Reference ID	Title	LOB	Type	Revision
CP.PHAR.05	Hyaluronate Derivatives	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; updated HCPCS code description for J7321 and removed J7333; references reviewed and updated.
NH.PHAR.128	Erenumab-aooe (Aimovig)	Medicaid	Significant Change	Policy created
CP.PHAR.130	Avatrombopag (Doptelet)	Medicaid	Significant Change	4Q 2024 annual review: added concurrent TPO receptor agonists and spleen tyrosine kinase inhibitor exclusions to all FDA-labeled indications per competitor criteria; references reviewed and updated.
CP.PHAR.132	Nitisinone (Nityr, Orfadin)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.136	Elagolix (Orilissa), Elagolix/Estradiol/Norethinedrone (Oriahnn)	Medicaid	Significant Change	4Q 2024 annual review: for Oriahnn, added HIM non-formulary disclaimer and reference to formulary exception policy HIM.PA.103; references reviewed and updated.
CP.PHAR.139	Mogamulizumab-kpkc (Poteligeo)	Medicaid	Significant Change	4Q 2024 annual review: for ATLL initial criteria, added "prescribed as a single-agent" to align with NCCN compendium and guideline; for Appendix B, added another therapeutic option "Zidovudine and interferon" for ATLL first line therapy; references reviewed and updated.
CP.PHAR.140	Pegvaliase-pqpz (Palynziq)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; added exclusion against concomitant use with sapropterin (Kuvan) for Continued Therapy to mirror Initial Approval Criteria; references reviewed and updated.
CP.PHAR.142	Adefovir (Hepsera)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.143	Betaine (Cystadane)	Medicaid	Non-Significant Change	4Q 2024 annual review: for Cystadane requests, added redirection to generic per SDC request; no other significant changes; references reviewed and updated.
NH.PHAR.149	Baclofen (Fleqsuvy, Gablofen, Lioresal, Lyvispah, Ozobax)	Medicaid	Significant Change	4Q 2024 annual review: added Ozobax DS formulation to policy; for requests for Fleqsuvy, Lyvispah or Ozobax/Ozobax DS, removed requirement for compounded baclofen oral solution or baclofen crushed or split tablets and added requirement for generic baclofen oral solution per SDC; references reviewed and updated.
CP.PHAR.151	Levoleucovorin (Fusilev, Khapzory)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; updated Appendix D per NCCN Compendium; added HCPCS code J0642 and updated J0641 code description; references reviewed and updated.
CP.PHAR.173	Leuprolide Acetate (Eligard, Fensolvi, Lupaneta Pack, Lupron Depot, Lupron Depot-Ped), Leuprolide mesylate (Camcevi)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; removed Lupaneta Pack as product is discontinued; added HCPCS code J1954; references reviewed and updated.
CP.PHAR.175	Triptorelin Pamoate (Trelstar, Triptodur)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
NH.PHAR.200	Hepatitis C Agents	Medicaid	Non-Significant Change	Annual review no changes
CP.PHAR.201	Belatacept (Nulojix)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.313	Pralatrexate (Folotyn)	Medicaid	Significant Change	4Q 2024 annual review: updated notation regarding HIM non-formulary status for 40 mg/2 mL vials to exclude HIM FL and AZ per current formulary status; revised policy/criteria section to also include generic pralatrexate; for non-cutaneous T-cell lymphomas, added requirement that Folotyn be prescribed as a single agent per NCCN; removed "gamma delta" qualifier from hepatosplenic T-cell lymphoma as NCCN does not specify this; references reviewed and updated.
CP.PHAR.328	Asfotase Alfa (Strensiq)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; added elevated PPi level as an additional biochemical marker of decreased ALP activity based on the pathophysiology of HPP; added information regarding the need to stop pyridoxine supplementation one week prior to measuring plasma PLP to ensure accurate assessments of endogenous PLP levels; added new Boxed Warning from a recent label update; references reviewed and updated.
CP.PHAR.332	Pasireotide (Signifor, Signifor LAR)	Medicaid	Significant Change	4Q 2024 annual review: for acromegaly, revised initial criteria from "(GH) level ≥ 1 µg/mL" to "(GH) level ≥ 1 µg/L" per PS/ES practice guidelines and ACG; references reviewed and updated.
CP.PHAR.354	Testosterone (Testopel, Jatenzo, Kyzatrex, Tlando)	Medicaid	Significant Change	4Q 2024 annual review: for hypogonadism serum testosterone requirement added allowance for levels less than the lab reference range; references reviewed and updated.
CP.PHAR.373	Benralizumab (Fasenra)	Medicaid	Significant Change	Per SDC, removed HIM line of business as separate criteria is required; added reference to "Refer to HIM.PA.SP70 for California Exchange Plans"; for initial approval criteria, added allowance for emergency room visit.
CP.PHAR.389	Pegvisomant (Somavert)	Medicaid	Significant Change	4Q 2024 annual review: for acromegaly, revised initial criteria from "(GH) level ≥ 1 µg/mL" to "(GH) level ≥ 1 µg/L" per PS/ES practice guidelines and ACG; removed inactive HCPCS code C9399 and updated J3590 HCPCS code description to "unclassified biologics"; references reviewed and updated.
CP.PHAR.390	Cholic Acid (Cholbam)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; removed supplemental information in Appendix D; references reviewed and updated.
CP.PHAR.391	Lanreotide (Somatuline Depot and Unbranded)	Medicaid	Significant Change	4Q 2024 annual review: for acromegaly, revised initial criteria from "(GH) level ≥ 1 µg/mL" to "(GH) level ≥ 1 µg/L" per PS/ES practice guidelines and ACG; for neuroendocrine tumors, added to initial criteria "diagnosis of diffuse idiopathic pulmonary neuroendocrine cell hyperplasia" and revised "bronchopulmonary NET" to "lung NET" per NCCN compendium and guideline; updated Appendix D "NCCN guidelines - Neuroendocrine and Adrenal Tumors" supplemental information; removed inactive HCPCS code C9399 and added HCPCS code J3490; references reviewed and updated.
CP.PHAR.393	Leucovorin Injection	Medicaid	Significant Change	4Q 2024 annual review: HIM line of business removed; updated Appendix D per NCCN Compendium; references reviewed and updated.
CP.PHAR.394	Migalastat (Galafold)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.403	Fremanezumab-vfrm (Ajovy)	Medicaid	Significant Change	4Q 2024 annual review: added Zavzpret to list of CGRP inhibitors that should not be prescribed concurrently with Ajovy, removed references to "injectable or oral CGRP" as Zavzpret is a nasal product; references reviewed and updated.
CP.PHAR.404	Galcanezumab-gnlm (Emgality)	Medicaid	Significant Change	4Q 2024 annual review: added Zavzpret to list of CGRP inhibitors that should not be prescribed concurrently with Emgality, removed references to "injectable or oral CGRP" as Zavzpret is a nasal product; updated HCPCS code J3490 to J3590 for unclassified biologics; references reviewed and updated.
CP.PHAR.434	Bremelanotide (Vyleesi)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.438	Trientine (Cuvrior, Syprine)	Medicaid	Significant Change	4Q 2024 annual review: for continued therapy, revised to "No COC" standard template language; references reviewed and updated.
CP.PHAR.442	Fedratinib (Inrebic)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.446	Flibanserin (Addyi)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.461	Nadofaragene Firadenovec-vncg (Adstiladrin)	Medicaid	Significant Change	4Q 2024 annual review: added option for prescribed by or in consultation with an urologist; added off-label indication for Ta/T1 high-grade disease without CIS per NCCN; removed requirement for intravesical chemotherapy per NCCN; added requirement that member is not a candidate for cystectomy; increased approval duration from 3 months to 6 months; references reviewed and updated
NH.PHAR.476	Ubrogepant (Ubrelvy)	Medicaid	Significant Change	Policy created
NH.PHAR.489	Eptinezumab-jjmr (Vyepti)	Medicaid	Significant Change	Policy created
NH.PHAR.490	Rimegepant (Nurtec ODT)	Medicaid	Non-Significant Change	4Q 2024 annual review: added Zavzpret to list of CGRP inhibitors that should not be prescribed concurrently with Nurtec ODT; references reviewed and updated.
CP.PHAR.506	Antithymocyte Globulin (Atgam, Thymoglobulin)	Medicaid	Significant Change	4Q 2024 annual review: added NCCN supported recommended uses (off-label) section to include immunotherapy-related cardiovascular toxicity, CAR t-cell-related toxicity; GVHD, and myelodysplastic syndrome; references reviewed and updated.
CP.PHAR.509	Triheptanoin (Dojolvi)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated
CP.PHAR.513	Plasminogen, Human-tvmh (Ryplazim)	Medicaid	Significant Change	4Q 2024 annual review: revised Commercial approval durations to "6 months or to the member's renewal date, whichever is longer;" references reviewed and updated.

CP.PHAR.551	Anifrolumab-fnia (Saphnelo)	Medicaid	Significant Change	4Q 2024 annual review: added exclusions for concurrent treatment with Lupkynis and diagnoses of severe active central nervous system lupus or severe active lupus nephritis; references reviewed and updated.
CP.PHAR.552	Belumosudil (Rezurock)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.553	Belzutifan (Welireg)	Medicaid	Significant Change	4Q 2024 annual review: added options for combination therapy for indication of VHL-associated pNET per NCCN Compendium; removed single-agent therapy criterion for continued therapy; references reviewed and updated.
CP.PHAR.555	Efgartigimod alfa, efgartigimod-hyaluronidase (Vyvgart, Vyvgart Hytrulo)	Medicaid	Significant Change	RT4: added new indication of CIDP for Vyvgart Hytrulo; updated Commercial approval durations from 6/12 months to "6 months or to the member's renewal date, whichever is longer" since this is an injectable agent.
CP.PHAR.556	Elivaldogene Autotemcel (Skysona)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; removed Appendix E VLCFA lab reference ranges; added hematologic malignancy information to Appendix D; references reviewed and updated.
CP.PHAR.558	Mitapivat (Pyrukynd)	Medicaid	Significant Change	4Q 2024 annual review: clarified requirement for PLKR gene molecular analysis for diagnosis of PK deficiency to align with 2024 international expert guidelines; clarified that homozygosity for the R479H mutation and presence of 2 non-missense mutations is specific to the PKLR gene; references reviewed and updated.
CP.PHAR.559	Mobocertinib (Exkivity)	Medicaid	Non-Significant Change	4Q 2024 annual review: added Zavzpret to list of CGRP inhibitors that should not be prescribed concurrently with Qulipta. Added trial and failure of 1 preferred product
NH.PHAR.566	Atogepant (Qulipta)	Medicaid	Significant Change	4Q 2024 annual review: added Zavzpret to list of CGRP inhibitors that should not be prescribed concurrently with Qulipta
CP.PHAR.580	Etranacogene Dezaparvovec-drlb (Hemgenix)	Medicaid	Significant Change	Revised baseline severity and treatment history criteria from use of a factor IX product for≥ 12 months with ≥ 1 serious spontaneous bleed to current use of a factor IX product with timeframe removal, added option of current or historical life-threatening hemorrhage, and modified option of repeated, serious spontaneous bleeding episodes to align with FDA; revised criterion for AAV5 neutralizing antibody titer of≤ 1:678 to instead require a neutralizing anti-AAV5 antibody test and that member is deemed a suitable candidate for treatment due to the evolving nature of the anti-AAV5 neutralizing antibody test; added requirement for documentation of member's body weight for dose determination.
CP.PHAR.591	Tofersen (Qalsody)	Medicaid	Significant Change	4Q 2024 annual review: revised Commercial approval durations to be for "6 months or to the member's renewal date, whichever is longer;" references reviewed and updated.
CP.PHAR.594	Donanemab-azbt (Kinsunla)	Medicaid	Significant Change	4Q 2024 annual review: for members with≥ 7 total infusions – shortened the perpetual reauth duration from 12 infusions per PA approval to 6 infusions per PA approval to align with the approach for Leqembi which is to provide 6 months of perpetual reauthorization at a time; removed the exclusion against concomitant use with Aduhelm since Aduhelm will be completely removed from the market by the time of the posting of these revised criteria; references reviewed and updated.
CP.PHAR.596	Lecanemab-irmb (Leqembi)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; clarified the covered indication as "MCI due to AD" to align with the Kisunla criteria; added exclusion against concomitant use with Kisunla; clarified for the reauth duration that infusions up to the 13th total infusion will be authorized for members with < 14 total infusions but 7 total infusions (instead of > 7 total infusions) to encompass those who have had a total of exactly 7 infusions by that point in time; references reviewed and updated.
CP.PHAR.597	Leniolisib (Joenja)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.598	Lifileucel (Amtagvi)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.641	Avacincaptad pegol (Izervay)	Medicaid	Significant Change	4Q 2024 annual review: clarified that diagnostic characteristics must be confirmed on fundus autofluorescence imaging per health plan request in alignment with Syfovre GA criteria and per pivotal study design; added exclusions for GA that is secondary to a condition other than AMD and for combination use with other intravitreal complement inhibitor therapies per competitor analysis; references reviewed and updated.
CP.PHAR.643	Fidanacogene Elaparvovec-dzkt (Beqvez)	Medicaid	Significant Change	Revised baseline severity and treatment history criteria from required use of a factor IX product for≥ 6 months with ≥ 1 serious spontaneous bleed to current use of a factor IX product with timeframe removal, added option of current or historical life-threatening hemorrhage, and modified option of repeated, serious spontaneous bleeding episodes to align with FDA labeling and Hemgenix criteria; updated HCPCS code.
CP.PHAR.646	Quizartinib (Vanflyta)	Medicaid	Significant Change	4Q 2024 annual review: removed exclusion for use as maintenance monotherapy following allogeneic HSCT as this is supported for off-label use per NCCN; references reviewed and updated.
CP.PHAR.647	Resmetirom (Rezdiffra)	Medicaid	Significant Change	4Q 2024 annual review: revised "biomarkers" to more broadly applicable "assessments"; added example of MRE to imaging-based assessment; removed redirection to pioglitazone per competitor analysis; references reviewed and updated.
CP.PHAR.648	Rozanolixizumab-noli (Rystiggo)	Medicaid	Significant Change	4Q 2024 annual review: RT4: added new 420 mg/3 mL, 560 mg/4 mL, and 840/6 mL volume formulations and updated all quantity limits to 1 vial; added Bkemv, Epysqli, and Zilbrysq to the list of therapies that Rystiggo should not be prescribed concurrently with; references reviewed and updated.
CP.PHAR.651	DaxibotulinumtoxinA-lanm (Daxxify)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.654	Momelotinib (Ojjaara)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.655	Motixafortide (Aphexda)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.658	Respiratory syncytial virus vaccine (Abrysvo)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PHAR.678	Afamitresgene Autoleucel (Tecelra)	Medicaid	Significant Change	Drug is now FDA approved – criteria updated per FDA labeling: clarified "unresectable and metastatic" synovial sarcoma and removed MRCLS, revised age to≥ 18 years, added criterion "member is not heterozygous or homozygous for HLA-A*02:05P"; revised MAGE-A4 antigen expression as determined by "immunohistochemistry" to an "FDA-approved or cleared diagnostic device"; revised "member has previously received either an anthracycline or ifosfamide containing regimen" to "member has received prior systemic chemotherapy"; revised prior gene therapy statement from "using a retroviral vector" to "member has not received prior gene therapy" due to no patient enrollment with prior lentiviral gene therapy; updated Appendix B and Section V; references reviewed and updated.
CP.PHAR.691	Axatilimab-csfr (Niktimvo)	Medicaid	New	Policy created
CP.PHAR.696	Palopegteriparatide (Yorvipath)	Medicaid	New	Policy created
CP.PHAR.698	Seladelpar (Livdelzi)	Medicaid	New	Policy created

CP.PHAR.93	Bevacizumab (Alymsys, Avastin, Avzivi, Mvasi, Vegzelma, Zirabev)	Medicaid	Significant Change	4Q 2024 annual review: re-organized FDA-approved indications for improved clarity; for the following oncology indications, revised the following per NCCN: for NSCLC, added qualifier of unresectable, specified sensitizing EGFR mutation for combination use with erlotinib, added additional agents with which pemetrexed and Tecentriq can be prescribed, removed requirement that the combination of carboplatin and paclitaxel is reserved for first-line treatment; for RCC, added qualifier of relapsed; for ovarian cancer, removed requirement that use with platinum agent + chemotherapy followed by single agent bevacizumab be limited to Stage IB-IV disease, added that combination with Zejula may be used for maintenance therapy if intolerant to Lynparza, added additional combination regimens for platinum-resistant disease (cyclophosphamide and Keytruda, Ixempra, Elahere), added combination with Elhere for platinum-sensitive disease; for HCC, removed requirement that disease is Child-Pugh class A or B and added pathway for adjuvant therapy in members at high risk of recurrence following resection or ablation; added additional off-label uses (pleomorphic xanthroastrocytoma, gliosarcoma, H3-mutated high-grade glioma, high-grade astrocytoma with piloid features, neurofibromatosis type 2 vestibular schwannomas with hearing loss, vaginal cancer); added requirement for combination use for ampullary adenocarcinoma, peritoneal mesothelioma, pleural mesothelioma, small bowel adenocarcinoma, or vulvar cancer; for ophthalmology uses: revised choroidal neovascularization to allow any cause and added additional examples, added radiation retinopathy and retinopathy of prematurity as supported by literature, added requirement for ophthalmologist prescriber, removed age restriction as some covered diagnoses may affect pediatric populations; references reviewed and updated.
CP.PHAR.96	Naltrexone (Vivitrol)	Medicaid	Significant Change	For alcohol dependence, removed requirement for alcohol screening test and revised to “member has abstained from drinking prior to Vivitrol therapy”.
CP.PMN.109	Suvorexant (Belsomra)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.112	Naldemedine (Symproic)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.116	L-glutamine (Endari)	Medicaid	Significant Change	4Q 2024 annual review: revised policy/criteria section to also include generic L-glutamine; added redirection to L-glutamine; references reviewed and updated.
CP.PMN.142	Lubiprostone (Amitiza)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.143	Isotretinoin (Absorica, Absorica LD, Amnesteem, Claravis, Myorisan, Zenatane)	Medicaid	Significant Change	4Q 2024 annual review: in initial approval criteria, clarified that combination products may require prior authorization, removed redirection to specific concentrations for benzoyl peroxide and tretinoin, removed redirection to trimethoprim-sulfamethoxazole per acne guideline; updated Appendix B per Clinical Pharmacology; references reviewed and updated.
CP.PMN.153	Alosetron (Lotronex)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.161	Methadone Hydrochloride	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.165	Fluorouracil Cream (Tolak)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.167	Neomycin/Fluocinolone Cream (Neo-Synalar)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; for section VI, removed “15 g” package size as product is no longer on market; references reviewed and updated.
CP.PMN.168	Ospemifene (Osphena)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; removed “at up to maximally indicated doses” for vaginal lubricant/moisturizer trial requirement since there are no maximum doses for these products; added an example of positive response to therapy to align with Intrarosa criteria; references reviewed and updated.
CP.PMN.169	Methylnaltrexone Bromide (Relistor)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.17	Droxidopa (Northera)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.170	Eluxadoline (Viberzi)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.171	Naloxegol (Movantik)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.172	Zolpidem Tartrate (Edluar, Zolpimist)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.173	Ramelteon (Rozerem)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.174	Perindopril/Amlodipine (Prestalia)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.175	Doxepin (Silenor)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.176	Amlodipine/Atorvastatin (Caduet)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.177	Glycopyrronium (Qbrexza)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.179	Megestrol Acetate (Megace ES)	Medicaid	Significant Change	4Q 2024 annual review: removed brand Megace ES from policy due to product discontinuation; clarified that this policy is applicable to generic megestrol acetate 125 mg/mL oral solution; references reviewed and updated.
CP.PMN.180	Halobetasol Propionate (Bryhali, Lexette, Ultravate)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.181	Calcipotriene/Betamethasone Dipropionate Foam (Enstilar)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.182	Betamethasone Dipropionate Spray (Sernivo)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; for product availability section, updated strength per prescriber information; references reviewed and updated.
CP.PMN.184	Stiripentol (Diacomit)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.185	Baloxavir Marboxil (Xofluza)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.194	Prucalopride (Motegrity)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.210	Acyclovir Buccal Tablet (Sitavig)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.213	Ferric Maltol (Accrufer)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.214	Continuous Glucose Monitors	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; for continued therapy, added option for member to have previously met the initial approval criteria; references reviewed and updated.
CP.PMN.215	Non-Preferred Blood Glucose Monitors/Test Strips	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.216	Diazepam Nasal Spray (Valtoco)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.244	Tazarotene (Arazlo, Fabior, Tazorac)	Medicaid	Significant Change	4Q 2024 annual review: for plaque psoriasis, added member must use generic formulation; for acne vulgaris, clarified request is for Tazorac 0.1% cream or gel, Arazlo or Fabior, added Tazorac age limit per PI; added “unless clinically significant adverse effects are experienced or all are contraindicated” to generic formulary topical tazarotene redirection, added clarification stating prior authorization may be required for tretinoin and adapalene; references reviewed and updated.
CP.PMN.248	Ciprofloxacin/Dexamethasone (Ciprodex)	Medicaid	Significant Change	4Q 2024 annual review: for otitis media with tympanostomy tubes, revised oral antibiotic requirement to systemic antibiotic; removed commercial unavailable brand therapeutic alternatives; references reviewed and updated.
CP.PMN.249	Ciprofloxacin/Fluocinolone (Otovel)	Medicaid	Significant Change	4Q 2024 annual review: clarified member must use otic formulation of generic ciprofloxacin/fluorocinolone; references reviewed and updated.
CP.PMN.250	Colesevelam (Welchol)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.251	Lactic Acid/Citric Acid/Potassium Bitartrate (Phexxi)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.252	Metoclopramide (Gimoti)	Medicaid	Significant Change	4Q 2024 annual review: added maximum quantity limit of 4 sprays daily to criteria; references reviewed and updated
CP.PMN.255	No Coverage Criteria, Recent Label Changes Pending Clinical Policy Update	Medicaid	Significant Change	4Q 2024 annual review: added depression and transplant to list of continuity of care programs per current Centene standard approach; references reviewed and updated.
CP.PMN.256	Nifurtimox (Lampit)	Medicaid	Significant Change	4Q 2024 annual review: added minimum weight per PI; references reviewed and updated.
CP.PMN.259	Inhaled Agents for Asthma and COPD	Medicaid	Significant Change	RT4: added newly approved agent Ohtuvayre with redirections per SDC.
CP.PMN.266	Finerenone (Kerendia)	Medicaid	Significant Change	4Q 2024 annual review: for initial criteria, removed upper eGFR limit of 75 mL/min/1.73 m^2 and added concurrent SGLT inhibitor use as an option to failure of an SGLT2 inhibitor per competitor analysis and guidelines; references reviewed and updated.

CP.PMN.267	Levodopa Inhalation Powder (Inbrija)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.268	Tenofovir Alafenamide Fumarate (Vemlidy)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.270	Pilocarpine (Qlosi, Vuity)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.273	Varenicline (Tyrvaya)	Medicaid	Significant Change	Per SDC request, added Commercial line of business (CP.CPA.354 retired). Added redirection to generic Restasis.
CP.PMN.277	Ulcer Therapy Products (Omeclamox Pak, Pylera, Talicia, Voquezna)	Medicaid	Significant Change	RT4: added criteria for Voquezna's new indication ofnon-erosive GERD.
CP.PMN.282	Ketorolac Nasal Spray (Sprix)	Medicaid	Significant Change	4Q 2024 annual review: added age ≥ 65 years, renally impaired and patients < 50 kg quantity limit criterion and updated Section V; references reviewed and updated.
CP.PMN.283	Tapinarof (Vtama)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; for continued therapy other diagnosis/indications section, corrected template changes; references reviewed and updated.
CP.PMN.284	Dextromethorphan/Bupropion (Auvelity)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; in Appendix B, updated dosing regimen for therapeutic alternatives per Clinical Pharmacology; references reviewed a updated.
CP.PMN.291	Lotilaner (Xdemvy)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.47	Rifaximin (Xifaxan)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
NH.PMN.48	Cyclosporine ophthalmic emulsion (Cequa, Klarity-C, Restasis, Verkazia, Vevye)	Medicaid	Significant Change	Added Klarity-C to policy per SDC request.
CP.PMN.53	Off-Label Use	Medicaid	Significant Change	Q 2024 annual review: added requirement that alternative drugs be used for at least 30 days; added bypass to all redirections for States with regulations against redirections in certain settings (Appendix G); added depression and transplant to list of continuity of care programs per current Centene standard approach; references reviewed and updated.
CP.PMN.54	Clobazam (Onfi, Sympazan)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.59	Quantity Limit Override and Dose Optimization	Medicaid	Significant Change	4Q 2024 annual review: added depression and transplant to list of continuity of care programs per current Centene standard approach.
CP.PMN.71	Linaclotide (Linzess)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; references reviewed and updated.
CP.PMN.73	Lifitegrast (Xiidra)	Medicaid	Non-Significant Change	4Q 2024 annual review: no significant changes; revised failure of non-prescription wetting agent to artificial tears; added asterisks stating prior authorization may be required for ophthalmic anti-inflammatory agents and cyclosporine; consolidated therapeutic alternatives in Appendix B; references reviewed and updated.
CC.PHAR.11	Provider Requests for Pharmacy Profiles	Medicaid	Non-Significant Change	Annual Review - No changes deemed necessary
CC.PHAR.22	Medicaid Preferred Drug List Audit Support	Medicaid	Non-Significant Change	Annual review - renamed "health plans" to "market leads". Updated "RxClaim Testing" to "Pharmacy Claims Processor Testing"
NH.PHAR.200	Medication Therapy Management Program	Medicaid	Non-Significant Change	Updated policy to align with MCM 3.0 Amendment 1 changes