

Centene Pharmacy & Therapeutics Committee
Combined Guideline Summary Table 3Q18

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Coverage Criteria Guideline	Applicable Business	Revision Summary Description
CP.PHAR.63 Everolimus (Afinitor, Afinitor Disperz)	Medicaid	Criteria added for new FDA indication: TSC-associated partial-onset seizures; references reviewed and updated.
CP.PHAR.81 Pazopanib (Votrient)	HIM Medicaid	Off-label uses added for uterine, ovarian and thyroid cancer; NCCN and FDA-approved uses summarized for improved clarity (STS: palliative therapy collapsed under the requirement for prior therapy); specialist involvement in care and continuation of care statement added; references reviewed and updated.
CP.PHAR.89 Peginterferon Alfa-2b (PegIntron, Sylatron)	HIM Medicaid	Added HIM; summarized NCCN and FDA-approved uses for improved clarity; added age requirement; allowed COC; Medicaid: added specialist involvement in care; removed coverage for CHC.
CP.PHAR.103 Immune Globulins	HIM Medicaid	Added HIM, including existing policy for HyQvia; added preferencing for Gamunex-C for all indications; For Medicaid, separated CytoGam into an individual policy, added criteria for off-label uses for DM/PM, AIDP/GBS, acute ITP, kidney transplant, MM, MS, MG, NAIT/FAIT, paraneoplastic neurologic syndrome, parvovirus, peds HIV, pemphigus vulgaris, and stiff person syndrome; for Medicaid CLL: added documentation of recurrent bacterial infection; for Medicaid ITP: added criteria for pregnancy or trial and failure of first line agents, added criteria for high risk ITP requiring rapid increase in platelet count (e.g., active bleeding, current platelet count < 30,000/ μ L, etc.); for Medicaid CIDP: added criteria for high risk (e.g., inability to stand/walk for 30 ft without assistance, ICU admission for aspiration or mechanical ventilation, muscle weakness (various), chronic disease); for Medicaid PI: added hypogammaglobulinemia levels, documentation of recurrent bacterial infection or inadequate antibody response; for Medicaid viral prophylaxis: defined recent varicella exposure, removed requirement that request is for IM GamaSTAN S/D to allow for off-label IV use for measles, modified duration of therapy to up to 6 months for hep A and one time approval for other postexposure prophylaxis; for Medicaid continued therapy, added requirement that member be re-evaluated using initial approval criteria for KS and viral prophylaxis; added specialist requirement for all diagnoses; For continuation approval for all lines of business: required KS and vaccine ppx to be re-evaluated using initial approval criteria; references reviewed and updated.
CP.PHAR.114 Teduglutide (Gattex)	Medicaid	Broadened redirection to any somatropin product, listing preferred products as examples; references reviewed and updated.
CP.PHAR.121 Nivolumab (Opdivo)	HIM Medicaid	Criteria added for new FDA indication: advanced renal cell carcinoma in combination with ipilimumab; lowered age limit from 18 years to 12 years for all indications; removed distinction between FDA-approved and NCCN-recommended off-label uses since both clear cell and non-clear cell histology are indicated for relapse or surgically unresectable stage IV kidney cancer; summarized NCCN and FDA-approved uses for improved clarity; removed malignant pleural mesothelioma due to NCCN 2B recommendation status; for small cell lung cancer, added failure of platinum-containing chemotx, removed requirement for relapse or primary progressive disease, and removed its use as single agent or with Yervoy; for colon cancer, removed requirement for FOLFOX since initial therapy recommended by NCCN with 2A rating for those who are not appropriate for intensive tx; for head and neck cancer, removed requirement for recurrent or metastatic disease since NCCN also recommends tx for newly diagnosed with no metastases with 1/2A; for NSCLC, removed conditional requirement for EGFR/ALK therapies; allowed continuity of care for continued approval; added HIM; references reviewed and updated.
CP.PHAR.169 Vigabatrin (Sabril)	HIM Medicaid	Added HIM; Medicaid: for infantile spasms: removed abnormal EEG requirement to confirm diagnosis and added specialist requirement, extended initial approval duration from 4 weeks to 3 months, added back age requirement on re-auth; added "or up to 2 years of age, whichever is less" to continued approval duration; modified continued therapy to allow for continuity of care

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		for infantile spasms and complex partial seizures; for complex partial seizures: added specialist requirement; references reviewed and updated.
CP.PHAR.239 Dabrafenib (Tafinlar)	HIM Medicaid	Updated criteria with new indications for anaplastic thyroid cancer and the adjuvant treatment of melanoma following complete lymph node(s) resection.
CP.PHAR.240 Trametinib (Mekinist)	HIM Medicaid	Updated criteria with new indications for anaplastic thyroid cancer and the adjuvant treatment of melanoma following complete lymph node(s) resection; added off-label use for uveal melanoma; added TBD-HIM line of business.
CP.PHAR.294 Osimertinib (Tagrisso)	Medicaid	Criteria added for new FDA indication: first-line therapy in EGFR sensitizing exon 19 or exon 21 L858R-mutated, metastatic NSCLC; Medicaid: added prescriber specialty requirement, removed requirement that mutation must be detected by an FDA approved test, added COC language for continuation criteria; references reviewed and updated.
CP.PHAR.295 Sargramostim (Leukine)	HIM Medicaid	Added HIM, added new indication for acute radiation syndrome; removed contraindications that are no longer included in the product label; modified age restrictions consistent with label; references reviewed and updated.
CP.PHAR.296 Pegfilgrastim (Neulasta)	HIM Medicaid	Added HIM; added off-label indications for mobilization of peripheral-blood progenitor cells and supportive care post autologous hematopoietic cell transplantation with redirection to FDA approved treatments Leukine and Neupogen, Granix, or Zarxio; references reviewed and updated.
CP.PHAR.297 Filgrastim (Neupogen), Filgrastim-sndz (Zarxio), Tbo-filgrastim (Granix)	HIM Medicaid	Added HIM; revised max dosing for chemotherapy-induced neutropenia and chronic neutropenia per Clinical Pharmacology; removed radiation exposure requirement; added off-label use in myelodysplastic syndrome per NCCN Compendium; references reviewed and updated.
CP.PHAR.302 Ixazomib (Ninlaro)	HIM Medicaid	MM off-label uses added as subsequent therapy in combination with dexamethasone and Pomalyst and as primary therapy in combination with dexamethasone and Revlimid; NCCN and FDA-approved uses summarized for improved clarity (prior chemotherapy requirement removed given new off-label uses); references reviewed and updated.
CP.PHAR.303 Brentuximab Vedotin (Adcetris)	HIM Medicaid	Added HIM; added new FDA approved status for pcALCL and MF indications (previously off-label coverage) and previously untreated cHL in combination with chemotherapy; added examples of prerequisite drugs for HL, sALCL, adult T-cell leukemia/lymphoma, and LyP; references reviewed and updated.
CP.PHAR.310 Daratumumab (Darzalex)	HIM Medicaid	Criteria added for new FDA indication: combination use with bortezomib, mephalan, and prednisone for the treatment of newly diagnosed MM patients ineligible for autologous stem cell transplant; HIM-Medical benefit added; prescriber requirement added; references reviewed and updated.
CP.PHAR.312 Blinatumomab (Blinicyto)	HIM Medicaid	Medicaid; new indication for MRD+ B-ALL added; summarized NCCN and FDA-approved uses for improved clarity (TKI requirement reduced from 2 to 1 for Ph+ disease); added specialist involvement in care; references reviewed and updated.
CP.PHAR.319 Ipilimumab (Yervoy)	HIM Medicaid	Criteria added for new FDA indication: advanced renal cell carcinoma in combination with nivolumab; removed malignant pleural mesothelioma due to NCCN 2B recommendation status; added oncologist specialist requirement for all covered indications; summarized NCCN and FDA-approved uses for improved clarity; added up to a total tx duration of 3 years for cutaneous melanoma per PI; added failure of platinum-containing chemotx for SCLC per NCCN; allowed continuity of care for continued approval; clarified continued therapy language for unresectable or metastatic melanoma that reauthorization beyond 16 weeks is not permitted from reauthorization is not permitted; references reviewed and updated.
CP.PHAR.327 Nusinersen (Spinraza)	HIM Medicaid	Added CHOP-INTEND score as an allowable tool to measure motor function for members < 2 years of age; allowed maintenance (in addition to improvement) from baseline CHOP-INTEND, HINE, or HFMSE score for continued approval;

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		removed requirement for documentation of number of categories of improvement for continued approval; added HIM medical benefit line of business; references reviewed and updated.
CP.PHAR.350 Rucaparib (Rubraca)	Medicaid	Added Age ≥ 18 years per PI; Updated Appendix B with additional acceptable prior treatment regimens based on NCCN Ovarian Cancer guidelines; references updated
CP.PHAR.361 Tisagenlecleucel (Kymriah)	HIM Medicaid	Criteria added for new FDA indication: adult r/r DLBCL; Added HIM; references updated.
CP.PMN.132 Tadalafil BHP - ED (Cialis)	HIM Medicaid	Added redirection to sildenafil.
HIM.PA.124 Ivermectin (Sklice)	HIM	Modified timeframe of trial of permethrin from within the last 6 months to last 60 days; shortened approval duration from 1 month to 14 days since medication is intended for single use; continued therapy: removed requirement that 6 months should have elapsed since previous claim for Sklice; references reviewed and updated.
CP.PCH.04 dichlorphenamide (Keveyis)	HIM	No significant changes; added age limit; References updated.
CP.PCH.05 metreleptin (Myalept)	HIM	Age added; Added HIV-related lipodystrophy and liver disease as indications not covered per PI; references reviewed and updated.
CP.PCH.06 Valganciclovir (Valcyte)	HIM	No significant changes from previously approved corporate policy; new policy for HIM.
CP.PCH.07 sildenafil for ED (Viagra)	HIM	Policy created. Replaces CP.PMN.131. Added redirection to sildenafil (generic Viagra).
CP.PHAR.11 Burosumab-twza (Crysvita)	HIM Medicaid	Policy created.
CP.PHAR.24 Fostamatinib (Tavalisse)	HIM Medicaid	Policy created.
CP.PHAR.27 Tolvaptan (Jynarque)	HIM Medicaid	Policy created.
CP.PHAR.277 Cytomegalovirus Immune Globulin (CytoGam)	Medicaid	New policy created- policy split from CP.PHAR.103 Immune globulins into individual policy for CytoGam; specialist requirement was added; references reviewed and updated.
CP.PHAR.282 Parathyroid hormone (Natpara)	Medicaid	Replaces existing commercial Natpara policy; added Medicaid LOB; no significant changes; references reviewed and updated.
CP.PHAR.379 etelcalcetide (Parsabiv)	HIM Medicaid	Policy created.
CP.PHAR.380 cobimetinib (Cotellic)	Medicaid	Policy Created.
CP.PHAR.381 mechlorethamine (Valchlor)	Medicaid	Policy created.
CP.PHAR.382 panobinostat (Farydak)	Medicaid	Policy created.
CP.PHAR.383 trifluridine_Tipiracil (Lonsurf)	Medicaid	Policy created.
CP.PHAR.384 lutetium Lu 177 dotatate (Lutathera)	Medicaid HIM	Policy created.

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CP.PHAR.385 Corticosteroid Intravitreal Implants (Iluvien, Ozurdex, Retisert)	Medicaid	Policy created.
CP.PHAR.386 tildrakizumab-asmn (Ilumya)	HIM Medicaid	Policy created.
NH.PPA.12 Opioid Analgesics	Medicaid	Annual Review, no changes
NH.PMN.23 Buprenorphine-Naloxone (Suboxone, Bunavail, Zubsolv)	Medicaid	Annual Review, no changes.
NH.PMN.24 Buprenorphine (Subutex)	Medicaid	Annual Review, no changes
NH.PMN.59 Quantity Limit Overrides	Medicaid	Annual Review, no changes
CP.PMN.45 Ondansetron (Zuplenz)	Medicaid	Policy created
CP.PMN.139 naloxone (Evzio)	Medicaid	Policy created.
CP.PMN.140 Pimavanserin (Nuplazid)	Medicaid	Policy created.
CP.PMN.141 Dolasetron (Anzemet)	HIM Medicaid	Policy created. For HIM: added criteria allowing for off-label use as treatment of chemo-induced N/V, added age requirement, added requirement that member is receiving chemotherapy for initial and continuation approval, generalized trial and failure to any 5-HT3 antagonist (ondansetron is preferred), modified approval duration to duration of chemotherapy up to 72 hours after completion of chemotherapy; For Medicaid: policy split from CP.PMN.11 Oral Antiemetics into individual policies, added requirement that member is scheduled to receive or is receiving chemotherapy for initial and continuation approval, removed requirement that ondansetron must have been tried in the last 60 days; modified commercial approval duration to be projected course of chemotherapy up to 72 hrs after completion; references reviewed and updated.
CP.PMN.142 Lubiprostone (Amitiza)	HIM Medicaid	Policy created. Added age requirement; CIC/IBS-C: removed duration and timeframe of trial (CIC only) related to laxative use since they are available OTC and may not be verifiable via claims history; OIC: provided clarification of OIC indication based on updated FDA labeling; references reviewed and updated.
CP.PMN.143 isotretinoin (Claravis, Absorica, Myorisan, Zenatane)	HIM Medicaid	Policy created. No significant changes from previously approved corporate policy; references reviewed and updated.
CP.PMN.144 Epinephrine (EpiPen and EpiPen Jr) Quantity Limit Override	Medicaid	Policy created. No significant changes; references reviewed and updated.
CP.PMN.145 vilazodone (Viibryd)	Medicaid	Policy created. No significant changes; Medicaid: added age; references updated.
CP.PMN.146 fluticasone-umeclidinium-vilanterol (Trelegy Ellipta)	Medicaid	Policy created.
CP.PMN.147 indacaterol-glycopyrrolate (Utibron Neohaler)	Medicaid	Policy created. Policy split from CP.PMN.69 Inhaled combination LAA-LABA into individual Utibron Neohaler policy; no significant changes; age added; requirement for one agent to have been used in the last 60 days removed; references reviewed and updated.
CP.PMN.148 tiotropium-olodaterol (Stiolto Respimat)	Medicaid	Policy created. Policy split from CP.PMN.69 Inhaled combination LAA-LABA into individual Stiolto Respimat policy; no significant changes; age added; requirement for one agent to have been used in the last 60 days removed; references reviewed and updated.

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CP.PMN.149 umecclidinium-vilanterol (Anoro Ellipta)	Medicaid	Policy created. Policy split from CP.PMN.69 Inhaled combination LAA-LABA into individual Anoro Ellipta policy; no significant changes; age added; requirement for one agent to have been used in the last 60 days removed; references reviewed and updated.
CP.PMN.150 lesinurad (Zurampic), lesinurad-allopurinol (Duzallo)	Medicaid	Policy created. References reviewed and updated.
CP.PMN.151 QL of Diabetic Test Strips not receiving insulin	Medicaid	Policy created. Changed from CP.PPA.25 QL of Diabetic Test Strips not receiving insulin; references reviewed and updated.
CP.PMN.153 alosetron (Lotronex)	Medicaid	Policy created. Added age requirement; removed requirements related to confirmation of diagnosis since they are subjective measures, physician enrollment in the prescribing program for Lotronex and patient acknowledgement form, and exclusion of anatomic or biochemical abnormalities of the GI tract; removed conventional therapy (e.g., psyllium (Metamucil) as a requirement; references reviewed and updated.
CP.PMN.154 isavuconazonium (Cresemba)	Medicaid	Policy created. Added age and prescriber requirements; re-auth: added positive response to therapy, modified max dose requirement to reflect dosage regimen for maintenance dose; references reviewed and updated.
CP.PMN.155 lacosamide (Vimpat)	HIM Medicaid	Policy created. Modified number of preferred trials from 3 to 2; references reviewed and updated.
CP.PMN.156 perampanel (Fycompa)	HIM Medicaid	Policy created. New policy for Medicaid; added requirement related to trial and failure of preferred alternatives; references reviewed and updated.
CP.PMN.157 rufinamide (Banzel)	HIM Medicaid	Policy created. Added age requirement; references reviewed and updated.
CP.PMN.158 netupitant;palonosetron (Akynzeo)	HIM Medicaid	Policy created. For Medicaid, policy split from CP.PMN.11 Oral Antiemetics into individual policies; For HIM and Medicaid: added requirement that member is scheduled to receive moderately to highly emetogenic cancer chemo per NCCN recommendations; modified trial and failure of ondansetron and granisetron to require one 5-HT3 receptor antagonist (ondansetron is preferred for both lines of business); added trial and failure of an NK1 antagonist (aprepitant is preferred); added requirement that Akynzeo must be prescribed in combination with dexamethasone per FDA labeling for initial and continued approval; specified that member must be receiving moderately to highly emetogenic chemotherapy for initial and continued approval; revised max dose requirement to per chemotherapy cycle; For HIM: added age requirement, modified approval duration to up to 72 hrs after chemo completion; For Medicaid: removed requirement that 5-HT3 receptor antagonist must be tried in the last 60 days, modified approval duration for chemotherapy-induced N/V to duration of chemotherapy; references reviewed and updated.
CP.PMN.159 dronabinol (Marinol, Syndros)	Medicaid	Policy created. Added Medicaid line of business; added age requirement for all diagnoses; removed risk requirement for receiving chemo for chemo-induced N/V; added requirement for concurrent chemotherapy use or AIDs for continuation criteria; modified approval durations to course of chemotherapy up to 72 hrs after chemo completion for chemotherapy-induced N/V and 6/12 months for anorexia with AIDS/cancer; references reviewed and updated.
CP.PMN.160 nabilone (Cesamet)	Medicaid	Policy created. Added Medicaid line of business; added age requirement; removed risk requirement for receiving chemo for chemo-induced N/V; removed requirement for dexamethasone and Emend to be tried with a 5-HT3 antagonist; added requirement for concurrent chemotherapy use for continuation criteria; for commercial: modified approval durations to course of chemotherapy up to 72 hrs after chemo completion for chemotherapy-induced N/V; references reviewed and updated.

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HIM.PA.41 Naloxone (Narcan Nasal Spray)	HIM	Policy created.
HIM.PA.43 Arformoterol tartrate (Brovana)	HIM	Policy created. Removed redirection to short-acting bronchodilator per 2018 GOLD guidelines; age added; references reviewed and updated.
HIM.PA.48 Budesonide (Pulmicort Respules)	HIM	Policy created. Split from HIM.PA.73 Inhaled corticosteroids to individual Pulmicort Respules policy; no significant changes; references reviewed and updated.
HIM.PA.65 Ciclesonide (Alvesco)	HIM	Policy created. Split from HIM.PA.73 Inhaled corticosteroids to individual Alvesco policy; no significant changes; age added; quantity limit added based on maximum dose; references reviewed and updated.
HIM.PA.101 Indacaterol (Arcapta Neohaler)	HIM	Policy created. Split from HIM.PA.74 Inhaled Long-Acting Beta2 Agonists and Combination Products into individual Arcapta Neohaler policy; redirection modified from short-acting bronchodilator to LABA; age added; references reviewed and updated.
HIM.PA.102 Indacaterol-glycopyrrolate (Utibron Neohaler)	HIM	Policy created.
HIM.PA.105 Olodaterol (Striverdi Respimat)	HIM	Policy created. Split from HIM.PA.74 Inhaled Long-Acting Beta2 Agonists and Combination Products into individual Striverdi Respimat policy; redirection modified from short-acting bronchodilator to LABA; age added; references reviewed and updated.
HIM.PA.106 Umeclidinium-vilanterol (Anoro Ellipta)	HIM	Policy created. Split from HIM.PA.74 Inhaled Long-Acting Beta2 Agonists and Combination Products into individual Anoro Ellipta policy; redirection modified from short-acting bronchodilator to LABA in combination with LAA or ICS; age added; references reviewed and updated.
CP.PHAR.28 Immunization Coverage	Medicaid	No significant changes; references reviewed and updated.
CP.PHAR.41 Enfuvirtide (Fuzeon)	HIM Medicaid	Medicaid: HIV specialist added as prescriber option, removed re-auth requirement for drug resistance testing if current HIV RNA is at least 500 copies/mL; Continued approval durations modified from length of benefit to 6 months or renewal date and 12 months, respectively; continuity of care added; references reviewed and updated.
CP.PHAR.61 Cinacalcet (Sensipar)	HIM Medicaid	HIM and Medicaid policies combined; removed the requirement of PTH levels >300 pg/ml in the initial approval criteria; updated the initial approval criteria to require that lab results over the previous 3-6 months show trending increase in iPTH level or current (within the last 30 days) labs show iPTH above the normal levels; removed the trial of calcium acetate and replaced with vitamin D analog. References reviewed and updated.
CP.PHAR.82 Collagenase Clostridium Histolyticum (Xiaflex)	Medicaid HIM	HIM; Dupuytren's contracture – removed "table top test" and flexion contracture degree requirements (clinical trial inclusion criteria) as specialist involvement is required; references reviewed and updated.
CP.PHAR.83 Vorinostat (Zolinza)	Medicaid	Age and specialist requirements added; continuation of care statement added; NCCN and FDA-approved uses summarized for improved clarity (criteria limited to CTLC diagnosis); references reviewed and updated.
CP.PHAR.84 Abiraterone (Zytiga)	HIM Medicaid	Added HIM; references reviewed and updated.
CP.PHAR.88 Belimumab (Benlysta)	Medicaid HIM	HIM added; no significant changes from previously approved corporate policy; Medicaid: added prescriber requirement, removed requirement to confirm lack of chronic infection treatment, expanded list of accepted autoantibodies; references reviewed and updated.
CP.PHAR.95 Thyrotropin Alfa (Thyrogen)	Medicaid HIM	No significant changes; HIM added; references reviewed and updated.
CP.PHAR.106 Enzalutamide (Xtandi)	HIM Medicaid	Added HIM; specialist requirement was added; off-label use in castration-naïve prostate cancer removed per NCCN guidelines; references reviewed and updated.

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CP.PHAR.109 Tesamorelin (Egrifta)	HIM Medicaid	No significant changes from previously approved corporate policy; Medicaid: removed adherence to current antiretroviral therapy on re-auth; references reviewed and updated.
CP.PHAR.123 Evolocumab (Repatha)	HIM Medicaid	Medicaid/HIM: removed requirement against hypersensitivity; removed requirement for therapeutic lifestyle changes; aligned definition of ASCVD by addition of acute coronary syndrome and clinically significant CHD; aligned trial of Zetia language by requiring concomitant statin; added hydrophilic statin with intermittent dosing requirement; added diagnosis of HeFH via Simon Broome criteria as alternative option to WHO criteria; Medicaid: added that lab results must be within the last 3 months for continued therapy; references reviewed and updated.
CP.PHAR.124 Alirocumab (Praluent)	Medicaid	Added a separate requirement to check for continued statin use and adherence at reauthorization; Medicaid: aligned definition of ASCVD by addition of acute coronary syndrome and clinically significant CHD; aligned trial of Zetia language by requiring concomitant statin; added hydrophilic statin with intermittent dosing requirement; references reviewed and updated.
CP.PHAR.126 Ibrutinib (Imbruvica)	HIM Medicaid	Off-label NCCN compendium-supported uses were added, tablet formulations were added, age requirement was added for FDA-labeled indications, specialist requirement was added for all indications; For Medicaid, removed age requirement for pretreatment use of ibrutinib for MCL per NCCN guidelines; references reviewed and updated.
CP.PHAR.145 Deferasirox (Exjade, Jadenu)	HIM Medicaid	No significant changes; references reviewed and updated.
CP.PHAR.146 Deferoxamine (Desferal)	Medicaid	No significant changes; age removed from acute iron intoxication and from chronic iron overload as can be used in patients younger than 3 in some cases; two gram vial removed; references reviewed and updated.
CP.PHAR.147 Deferiprone (Ferriprox)	HIM Medicaid	No significant changes; references reviewed and updated.
CP.PHAR.150 Mecasermin (Increlex)	HIM Medicaid	Added HIM; added contraindicated states to section III; revised positive response to therapy and increased initial approval duration from 6 months to 12 months to align with somatropin policy and added requirement for baseline height; Medicaid: removed requirements to correct nutritional or thyroid deficiencies if present; references updated.
CP.PHAR.270 Paricalcitol Injection (Zemlar)	Medicaid HIM	Converted to new template; HIM added; added specialist requirement; added requirement for positive response and max dose to re-auth; references reviewed and updated.
CP.PHAR.283 Lomitapide (Juxtapid)	Medicaid	Added age limit; Medicaid: removed requirement for therapeutic life style changes and counseling due to inability to objectively verify; removed contraindications from initial criteria; aligned trial of ezetimibe language by requiring concomitant statin; references reviewed and updated.
CP.PHAR.284 Mipomersen (Kynamro)	Medicaid	No significant changes from previously approved corporate policy; added age limit; Medicaid: removed requirement for therapeutic life style changes and counseling due to inability to objectively verify; removed requirement against concomitant administration of apheresis; removed requirement against use if renally impaired; aligned trial of Zzetia language with commercial by requiring concomitant statin; references updated.
CP.PHAR.285 Nintedanib (Ofev)	Medicaid	No significant changes from previously approved corporate policy; Medicaid: removed requirement for high-resolution computed tomography or surgical lung biopsy findings confirming diagnosis; references reviewed and updated.
CP.PHAR.286 Pirfenidone (Esbriet)	Medicaid	No significant changes from previously approved corporate policy; Medicaid: removed requirement for high-resolution computed tomography or surgical lung biopsy findings confirming diagnosis; references reviewed and updated.
CP.PHAR.287 Obeticholic acid (Ocaliva)	Medicaid	Added prescriber requirement; removed criteria confirming diagnosis; modified UDCA monotherapy trial duration to 12 months from 6 months based on Ocaliva package labeling and treatment guideline recommendations; references reviewed and updated

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CP.PHAR.323 Plerixafor (Mozobil)	HIM Medicaid	No significant changes from previously approved corporate policy; added HIM; added prescriber requirement; references reviewed and updated.
CP.PHAR.338 Cerliponase alfa (Brineura)	HIM Medicaid	No significant changes; references reviewed and updated.
CP.PHAR.351.Daptomycin (Cubicin Cubicin RF)	Medicaid	No significant changes; references reviewed and updated.
CP.PMN.08 Lidocaine Transdermal (Lidoderm)	HIM Medicaid	Medicaid/HIM: removed timeframe of within the last 6 months for gabapentin or TCA trial; references reviewed and updated.
CP.PMN.09 Lindane Shampoo	Medicaid	No significant changes; modified approval duration of one treatment (one 60 mL bottle) to 14 days and incorporated quantity limit in the criteria; added Appendix D; references reviewed and updated.
CP.PMN.19 Aprepitant (Emend)	HIM Medicaid	HIM and Medicaid: added age requirement, added requirement that Emend is prescribed for the prevention of chemo-induced N/V, specialist requirements were removed, therapy pack dosage form was added; HIM: added requirement for trial and failure of a 5-HT3 antagonist for postop N/V, added requirement for positive response to therapy for continued therapy approval of chemo-induced N/V per template, added confirmation that member is receiving chemo, added requirement that Emend is prescribed in combination with a 5-HT3 antagonist and dexamethasone; For Medicaid: generalized trial of ondansetron to a 5-HT3 antagonist (ondansetron is preferred) for PONV, requirement that member has a scheduled surgery was added; references reviewed and updated.
CP.PMN.31 Fluticasone/Salmeterol (Advair Diskus, Advair HFA)	Medicaid	Removed requirement for drug trials verifiable with claims data in the past 60 days; references reviewed and updated.
CP.PMN.40 Acitretin (Soriatane)	Medicaid	No significant changes; increased continued approved from 6 to 12 months; references reviewed and updated.
CP.PMN.44 Pyrimethamine (Daraprim)	HIM Medicaid	No significant changes from previously approved corporate policy; all: HIV specialist added as prescriber option; Medicaid/HIM: removed recommended regimens from continued criteria; references reviewed and updated.
CP.PMN.46 Roflumilast (Daliresp)	Medicaid	No significant changes; age restriction added, smoking cessation requirements removed as this cannot be enforced; initial approval duration increased from 6 to 12 months; references reviewed and updated.
CP.PMN.47 Rifaximin (Xifaxan)	HIM Medicaid	No significant changes from previously approved corporate policy; HIM: added age requirement; for TD, added additional fluoroquinolone trial/failure option of ofloxacin 200 mg twice daily x 1-3 days per IDSA guidelines; Medicaid: for IBS-D, modified trial/failure requirement of either loperamide or bile acid sequestrant to loperamide and antispasmodic agent, removed timeframe in which trial must have occurred; HIM/Medicaid: for IBS-D, modified number of total treatment courses from 2 to 3 on re-auth per PI; added off-label criteria for SIBO and Crohn's disease; references reviewed and updated.
CP.PMN.54 Clobazam (Onfi)	HIM Medicaid	LGS-removed duration of trial of formulary alternatives since specialist is involved in care; references reviewed and updated.
CP.PMN.60 SSRI SNRI Duplicate Therapy	Medicaid	No significant changes; references reviewed and updated.
CP.PMN.65 Vortioxetine (Trintellix)	HIM Medicaid	No significant changes added age to Medicaid; references reviewed and updated.
CP.PMN.70 Ivabradine (Corlanor)	Medicaid	Removed contraindication requirement related to drug-drug interaction and incorporated the information in Appendix C; references reviewed and updated.

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CP.PMN.74 Granisetron (Kytril, Sancuso)	Medicaid	Policy split from CP.PMN.11 Oral antiemetics into individual policies, into individual policies, removed age restriction for Kytril due to compendium and guideline-supported off-label use in pediatrics, removed requirement that ondansetron must have been tried in the last 60 days, added granisetron injection product to policy; references updated.
CP.PMN.76 Calcifediol (Rayaldee)	Medicaid	No significant changes from previously approved corporate policy; added iPTH lab requirement for initial approval and iPTH, calcium/vitamin D level monitoring for continued approval to Commercial policy; references reviewed and updated.
CP.PMN.83 Short Ragweed Pollen Allergen Extract (Ragwitek)	Medicaid	Added age; Increased approval duration to 12 months; references reviewed and updated.
CP.PMN.84 Timothy Grass Pollen Allergen Extract (Grastek)	HIM Medicaid	Age added to policy; increased Medicaid and HIM initial approval duration to 12 months; references reviewed and updated.
CP.PMN.85 Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue Grass Mixed Pollens Allergen Extract (Oralair)	Medicaid	Age added to policy; Medicaid: increased initial approval duration to 12 months; references reviewed and updated.
CP.PMN.111 House dust mite allergen extract (Odactra)	Medicaid	No significant changes from previously approved corporate policy; age added; references reviewed and updated.
CP.PST.01 Step Therapy	Medicaid	References reviewed and updated.
CP.PST.17 Atomoxetine (Strattera)	Medicaid	No significant changes; references reviewed and updated.
HIM.PA.78 Emtricitabine/Tenofovir (Truvada)	HIM	No significant changes; clarified indicators of high risk for acquiring HIV; references reviewed and updated.
HIM.PA.87 Topical testosterone	HIM	No significant changes; added age; references reviewed and updated.
HIM.PA.89 Rasagiline (Azilect)	HIM	Age limit added; no significant changes; references reviewed and updated.
HIM.PA.93 mometasone (Nasonex)	HIM	No significant changes; added age; references reviewed and update.
HIM.PA.108 Isavuconazonium (Cresemba)	HIM	No significant changes; added age; removed requirements related to confirmation of diagnosis and duration of trial since specialist is involved in care and duration of antifungal treatment should be determined on an individual basis; combined continued therapy since criteria for aspergillosis and mucormycosis are the same; references reviewed and updated.
HIM.PA.123 Topical Diclofenac (Solaraze, Flector)	HIM	Coverage criteria for Voltaren topical gel (no longer requires prior authorization on the HIM formulary) was replaced with coverage criteria for Flector topical patch (now requires prior authorization on the HIM formulary); References reviewed and updated.
CP.PHAR.57 Global BioPharm	Medicaid	Replaced by CP.PMN.53 No Coverage Criteria Off Label Use
CP.PMN.11 Oral Antiemetics (5-HT3 Antagonists)	Medicaid	Replaced by CP.PMN.45 Ondansetron (Zuplenz), CP.PMN.141 Dolasetron (Anzemet), and CP.PMN.74 Granisetron (Kytril, Sancuso),
CP.PMN.26 CP.PMN.26 famciclovir (Famvir®)	Medicaid	Prior Auth is no longer required
CP.PMN.37 Guanfacine ER (Intuniv)	Medicaid	Medication is PDL with no prior auth
CP.PMN.63 Dexmethylphenidate ER (Focalin XR)	Medicaid	Replaced by CP.PMN.16 Request for Medically Necessary Drug not on the PDL

Centene Pharmacy & Therapeutics Committee
Combined Guideline Summary Table 3Q18

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CP.PMN.69 Inhaled combination LAA-LABA	Medicaid	Replaced by CP.PMN.147 indacaterol-glycopyrrolate (Utibron Neohaler), CP.PMN.148 tiotropium-olodaterol (Stiolto Respimat), CP.PMN.149 umeclidinium-vilanterol (Anoro Ellipta)
CP.PPA.04 oxycodone sr (Oxycontin®)	Medicaid	Replaced by NH.PPA.12 Opioid Analgesics
CP.PPA.09 Epinephrine (EpiPen and EpiPen Jr) Quantity Limit Override	Medicaid	Replaced by CP.PMN.144 Epinephrine (EpiPen and EpiPen Jr) Quantity Limit Override
CP.PPA.16 vilazodone (Viibryd)	Medicaid	Replaced by CP.PMN.145 vilazodone (Viibryd)
CP.PPA.19 Pimavanserin (Nuplazid)	Medicaid	Replaced by CP.PMN.140 Pimavanserin (Nuplazid)
CP.PPA.25 QL of Diabetes Test Strips for members not receiving insulin	Medicaid	Replaced by CP.PMN.151 QL of Diabetic Test Strips not receiving insulin
CP.PPA.26 isotretinoin (Claravis, Sotret, Amnesteem, Myorisan)	Medicaid	Replaced by CP.PMN.143 isotretinoin (Claravis, Absorica, Myorisan, Zenatane)
CP.PST.03 Anti-Allergy Ophthalmics	Medicaid	Replaced by CP.PST.01 Step Therapy