimod (Mayzent)	HIM, Medicaid	2Q 2020 annual review: added requirements for documentation of baseline relapses/EDSS and objective measures of positive response upon re-authorization; modified continued approval duration to 6 months for the first re-authorization and 12 months for second/subsequent re-authorizations; references reviewed and updated.
CP.PHAR.432 Tafamidis (Vyndaqel, Vyndamax)	HIM, Medicaid	Cardiac scintigraphy added as a tissue biopsy alternative for ATTR-CM; references reviewed and updated.
CP.PHAR.451 Voxelotor (Oxbryta)	HIM, Medicaid	Added redirections to Adakveo and blood transfusions; finalized HIM line of business; reduced initial approval duration to 2 months from 6 months.
*CP.PHAR.465 Teprotumumab (Tepezza)	HIM, Medicaid	Drug is now FDA approved - criteria updated per FDA labeling; modified criteria to require member be euthyroid, clarified systemic corticosteroid trial required, clarified 8 total infusions allowed and included requirement in initial approval criteria; for continued therapy added additional response criteria requiring ≥ 2 mm reduction in proptosis, removed requirement that TED remain active to allow completion of treatment course in members responding

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		positively to therapy; for continued therapy added requirement to validate member does not require surgical ophthalmological intervention; references reviewed and updated.
CP.PHAR.466 Valoctocogene Roxaparvec	HIM, Medicaid	Refined criteria to further define factor VIII failure with the addition of adherence and at least 1 life-threatening or serious bleeding episode; updated AAV5 total antibody assay test that was recently FDA-approved as a companion diagnostic; clarified criteria for discontinuation of ANY hemophilia A prophylactic therapy after valoctocogene administration as done in study methodology.
CP.PMN.33 Pregabalin (Lyrica, Lyrica CR)	HIM, Medicaid	2Q 2020 annual review: added off-label indication for neuropathy associated with treatment of cancer; allowed members 65 years old or older to bypass redirections to any TCA and cyclobenzaprine throughout the policy; references reviewed and updated.
CP.PMN.80 Minocycline ER (Solodyn, Ximino, Minolira) and Microspheres (Arestin)	HIM, Medicaid	2Q 2020 annual review: updated dosage and administration table; added Arestin exclusion under HIM LOB; references reviewed and updated.
CP.PMN.118 Netarsudil (Rhopressa), Netarsudil-Latanoprost (Rocklatan)	HIM, Medicaid	2Q 2020 annual review: added HIM line of business; references reviewed and updated.
CP.PMN.125 Milnacipran (Savella)	HIM, Medicaid	2Q 2020 annual review: revised criteria to allow trial of any TCA; allowed members 65 years old or older to bypass redirections to any TC and cyclobenzaprine; updated nortriptyline dose in appendix B; added depression (off-label) dose in section V; references reviewed and updated.
CP.PMN.127 Fentanyl IR (Abstral, Actiq, Fentora, Lazanda, Subsys)	HIM, Medicaid	2Q 2020 annual review: added requirement for Brand Actiq to step through the generic lozenge product; references reviewed and updated.
CP.PMN.154 Isavuconazonium (Cresemba)	HIM, Medicaid	2Q 2020 annual review; added HIM line of business; retired HIM.PA.108; removed redirection to amphotericin B for HIM line of business for invasive mucormycosis indication; added t/f of voriconazole to criteria for invasive aspergillosis; separated invasive mucormycosis from invasive aspergillosis; references reviewed and updated.
*CP.PMN.220 Peanut allergen powder (Palforzia)	HIM, Medicaid	Drug is now FDA approved - criteria updated per FDA labeling: modified I.A.3 to specify that age must be between 4-17 years at therapy initiation; added that peanut IgE should be ≥ 0.35 kUA/L; added requirement for history of at least 1 systemic allergic reaction requiring hospitalization, ER visit, or injectable epinephrine usage; modified II.A.2 to remove "exceeding health plan quantity limit" to accommodate potential buy & bill; modified II.A.3 from age ≤ 17 years to require medical justification if age is ≥ 18 years; references reviewed and updated.
HIM.PA.33 Formulary Medications without Specific Guidelines	HIM	2Q 2020 annual review: Section IA, 2b removed NCCN category 2B recommendation from approvable off-label uses; clarified reference for non-formulary medications that may be reviewed using medication specific prior authorization criteria when available.
HIM.PA.103 Brand Name Override and Non-Formulary Medications	HIM	Added criteria for combinations products and alternative dosage forms or strengths of existing drugs.
HIM.PA.SP17 Natalizumab (Tysabri)	HIM	2Q 2020 annual review: MS: added CIS re-directions per SDC; added requirements for documentation of baseline relapses/EDSS and objective measures of positive response upon re-authorization; modified continued approval duration to 6 months for the first re-authorization and 12 months for second/subsequent re-authorizations; references reviewed and updated.
HIM.PA.SP60 Biologic DMARDs	HIM	2Q 2020 annual review: for UC, added Mayo score requirement of at least 6; allowed IV Actemra for refractory CRS related to blinatumomab therapy per NCCN; added dose rounding guidelines for agents (i.e., Actemra, Enbrel, infliximab, Kineret, Orenzia, Stelara, Simponi Aria) with weight-based doses; added NCCN supported off-label uses for Actemra; added age limit of 2 year or older for Actemra for CRS; references reviewed and updated.
New		
CP.PHAR.468 Aducanumab	HIM, Medicaid	Policy created preemptively.
CP.PHAR.470 Casimersen	HIM, Medicaid	Policy created preemptively.
CP.PHAR.471 Fosdenopterin	HIM, Medicaid	Policy created preemptively.
CP.PHAR.472 KTE-X19	HIM, Medicaid	Policy created preemptively.

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CP.PHAR.473 Lumasiran	HIM, Medicaid	Policy created preemptively.
CP.PHAR.474 Remestemcel-L (Prochymal)	HIM, Medicaid	Policy created preemptively.
*CP.PHAR.476 Ubrogapant (Ubrovelvy)	HIM, Medicaid	Policy created and included with new drug section.
CP.PHAR.477 Risdiplam	HIM, Medicaid	Policy created preemptively.
CP.PMN.233 Lemborexant (Dayvigo)	HIM, Medicaid	Policy created and included with new drug section.
No Significant Change(s)		
CP.PHAR.43 Sapropterin (Kuvan)	HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.92 Tetrabenazine (Xenazine)	HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.135 Baricitinib (Olumiant)	Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.152 Laronidase (Aldurazyme)	HIM, Medicaid	2Q 2020 annual review: no significant changes; revised HIM-Medical Benefit to HIM line of business; references reviewed and updated.
CP.PHAR.153 Eliglustat (Cerdelga)	HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.154 Imiglucerase (Cerezyme)	HIM, Medicaid	2Q 2020 annual review: no significant changes; revised HIM-Medical Benefit to HIM line of business; references reviewed and updated.
CP.PHAR.155 Cysteamine oral (Cystagon, Procysbi)	HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.156 Idursulfase (Elaprase)	HIM, Medicaid	2Q 2020 annual review: no significant changes; revised HIM-Medical Benefit to HIM line of business; referenced reviewed and updated.
CP.PHAR.157 Taliglucerase alfa (Elelyso)	HIM, Medicaid	2Q 2020 annual review: no significant changes; revised HIM-Medical Benefit to HIM line of business; references reviewed and updated.
CP.PHAR.158 Agalsidase beta (Fabrazyme)	HIM, Medicaid	2Q 2020 annual review: no significant changes; revised HIM-Medical Benefit to HIM line of business; references reviewed and updated.
CP.PHAR.159 Sebelipase alfa (Kanuma)	HIM, Medicaid	2Q 2020 annual review: no significant changes; revised HIM-Medical Benefit to HIM line of business; references reviewed and updated.
CP.PHAR.160 Alglucosidase alfa (Lumizyme)	HIM, Medicaid	2Q 2020 annual review: no significant changes; revised HIM-Medical Benefit to HIM line of business; references reviewed and updated.
CP.PHAR.161 Galsulfase (Naglazyme)	HIM, Medicaid	2Q 2020 annual review: no significant changes; revised HIM-Medical Benefit to HIM line of business; references reviewed and updated.
CP.PHAR.162 Elosulfase alfa (Vimizim)	HIM, Medicaid	2Q 2020 annual review: no significant changes; revised HIM-Medical Benefit to HIM line of business; references reviewed and updated.
CP.PHAR.163 Velaglucerase alfa (VPRIV)	HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.164 Miglustat (Zavesca)	HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.241 Abatacept (Orencia)	Medicaid	2Q 2020 annual review: no significant changes; added rounding guidelines for weight-based dosing for all indications; references reviewed and updated.
CP.PHAR.244 Anakinra (Kineret)	Medicaid	2Q 2020 annual review: no significant changes; added dose rounding guidelines for NOMID; references reviewed and updated.
CP.PHAR.245 Apremilast (Otezla)	Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.246 Canakinumab (Ilaris)	HIM, Medicaid	2Q 2020 annual review: no significant changes; revised HIM-Meical Benefit line of business to HIM; references reviewed and updated.
CP.PHAR.247 Certolizumab (Cimzia)	Medicaid	2Q 2020 annual review: no significant change; references reviewed and updated.
CP.PHAR.248 Dalfampridine (Ampyra)	HIM, Medicaid	2Q 2020 annual review: no significant changes; added re-direction to generic dalfampridine per SDC; references reviewed and updated.
CP.PHAR.257 Ixekizumab (Taltz)	Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.

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CP.PHAR.264 Ustekinumab (Stelara)	Medicaid	2Q 2020 annual review: no significant changes; added dose rounding guidelines for weight based dosing for PsO; references reviewed and updated.
CP.PHAR.266 Rilonacept (Arcalyst)	HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.272 Sonidegib (Odomzo)	HIM, Medicaid	2Q 2020 annual review: no significant changes; HIM nonformulary language removed; reference reviewed and updated.
CP.PHAR.337 Telotristat ethyl (Xermelo)	HIM, Medicaid	2Q 2020 annual review: no significant changes; HIM line of business added; references reviewed and updated.
CP.PHAR.340 Valbenazine (Ingrezza)	Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.341 Deutetrabenazine (Austedo)	HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.343 Edaravone (Radicava)	HIM, Medicaid	2Q 2020 annual review: no significant changes; revised HIM-Medical Benefit line of business to HIM; references reviewed and updated.
CP.PHAR.346 Sarilumab (Kevzara)	Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.364 Guselkumab (Tremfya)	Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.374 Vestronidase alfa-vjkb (Mepsevii)	HIM, Medicaid	2Q 2020 annual review: no significant changes; revised HIM-Medical Benefit to HIM line of business; references reviewed and updated.
CP.PHAR.375 Brodalumab (Siliq)	Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.386 Tildrakizumab-asmn (Ilumya)	Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.416 Caplacizumab-yhdp (Cabliivi)	HIM, Medicaid	2Q20 annual review: no significant changes; references reviewed and updated.
CP.PHAR.418 Dexrazoxane (Zinecard Totect)	HIM, Medicaid	2Q 2020 annual review: no significant changes; HIM-Medical Benefit revised to HIM line of business; references reviewed and updated.
CP.PHAR.420 Insulin Infusion Pump (Omnipod, Omnipod DASH)	HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.426 Risankizumab-rzaa (Skyrizi)	Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.443 Upadacitinib (Rinvoq)	Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PHAR.447 Mercaptopurine (Purixan)	Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
NH.PHAR.453 Golodirsen (Vyondys 53)	Medicaid	NH State Specific Policy for review and approval
CP.PMN.13 Dose optimization	Medicaid	2Q 2020 annual review: no significant changes.
CP.PMN.35 Armodafinil (Nuvigil)	HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.39 Modafinil (Provigil)	HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.42 Sodium Oxybate (Xyrem)	HIM, Medicaid	2Q 2020 annual review: no significant changes; expanded initial approval durations from 6 months to 12 months; added atomoxetine as a potential redirection for narcolepsy with cataplexy; references reviewed and updated.
CP.PMN.48 Cyclosporine ophthalmic emulsion (Restasis)	HIM, Medicaid	2Q 2020 annual review: no significant changes; updated contraindications; references reviewed and updated
CP.PMN.49 Dabigatran (Pradaxa)	Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.58 Propranolol (Hemangeol)	HIM, Medicaid	2Q20 annual review: no significant changes; references reviewed and updated.
CP.PMN.61 ACEI and ARB duplicate therapy	Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.79 Doxycycline (Doryx, Oracea, Acticlate)	HIM, Medicaid	2Q 2020 annual review: no significant changes; updated Appendix B; added HIM line of business; references reviewed and updated.
CP.PMN.86 Oxymetazoline (Rhofade)	Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.110 Crisaborole (Eucrisa)	HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.117 Esomeprazole-Naproxen (Vimovo)	HIM, Medicaid	2Q 2020 annual review: no significant changes; added HIM line of business; references reviewed and updated.
CP.PMN.119 Ozenoxacin (Xepi)	HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.120 Famotidine-Ibuprofen (Duexis)	HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.

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CP.PMN.122 Celecoxib (Celebrex)	HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.124 Itraconazole (Sporanox Onmel Tolsura)	HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.128 Dutasteride (Avodart, Jalyn)	Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.130 Cysteamine ophthalmic (Cystaran)	HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.136 Mecamylamine (Vecamyl)	HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.137 Carbamazepine ER (Equetro)	Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.138 Age Limit Override (Codeine, Tramadol, Hydrocodone)	HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.187 Icosapent ethyl (Vascepa)	HIM, Medicaid	1Q2020 annual review: added HIM Line of business; retire HIM.PA.29 policy; criteria added for new FDA indication: CVD Risk reduction; added appendices D, E, F., and G; references reviewed and updated
CP.PMN.191 Age Limit for Topical Tretinoin	Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.192 Brimonidine (Mirvaso)	HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.193 Hydroxyurea (Siklos)	HIM, Medicaid	2Q 2020 annual review: no significant changes; applied HIM line of business; references reviewed and updated
CP.PMN.194 Prucalopride (Motegrity)	HIM, Medicaid	2Q 2020 annual review: no significant changes; applied HIM line of business; references reviewed and updated.
CP.PMN.196 Rifamycin (Aemcolo)	HIM, Medicaid	2Q 2020 annual review: no significant changes; added HIM line of business; updated limitations of use; references reviewed and updated.
CP.PMN.197 Clomipramine (Anafranil)	Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.198 Overactive Bladder Agents	HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and update.
CP.PMN.199 Esketamine (Spravato)	HIM, Medicaid	2Q 2020 annual review: no significant changes; references reviewed and updated.
CP.PMN.209 Solriamfetol (Sunosi)	HIM, Medicaid	2Q 2020 annual review: no significant changes; added Metadate ER as an option for redirection for narcolepsy; references reviewed and updated.
HIM.PA.08 Entecavir (Baraclude)	HIM	2Q 2020 annual review: no significant changes; corrected dosing from 18 mL/day to 20 mL/day per PI; updated Section V with pediatric weight-based dosing; references reviewed and updated.
HIM.PA.46 Butorphanol nasal spray	HIM	2Q 2020 annual review: no significant changes; references reviewed and updated.
HIM.PA.100 Non-Formulary and Formulary Contraceptive	HIM	2Q 2020 annual review: no significant changes; references reviewed and updated.
HIM.PA.109 Step Therapy Criteria	HIM	2Q 2020 annual review: no significant changes.
HIM.PA.114 Phendimetrazine (Bontril PDM)	HIM	2Q 2020 annual review: no significant changes; added dosage, administration, and product availability; references reviewed and updated.
Policies to retire		
CP.PCH.02 Teriflunomide	HIM	Retire, replaced by CP.PHAR.262 Teriflunomide (Aubagio)
CP.PMN.195 Revefenacin	HIM, Medicaid	Retire per SDC recommendation
HIM.PA.06 Aclidinium-formoterol	HIM	Retire, replaced by CP.PCH.23 Aclidinium-formoterol (Duaklir Pressair)
HIM.PA.12 rifabutin (Mycobutin)	HIM	Retire, replaced by CP.PMN.223 Rifabutin (Mycobutin), Rifabutin, omeprazole, amoxicillin
HIM.PA.108 Isavuconazonium	HIM	Retire, replaced by CP.PMN.154 isavuconazonium (Cresemba)
HIM.PA.SP18 Peginterferon beta-1a	HIM	Retire, replaced by CP.PHAR.271 Peginterferon beta-1a (Plegridy)

Policies Retired in lieu of the New Century Health Policies previously reviewed:

Policy Number	Policy Title	Policy Number2	Policy Title3
CP.PHAR.100	Axitinib (Inlyta®)	CP.PHAR.349	Ceritinib (Zykadia)

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CP.PHAR.105	Bosutinib (Bosulif)	CP.PHAR.350	Rucaparib (Rubraca®)
CP.PHAR.106	Enzalutamide (Xtandi)	CP.PHAR.352	daunorubicin/cytarabine (Vyxeos®)
CP.PHAR.107	Regorafenib (Stivarga)	CP.PHAR.353	pegaspargase (Oncaspar®)
CP.PHAR.108	Omacetaxine (Synribo)	CP.PHAR.355	Abemaciclib (Verzenio)
CP.PHAR.111	Cabozantinib (Cometriq®, Cabometyx®)	CP.PHAR.357	copanlisib (Aliqopa®)
CP.PHAR.112	Ponatinib (Iclusig)	CP.PHAR.358	gemtuzumab ozogamicin (Mylotarg®)
CP.PHAR.116	Pomalidomide (Pomalyst)	CP.PHAR.359	inotuzumab ozogamicin (Besponsa®)
CP.PHAR.119	Ramucirumab (Cyramza®)	CP.PHAR.360	Olaparib (Lynparza)
CP.PHAR.120	Sipuleucel-T (Provenge)	CP.PHAR.363	enasidenib (Idhifa®)
CP.PHAR.121	Nivolumab (Opdivo)	CP.PHAR.365	neratinib (Nerlynx®)
CP.PHAR.125	Palbociclib (Ibrance®)	CP.PHAR.366	Acalabrutinib (Calquence)
CP.PHAR.126	Ibrutinib (Imbruvica)	CP.PHAR.368	Pemetrexed (Alimta®)
CP.PHAR.127	Encorafenib (Braftovi)	CP.PHAR.369	alectinib (Alecensa)
CP.PHAR.129	Venetoclax (Venclexta)	CP.PHAR.376	Apalutamide (Erleada)
CP.PHAR.133	Idelalisib (Zydelig)	CP.PHAR.380	Cobimetinib (Cotellic)
CP.PHAR.134	Methotrexate (Otrexup, Rasuvo, Xatmep)	CP.PHAR.381	Mechlorethamine Gel (Valchlor)
CP.PHAR.137	Ivosidenib (Tibsovo)	CP.PHAR.382	Panobinostat (Farydak)
CP.PHAR.138	Lenvatinib (Lenvima)	CP.PHAR.383	Trifluridine, Tipiracil (Lonsurf)
CP.PHAR.170	degarelix acetate (Firmagon®)	CP.PHAR.387	Azacitidine (Vidaza)
CP.PHAR.171	goserelin acetate (Zoladex®)	CP.PHAR.397	Cemiplimab-rwlc (Libtayo)
CP.PHAR.175	Triptorelin Pamoate (Trelstar, Triptodur)	CP.PHAR.398	Moxetumomab pasudotox-tdfk (Lumoxiti)
CP.PHAR.176	Paclitaxel, protein-bound (Abraxane)	CP.PHAR.399	Dacomitinib (Vizimpro)
CP.PHAR.204	Trabectedin (Yondelis®)	CP.PHAR.400	Duvelisib (Copiktra)
CP.PHAR.227	Pertuzumab (Perjeta)	CP.PHAR.406	Lorlatinib (Lorbrena)
CP.PHAR.228	Trastuzumab/Biosimilars, Trastuzumab-Hyaluronidase	CP.PHAR.408	Niraparib (Zejula)
CP.PHAR.229	Ado-Trastuzumab Emtansine (Kadcyla)	CP.PHAR.409	Talazoparib (Talzenna)
CP.PHAR.235	Atezolizumab (Tecentriq®)	CP.PHAR.410	Bortezomib (Velcade)
CP.PHAR.239	Dabrafenib (Tafinlar)	CP.PHAR.412	Gilteritinib (Xospata)
CP.PHAR.240	Trametinib (Mekinist)	CP.PHAR.413	Glasdegib (Daurismo)
CP.PHAR.258	Mitoxantrone (Novantrone)	CP.PHAR.414	Larotrectinib (Vitrakvi)
CP.PHAR.259	Natalizumab (Tysabri)	CP.PHAR.418	Dexrazoxane (Zinecard, Totect)
CP.PHAR.272	Sonidegib (Odomzo)	CP.PHAR.423	Erdafitinib (Balversa)
CP.PHAR.273	Vismodegib (Erivedge)	CP.PHAR.424	Fulvestrant (Faslodex Injection)

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CP.PHAR.294	Osimertinib (Tagrisso)	CP.PHAR.431	Selinexor (Xpovio)
CP.PHAR.298	Afatinib (Gilotrif)	CP.PHAR.433	Polatuzumab Vedotin-piiq (Polivy)
CP.PHAR.301	erwina asparaginase (Erwinaze®)	CP.PHAR.435	Darolutamide (Nubeqa)
CP.PHAR.302	Ixazomib (Ninlaro)	CP.PHAR.436	Pexidartinib (Turalio)
CP.PHAR.303	Brentuximab Vedotin (Adcetris)	CP.PHAR.437	Thioguanine (Tabloid)
CP.PHAR.304	Irinotecan Liposome (Onivyde)	CP.PHAR.439	Valrubicin (Valstar)
CP.PHAR.305	obinutuzumab (Gazyva®)	CP.PHAR.441	Entrectinib (Rozlytrek)
CP.PHAR.306	ofatumumab (Arzerra®)	CP.PHAR.452	Tazemetostat
CP.PHAR.307	bendamustine (Bendeka®, Treanda®)	CP.PHAR.469	Belantamab mafodotin
CP.PHAR.308	Elotuzumab (Empliciti®)	CP.PHAR.475	Sacituzumab Govitecan
CP.PHAR.309	carfilzomib (Kyprolis®)	CP.PHAR.478	Selpercatinib (LOXO-292)
CP.PHAR.310	Daratumumab (Darzalex)	CP.PHAR.50	Binimetinib (Mektovi)
CP.PHAR.311	belinostat (Beleodaq®)	CP.PHAR.60	Capecitabine (Xeloda)
CP.PHAR.312	Blinatumomab (Blincyto)	CP.PHAR.64	Topotecan (Hycamtin)
CP.PHAR.314	romidepsin (Istodax®)	CP.PHAR.65	Imatinib (Gleevec)
CP.PHAR.315	vincristine sulfate liposome injection (Marqibo®)	CP.PHAR.68	Gefitinib (Iressa)
CP.PHAR.316	Cabazitaxel (Jevtana®)	CP.PHAR.69	Sorafenib (Nexavar)
CP.PHAR.317	Cetuximab (Erbitux®)	CP.PHAR.71	Lenalidomide (Revlimid)
CP.PHAR.318	Eribulin Mesylate (Halaven®)	CP.PHAR.72	Dasatinib (Sprycel)
CP.PHAR.319	Ipilimumab (Yervoy)	CP.PHAR.73	sunitinib (Sutent)
CP.PHAR.320	necitumumab (Portrazza®)	CP.PHAR.74	Erlotinib (Tarceva)
CP.PHAR.321	panitumumab (Vectibix®)	CP.PHAR.75	Bexarotene (Targretin)
CP.PHAR.322	Pembrolizumab (Keytruda®)	CP.PHAR.76	Nilotinib (Tasigna)
CP.PHAR.323	Plerixafor (Mozobil)	CP.PHAR.77	Temozolomide (Temodar)
CP.PHAR.324	temsirolimus (Torisel®)	CP.PHAR.79	Lapatinib (Tykerb®)
CP.PHAR.325	ziv-aflibercept (Zaltrap®)	CP.PHAR.80	Vandetanib (Caprelsa®)
CP.PHAR.326	olaratumab (Lartruvo®)	CP.PHAR.81	Pazopanib (Votrient)
CP.PHAR.333	Avelumab (Bavencio®)	CP.PHAR.83	Vorinostat (Zolinza)
CP.PHAR.337	Telotristat Ethyl (Xermelo)	CP.PHAR.84	Abiraterone (Zytiga, Yonsa)
CP.PHAR.339	Durvalumab (Imfinzi)	CP.PHAR.90	Crizotinib (Xalkori)
CP.PHAR.342	Brigatinib (Alunbrig)	CP.PHAR.91	Vemurafenib (Zelboraf®)
CP.PHAR.344	Midostaurin (Rydapt)	CP.PHAR.98	Ruxolitinib (Jakafi)
		CP.PMN.126	Toremifene (Fareston)

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