CENTENE PHARMACY THERAPEUTICS COMMITTEE
THIRD QUARTER 2017 MEDICAID SUMMARY TABLE

Coverage Guideline/Policy & Procedure	Status	Revision Summary Description
CP.PMN.09 Lindane shampoo	Reviewed	Converted to new template. Updated references.
NH.PMN.15 Asenapine (Saphris)	Revised/Reviewed	Removed age criteria for bipolar disorder, as age is not an absolute contraindication per FDA labeling.
CP.PMN.19 Aprepitant (Emend)	Revised/Reviewed	Removed age restriction for oral suspension as its use is not limited to patients between 6 months-11 years per FDA labeling. Removed age restriction for capsules as it is not an absolute contraindication per FDA labeling
CP.PMN.22 Brand Name Override	Revised/Reviewed	N/A
CP.PMN.25 Efinaconazole (Jublia)	Revised/Reviewed	Converted to new template. Initial: removed age requirement as not an absolute contraindication per PI; modified duration of trial of terbinafine from 3 months to 12-weeks per Lamisil PI and American Family Physician. Added documentation of positive response to therapy on re-auth. Removed generalized FDA approved max recommended dose and health plan approved QL statement. Updated references.
CP.PMN.26 Famciclovir (Famvir)	Revised/Reviewed	Genital herpes: Added recurrent episode treatment to continued therapy criteria as genital herpes is a chronic disease with episodes that can recur multiple times a year. Removed hard stop at 12 months as there is no data supporting inefficacy/unsafe use of suppressive therapy past that duration.Herpes labialis: Added criteria for continued therapy as this disease is chronic and may recur.Herpes zoster: Added criteria for continued therapy as it can recur. Removed age restriction as it is not an absolute contraindication per PI
CP.PMN.31 Fluticasone/Salmeterol (Advair Diskus, Advair HFA)	Revised/Reviewed	Asthma/COPD: removed trial durations and instead required that preferred drugs be trialed at up to maximally indicated doses Asthma: updated preferencing criteria as one of the PDL products (Symbicort) is now FDA approved for ages 6 and up
NH.PMN.37 Guanfacine ER (Intuniv)	Revised/Reviewed	Initial: Removed less than 17 years of age criteria; updated requirement related to immediate-release guanfacine trial to include “unless clinically significant adverse effects are experienced”.
CP.PMN.40 Acitretin (Soriatane)	Reviewed	Updated references
CP.PMN.46 Roflumilast (Daliresp)	Revised/Reviewed	Converted to new template. Initial: modified requirement related to failure of either a long-acting anticholinergic agent or ICS/LABA to failure of triple inhaled therapy consisting of a combination of long-acting beta2-agonist (LABA), long-acting

		antimuscarinic antagonist (LAMA), and inhaled corticosteroid (ICS) per GOLD 2017 guideline Per new template update: removed age restriction -age is not an absolute contraindication and COPD does not normally occur in children per PI; updated generalized FDA max recommended dose and health plan approved QL statement to include specific max dose and QL; added documentation of positive response to therapy in continuation criteria. Updated references.
CP.PMN.52 Omega-3-Acid Ethyl Esters (Lovaza)	Revised/Reviewed	Removed age requirement as age is not an absolute contraindication. References updated
CP.PMN.60 SSRI/SNRI Duplicate Therapy	Reviewed	N/A
CP.PMN.63 Dexmethylphenidate ER (Focalin)	Revised/Reviewed	Changed trial of amphetamine and methylphenidate from ≥ 4 weeks to no particular timeframe for pediatrics. A response to the medication should be seen immediately (per uptodate) and with a titration to maximum dose, the pediatric member would have trialed for a sufficient timeframe. Removed age ≥ 6 to < 18 years (refer to CP.PPA.14 for adults. CP.PPA.14 is being retired. Adjusted criteria to age ≥ 6 years per FDA labeling. Added criteria for adult use, including max dose for adults of 40 mg/day.
CP.PMN.65 Vortioxetine (Trintellix)	Revised/Reviewed	Removed age requirement, age is not an absolute contraindication Added max dose and updated references
CP.PMN.69 Inhaled Combination LAA-LABA	Revised/Reviewed	Removed age requirement as age is not an absolute contraindication. Removed trial durations and instead required that drugs be trialed at up to maximally indicated doses based on the nature of COPD (poor disease control can be life-threatening) per GOLD 2017 recommendation of exacerbation follow-up within 1 to 4 weeks. Changed example of inhaled corticosteroid (ICS) in combination with a LABA from Advair to Symbicort. (Advair now requires a prior authorization.)
CP.PMN.XX Buprenorphine-Naloxone (Suboxone, Bunavail, Zubsolv)	New	Policy split from CP.PMN.23 buprenorphine-naloxone (Suboxone) and buprenorphine (Subutex) Initial: removed age requirement since not an absolute contraindication; combined criteria for Suboxone film and non-PDL buprenorphine-naloxone tablet/film into one set since they share the same basic requirements. Re-auth: added max dose. Updated references.

CENTENE PHARMACY THERAPEUTICS COMMITTEE
THIRD QUARTER 2017 MEDICAID SUMMARY TABLE

CP.PMN.XX Buprenorphine (Subutex)	New	Policy split from CP.PMN.23 buprenorphine-naloxone (Suboxone) and buprenorphine (Subutex) Initial: removed age requirement since not an absolute contraindication; modified 12-month approval duration for conditions other than induction to include "or duration of request (whichever is less)", if applicable (e.g., pregnancy). Re-auth: added a clarification that Subutex will not be renewed for pregnancy unless there is documentation that member is pregnant again; added max dose; modified 12-month approval duration to include "or duration of request (whichever is less)", if applicable (e.g., pregnancy) Updated references
CP.PMN.XX Short ragweed pollen allergen extract (Ragwitek)	New	Policy created.
CP.PMN.XX Timothy grass pollen extract (Grastek)	New	Policy created.
CP.PMN.XX Mixed pollen allergen extract (Oralair)	New	Policy created.
CP.PPA.09 Epinephrine (EpiPen and EpiPen Jr)	Revised/Reviewed	Converted to new template.
CP.PPA.16 Vilazodone (Viibryd)	Revised/Reviewed	Removed age requirement, as age is not an absolute contraindication. Updated references
CP.PPA.19 Pimavanserin (Nuplazid)	Revised/Reviewed	References updated
CP.PPA.XX Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	New	Policy created.
CP.PPA.XX Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	New	Policy created.
CP.PST.03 Anti-Allergy Ophthalmic	Revised/Reviewed	Removed age restriction as those are not absolute contraindications per PI
CP.PMN.03 Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	Retired	New step therapy policy created.
CP.PMN.14 Sodium-glucose co-transporter 2 inhibitor (SGLT2)	Retired	New step therapy policy created.
CP.PMN.23 Buprenorphine (Subutex) and buprenorphine naloxone (Suboxone)	Retired	Policy split into two separate policies.
CP.PMN.28 Proton Pump Inhibitors	Retired	Retired step therapy policy and recommend to utilize CP.PMN.16.

CENTENE PHARMACY THERAPEUTICS COMMITTEE
THIRD QUARTER 2017 MEDICAID SUMMARY TABLE

CP.PPA.14 CNS Stimulant for Adult ADD/ADHD	Retired	Policy no longer needed due to removal of age restriction.
CP.PPA.18 Sirolimus (Rapamune)	Retired	Policy no longer needed due because drug is on the core PDL without restriction.
CP.PST.15 Nonergoline Dopamine Agonist	Retired	Retired step therapy policy and recommend to utilize CP.PMN.16 because there are 2 or more nonergoline dopamine agonist on the core PDL
NH.PST.05 Exemestane Step Therapy	Reviewed	Annual Review, No Changes
NH.PPA.17 Aripiprazole (Abilify)	Reviewed	Annual Review, No Changes
NH.PPA.02 Desmopressin acetate (DDAVP)	Reviewed	Annual Review, No Changes
NH.PMN.53 Off Label Use	Reviewed	Annual Review, No Changes
NH.PMN.59 Quantity Limit Overrides	Reviewed	Annual Review, No Changes
NH.PMN.47 Rifaximin (Xifaxan)	Reviewed	Annual Review, No Changes
NH.PMN.18 Varenicline (Chantix)	Reviewed	Annual Review, No Changes
NH.PMN.16 Request for Medically Necessary Drug not on the PDL	Reviewed	Annual Review, No Changes
NH.PMN.11 Antiemetics (5-HT3 Antagonists)	Reviewed	Annual Review, No Changes