CENTENE PHARMACY & THERAPEUTICS COMMITTEE
FIRST QUARTER 2017 MEDICAID GUIDELINE SUMMARY

Coverage Guideline Policy & Procedure	Status	Revision Summary or Description
NH.PMN.01 Atomoxetine (Strattera)	Reviewed	Annual Review, No Changes
CP.PMN.04 Non-Calcium Containing Phosphate Binders	Revised/ Reviewed	Converted to new integrated template. Initial: Added diagnosis of hyperphosphatemia; modified trial/failure requirement to allow for clinically significant adverse effects as an option; changed serum calcium level of > 9.5mg/dL to corrected serum calcium of > 10.2mg/dL for hypercalcemia as defined per KDOQI guidelines; modified requirement related to PTH levels of < 150 to include 2 consecutive measurements per KDOQI guidelines; added verbiage “and/or other soft tissue calcifications” to vascular calcification statement per KDOQI guidelines; added generalized FDA maximum recommended dose statement. Re-auth: added positive response to therapy requirement and generalized FDA maximum recommended dose statement; Updated references.
CP.PMN.05 Rifapentine (Priftin)	Revised/ Reviewed	Updated to integrated template; removed age requirement it is not an absolute contraindications per FDA labeling; added examples of anti-tuberculosis drugs; added ≥ 9 month trial of isoniazid for latent TB infection due to CDC recommendations.
NH.PMN.06 ezetimibe (Zetia) and ezetimibe and simvastatin (Vytorin)	Reviewed	Annual Review, No Changes
NH.PMN.07 Levalbuterol (Xopenex HFA and Xopenex Inhalation Solution)	Reviewed	Annual Review, No Changes
NH.PMN.10 Methylphenidate Transdermal System(Daytrana)	Reviewed	Annual Review, No Changes
NH.PMN.20 Aspirin/dipyridamole (Aggrenox)	Reviewed	Annual Review, No Changes
NH.PMN.21 Becaplermin (Regranex)	Reviewed	Annual Review, No Changes
CP.PMN.24 Ciclopirox (Penlac)	Revised/ Reviewed	Converted to new integrated template. Combined requirements for diagnosis of onychomycosis and documentation of T. rubrum infection confirmed by testing into one criterion. Modified trial/failure requirement to: 1) require terbinafine be trialed at maximum indicated dose of 250 mg/day and 2) include option for clinically significant adverse effects. On re-auth, added that member must be responding positively to therapy. Added workflow document. Updated references.
CP.PMN.33 Pregabalin (Lyrica)	Revised/ Reviewed	Clinical changes made to criteria -Diagnosis of Fibromyalgia – line #4 – removed fluoxetine as an accepted trial due to lack of sufficient evidence that it works

		-Continued therapy criteria: removed use for partial onset seizures and received this medication for at least 30 days.
CP.PMN.34 Ranolazine (Ranexa)	Revised/ Reviewed	Converted to new integrated template. Initial: removed age requirement per new template and added prescriber specialty; modified trial and failure criteria to require use of beta-blocker and long-acting nitrate or calcium channel blocker and long-acting nitrate at therapeutic doses; modified generalized FDA maximum recommended dose and health plan approved daily QL to specific max dose and QL statement; removed requirement related to twice daily dosing since criteria modified to include specific QL of 2 tablets/day. Re-auth: added positive response to therapy requirement; modified generalized FDA maximum recommended dose and health plan approved daily QL to specific max dose and QL statement; removed requirement related to twice daily dosing since criteria modified to include specific QL of 2 tablets/day. Updated references.
CP.PMN.43 Oral Bisphosphonates	Revised/ Reviewed	Converted to new integrated template; Removed age limits; added positive response to therapy requirement for re-authorization; updated references.
NH.PMN.62 Tedizolid (Sivextro)	Reviewed	Annual Review, No Changes
CP.PPA.04 Oxycodone SR (Oxycontin)	Revised/ Reviewed	Converted to new integrated template; Removed age requirements of Age ≥ 18 years OR Age ≥ 11 years already receiving and tolerant to a minimum daily opioid dose of at least 20 mg immediate-release oxycodone or equivalent because this is not an absolute contraindications per FDA labeling. Removed continued approval for once daily or twice daily dosing because quantity limit is 2 tablets daily based on core PDL; added positive response to therapy requirement for re-authorization.
CP.PPA.05 Topical Immunomodulators	Revised/ Reviewed	Converted to new integrated template; Updated literature search; Removed the following age requirements: Member must be at an FDA approved age for use: Pimecrolimus 1% cream ≥ 2 years of age, Tacrolimus 0.03% ointment ≥ 2 years of age, Tacrolimus 0.1% ointment ≥ 16 years of age because age restrictions are not absolute contraindications per FDA labeling; added positive response to therapy requirement for re-authorization.
CP.PPA.08 Alzheimer Therapy	Retired	Retired - replace by a criteria for rivastigmine (Exelon®) as memantine is on core PDL without PA requirement.
NH.PPA.12 Narcotic Analgesics	Reviewed	Annual Review, No Changes
NH.PPA.14 CNS Stimulants for Adult ADHD/ADD	Reviewed	Annual Review, No Changes
CP.PPA.22 Rivastigmine (Exelon)	New	New policy created.
Proposed Criteria Introrosa	New - proposed	New policy created assignment of Policy number pending Strategy Development Committee (SDC).