CENTENE PHARMACY & THERAPEUTICS COMMITTEE
SECOND QUARTER 2017 AMBETTER GUIDELINE SUMMARY

Coverage Guideline Policy & Procedure	Status	Revision Summary or Description
HIM.PA.32 Long acting stimulants (Adderall XR, Dexedrine, Metadate CD, Ritalin LA, Vyvanse)	Retired	
HIM.PA.33 Formulary medications without specific guidelines	Revised/Reviewed	No clinical changes made; converted to new template
HIM.PA.36 itraconazole (Sporanox)	Revised/Reviewed	Converted to new template Clinical changes to criteria -Added 6 week trial of terbinafine for fingernails and 12 week trial of terbinafine for toenail onychomycosis. -Removed requirement of multiple toes and/or fingers involved or member having a diagnosis of diabetes mellitus, peripheral vascular disease, or is immunocompromised for onychomycosis per specialist feedback. -Allow 2 months of total treat for fingernails and 3 months of total treatment for toenails -Separated initial criteria for oropharyngeal and esophageal candidiasis. Esophageal candidiasis requires a trial of fluconazole only per IDSA guidelines. -Added 14 day duration of nystatin or clotrimazole trial and fluconazole trial for oropharyngeal candidiasis per IDSA guideline. -Added 21 day duration of fluconazole trial for esophageal candidiasis per IDSA guideline. -Changed approval duration from 8 weeks to 4 weeks for oropharyngeal and esophageal candidiasis per IDSA guideline and PI. -Changed continued approval duration for oropharyngeal and esophageal candidiasis from 8 weeks to 2 weeks per IDSA guideline and PI. -Separated criteria for aspergillosis and added trial of voriconazole per IDSA guidelines. -Added Request is for Sporanox capsules for onychomycosis, blastomycosis, histoplasmosis, and aspergillosis. -Clarified continued approval duration for blastomycosis, histoplasmosis, and aspergillosis per IDSA guidelines.

		-Added continued approval criteria for onchomycosis. -Removed indications for mold and candida prophylaxis in neutropenic patients.
HIM.PA.37 milnacipran (Savella)	Revised/Reviewed	Clinical changes made to criteria -Added age requirement per PI-Savella is not approved for use in pediatric patients -Modified the following requirement "Documented treatment failure and adherent use of at least one of the following medications that are medically accepted treatments for fibromyalgia: tricyclic antidepressants, cyclobenzaprine, fluoxetine, or duloxetine unless contraindicated" to "Member meets one of the following (a or b): a. Failure of a 3 month trial of gabapentin at a dose of at least 1800mg daily unless contraindicated or clinically significant adverse effects are experienced; b. Contraindication or intolerance to gabapentin and failure of a 30 day trial of amitriptyline, duloxetine, fluoxetine or cyclobenzaprine at up to maximally indicated doses, unless all agents are contraindicated or clinically significant adverse effects are experienced" -Added max dose requirement in initial and re-auth criteria Non-clinical changes made: -Converted to new template -Removed description of fibromyalgia as defined by American College of Rheumatology and requirement related to presence of symptoms for at least 3 months from initial approval criteria -Removed safety requirement that milnacipran will not be approved for concurrent use with other SNRI and SSRI medications per template update -Updated references
HIM.PA.38 aripiprazole (Abilify)	Retired	
HIM.PA.39 Benign Prostatic Hyperplasia (BPH) agent	Revised/Reviewed	Clinical changes made to criteria -Added max dose requirement in initial approval and re-auth Non-clinical changes -Converted to new template -References updated
HIM.PA.40 Overactive Bladder Agents	Revised/Reviewed	Clinical changes made to criteria: -Modified trial and failure criteria to require trial of lower tiered formulary agents first prior to approval of tier 3 agents per formulary -Added max dose requirement in initial criteria and re-auth

		Non-clinical changes -Converted to new template -Added Myrbetriq to policy -Updated references
HIM.PA.44 quetiapine XR (Seroquel XR)	Revised/Reviewed	Clinical changes made to criteria -Created separate criteria for each indication Non-clinical changes -Converted to new template -Updated continuation criteria to allow continuity of care -Updated references
HIM.PA.45 fentanyl oral transmucosal	Revised/Reviewed	Clinical changes made to criteria -Updated criterion related to "Documented severe chronic pain requiring around-the-clock-analgesia" to "Currently receiving an extended-release opioid analgesic" -Added requirement related to trial and failure of 2 formulary short acting narcotic analgesics unless contraindicated or clinically significant side effects are experienced Non-clinical changes -Converted to new template -Added quantity limit -References updated
HIM.PA.46 butorphanol nasal spray	Revised/Reviewed	Clinical changes made to criteria -Added requirement that butorphanol is prescribed for the management of pain Non-clinical changes -Converted to new template -Updated references
HIM.PA. 100 Non-formulary and formulary contraceptives	Revised/Reviewed	No clinical changes made to criteria -Converted to new template
HIM.PA.104 linezolid (Zyvox)	Revised/Reviewed	Clinical changes made to criteria -Modified criteria to allow for cases in which obtaining C&S report is not feasible per documentation from the provider

		-Removed language specifying “Isolated pathogen is VRE” since VRE is gram-positive and policy covers gram positive bacteria -Added max dose requirement in initial approval criteria Non-clinical changes made -Converted to new template -Updated policy name to reflect linezolid tablets since the oral suspension is on the formulary and does not require a PA -Updated references
HIM.PA.110 lorcaserin (Belviq)	New	Policy created.
HIM.PA.111 mecamylamine (Vecamyl)	New	Policy created.
HIM.PA.112 naltrexone;bupropion (Contrave)	New	Policy created.
HIM.PA.113 netupitant;palonosetron (Akynzeo)	New	Policy created.
HIM.PA.114 phendimetrazine	New	Policy created.
HIM.PA.115 phentermine	New	Policy created.
HIM.PA.116 sildenafil (Viagra)	New	Policy created.
HIM.PA.117 tavaborole (Kerydin)	New	Policy created.
HIM.PA.118 tedizolid (Sivextro)	New	Policy created.
HIM.PA.SP4 ambrisentan (Letairis)	New	Policy created.
HIM.PA.SP5 bosentan (Tracleer)	New	Policy created.
HIM.SP6.SP daclizumab (Zinbryta)	New	Policy created.
HIM.PA.SP7 dalfampridine (Ampyra)	New	Policy created.

HIM.PA.SP8 dimethyl fumarate (Tecfidera)	New	Policy created.
HIM.PA.SP9 eliglustat (Cerdelga)	New	Policy created.
HIM.PA.SP10 fingolimod (Gilenya)	New	Policy created.
HIM.PA.SP11 glatiramer (Copaxone, Glatopa)	New	Policy created.
HIM.PA.SP12 icatibant (Firazyr)	New	Policy created.
HIM.PA.SP13 iloprost (Ventavis)	New	Policy created.
HIM.PA.SP14 interferon beta-1a (Avonex, Rebif)	New	Policy created.
HIM.PA.SP15 interferon beta-1b (Betaseron, Extavia)	New	Policy created.
HIM.PA.SP16 macitentan (Opsumit)	New	Policy created.
HIM.PA.SP17 Natalizumab (Tysabri)	New	Policy created.
HIM.PA.SP18 peginterferon beta-1a (Plegridy)	New	Policy created.
HIM.PA.SP19 propranolol Hcl (Hemangeol)	New	Policy created.
HIM.PA.SP20 riociguat (Adempas)	New	Policy created.
HIM.PA.SP21 sildenafil (Revatio)	New	Policy created.
HIM.PA.SP22 sonidegib (Odomzo)	New	Policy created.
HIM.PA.SP23 tadalafil (Adcirca)	New	Policy created.
HIM.PA.SP24 teriflunomide (Aubagio)	New	Policy created.

HIM.PA.SP25 tresprostinil (Orenitram, Romodulin)	New	Policy created.
HIM.PA.SP26 apremilast (Otezla)	New	Policy created.
HIM.PA.SP27 daclatasvir (Daklinza)	New	Policy created.
HIM.PA.SP28 golimumab (Simponi)	New	Policy created.
HIM.PA.SP29 secukinumab (Cosentyx)	New	Policy created.
HIM.PA.SP30 sucroferric oxyhydroxide (Velphoro)	New	Policy created.
HIM.PA.SP32 tocilizumab (Actemra)	New	Policy created.
HIM.PA.SP33 etaplirsen (Exondys)	New	Policy created.