NH Healthy Families Pharmacy & Therapeutics Committee
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| Coverage Criteria Guideline | Revision Summary Description |
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| NH.PPA.12 Opioid Analgesics | Added "If member has or will be on 100mg or greater morphine equivalent dose (MED) for 90 or more days prescriber attests to prescribing or dispensing naloxone on an at least annual basis" to criteria and PA form. |
| NH.PHAR.268 Sofosbuvir-Velpatasvir (Epclusa) | Policy created. |
| NH.PHAR.274 Daclatasvir (Daklinza) | Policy created. |
| NH.PHAR.275 Elbasvir-Grazoprevir (Zepatier) | Policy created. |
| NH.PHAR.276 Ombitasvir-Paritaprevir-Ritonavir (Technivie) | Policy created. |
| NH.PHAR.278 Dasabuvir-Ombitasvir-Paritaprevir-Ritonavir (Viekira XR, Pak) | Policy created. |
| NH.PHAR.279 Ledipasvir-Sofosbuvir (Harvoni) | Policy created. |
| NH.PHAR.280 Simeprevir (Olysio) | Policy created. |
| NH.PHAR.281 Sofosbuvir (Sovaldi) | Policy created. |
| NH.PHAR.347 Sofosbuvir-Velpatasvir-Voxilaprevir (Vosevi) | Policy created. |
| NH.PHAR.348 Glecaprevir-Pibrentasvir (Mavyret) | Policy created. |
| NH.PMN.16 Medically Necessary Guide for Drug not on PDL | Policy created. |
| NH.PMN.59 Quantity Limit Overrides | Annual review, No significant changes. |
| NH.PHAR.01 72 Hour Emergency Supply of Medication | Added Pharmacy Help Desk and updated reference to contract section. Removed contract stipulation and SSN reference. |
| NH.PHAR.02 Approval of Brand Name Override | Removed during normal EPS business hours, added Pharmacy Help desk, removed pharmacist as all appeals are reviewed by a medical director |
| NH.PHAR.05 Lost, Stolen, Spilled or Broken Medication, or Vacation Overrides | Added Pharmacy Help Desk, removed phone numbers, Minor grammatical changes |
| NH.PHAR.08 Pharmacy PA and MN Criteria | Added "prior to implementation" after approval process. Removed pharmacist from appeals process. Minor grammatical changes. |
| NH.PHAR.09 Pharmacy Program | Updated reference to PDL policy for state specific version, minor grammatical changes, added health plan pharmacist might chair P&T committee, adjusted that EPS sends letters to members of adverse determinations. Removed outdated policy number for US Script under safety issues. Added Pharmacy Help Desk under "exceptions" section. Added "Contract Compliance" section to policy. |
| NH.PHAR.10 Preferred Drug List | Updated policy and procedure sections to incorporate transition to state PDL. Minor grammatical changes. Updated notification process timeframe. |
| NH.PHAR.12 Specialty Pharmacy Program | Minor grammatical changes |
| NH.PHAR.13 Pharmacy & Therapeutics Committee | Added "on those drug classes managed by the Health plan" under responsibilities. Minor grammatical changes. |
| NH.PHAR.15 Continuity of Care | Minor grammatical changes, addition of other MCO transfers, and removal of old policy section references. |
| CP.PHAR.11 Burosumab-twza (Crysvita) | 3Q 2019 annual review: removed the requirement for a prior trial of calcitriol plus oral phosphates based on updated clinical trial data demonstrating superiority of Crysvita over calcitriol plus oral phosphates; references reviewed and updated. |
| CP.PHAR.61 Cinacalcet (Sensipar) | 3Q 2019 annual review: added the requirement that Sensipar not be used concomitantly with any other calcimimetic agents for consistency with other policies addressing secondary HPT; references reviewed and updated. |
| CP.PHAR.81 Pazopanib (Votrient) | 3Q 2019 annual review: off-label ovarian ca removed given 2B NCCN recommendation; solitary fibrous tumor/hemangiopericytoma and alveolar soft part sarcoma added per NCCN; references reviewed and updated. |

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| CP.PHAR.88 Belimumab (Benlysta) | 3Q 2019 annual review: labeled age updated from adults down to age 5 and older; antiphospholipid antibody added to examples of SLE antibodies; added separate approval duration for commercial line of business to the continued therapy section; references reviewed and updated. |
| CP.PHAR.89 Peginterferon Alfa-2a,b (Pegasys, PegIntron, Sylatron) | 3Q 2019 annual review: added NCCN Compendium supported use in systemic mastocytosis; modified ALT requirements for CHB from 60/38 IU/L to 70/50 IU/L for men/women to align with AASLD recommendations for the upper limit of normal value used to guide treatment management decisions; references reviewed and updated. |
| CP.PHAR.103 Immune Globulins | 3Q 2019 annual review: added newly approved products Asceniv, Cutaquig, and Panzyga; for B-cell CLL, MM, and PI: revised classification of high risk patients to require history of recent (within past 12 months) recurrent serious bacterial infections; for FNAIT: removed oncologist and added perinatologist and neonatologist as specialist requirement options, removed requirement that father is homozygous for HPA genotype if previous pregnancy was affected by FNAIT, removed requirement of cordocentesis, removed requirement for symptomatic neonates to have both platelet count and high risk of developing intracranial hemorrhage, added option for nadir platelet count less than 100,000/microliter, added option for fetal intracranial hemorrhage; for kidney transplant: removed oncologist as a prescriber option; for MM infection prophylaxis: removed option for one infection requiring consultation by an ID specialist and consolidated it with the requirement for two or more infections requiring IV antibiotics; for MG/LEMS: added option for trial and failure of amifampridine for LEMS; for parvovirus, removed oncologist and HIV specialist as prescriber options; for pediatric HIV infection prophylaxis: revised to require all members to exhibit hypogammaglobulinemia, expanded dosing requirement to every 4 weeks; for pemphigus: removed immunologist as a specialist requirement, added requirement for trial and failure of Rituxan; for PI: added requirement for ADA-SCID for trial and failure of first line agents, added option for member to have SCID (non-ADA type), removed option for one infection requiring consultation by an ID specialist and consolidated it with the requirement for two or more infections requiring IV antibiotics; added additional specific dosing requirements for B-cell CLL, IDP, ITP, MG/LEMS, Stiff Person Syndrome, PI; removed cicatricial pemphigoid from the list of not medically necessary conditions since this has been previously covered under pemphigus criteria; removed preferencing of IVIG products; references reviewed and updated. |
| CP.PHAR.123 Evolocumab (Repatha) | Policy updated to include coverage criteria for primary hyperlipidemia (including but not limited to HeFH); references reviewed and updated. |
| CP.PHAR.124 Alirocumab (Praluent) | Criteria updated to include new FDA indication: primary hyperlipidemia (including but not limited to HeFH); FDA indication section updated to include new indication to reduce the risk of myocardial infarction, stroke, and unstable angina requiring hospitalization in adults with established cardiovascular disease (note: no change to existing policy for this patient population); references reviewed and updated. |
| CP.PHAR.129 Venetoclax (Venclexta) | CLL/SLL criteria updated to allow use as first-line therapy in combination with Gazyva consistent with the expanded FDA indication; references reviewed and updated. |
| CP.PHAR.137 Ivosidenib (Tibsovo) | Added new FDA labeled indication for newly diagnosed AML (was previously presented as an NCCN recommended use); criteria revised to include patient or disease state characteristics that may preclude intensive induction therapy; added NCCN recommended uses for relapsed disease or disease in remission post-Tibsovo therapy; removed requirement for FDA-approved testing; references reviewed and updated. |
| CP.PHAR.145 Deferasirox (Exjade, Jadenu) | 3Q 2019 annual review: contraindications caveat added to required Jadenu trial; the following contraindications are added: platelets, GFR; Child Pugh C restriction is removed; references reviewed and updated. |
| CP.PHAR.147 Deferiprone (Ferriprox) | 3Q 2019 annual review: references reviewed and updated. |

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| CP.PHAR.169 Vigabatrin (Sabril) | 3Q 2019 annual review: For Complex partial onset seizures: changed criteria verbiage from "inadequate response" to "failure of", clarified to require failure of two alternatives; moved BBW and REMS info from Appendix D to Appendix C; references updated. |
| CP.PHAR.229 Ado-trastuzumab (Kadcyla) | Criteria added for new FDA indication: adjuvant therapy in early breast cancer with residual disease; references reviewed and updated. |
| CP.PHAR.247 Certolizumab (Cimzia) | Criteria added for new FDA indication: non-radiographic axial spondyloarthritis; references reviewed and updated. |
| CP.PHAR.250 Etanercept (Enbrel) | Criteria for hidradenitis suppurativa removed per 2019 North American guidelines. |
| CP.PHAR.270 Paricalcitol Injection (Zemplar) | 3Q 2019 annual review: added requirement for baseline iPTH levels for initial approval, and for documentation of improvement in iPTH levels for reauthorization, in line with the previously approved approach for other therapies for secondary hyperparathyroidism in CKD on dialysis; references reviewed and updated. |
| CP.PHAR.279 Ledipasvir-Sofosbuvir (Harvoni) | 3Q 2019 annual review: revised redirection to new approved Mavyret age (12 years old) and weight limitations (45 kg) in initial criteria; references reviewed and updated. |
| CP.PHAR.296 Pegfilgrastim (Neulasta, Fulphila, Udenyca) | 3Q 2019 annual review: added Nivestym to list of filgrastim products required for bone marrow transplant indication, updated HCPCS coding table to include biosimilar products; references reviewed and updated. |
| CP.PHAR.297 Filgrastim (Neupogen, Zarxio, Granix, Nivestym) | 3Q 2019 annual review: added Nivestym to criteria; references reviewed and updated. |
| CP.PHAR.302 Ixazomib (Ninlaro) | 3Q 2019 annual review: NCCN recommended off-label use added for systemic light chain amyloidosis; references reviewed and updated. |
| CP.PHAR.303 Brentuximab (Adcetris) | 3Q 2019 annual review; NCCN and FDA-approved uses summarized for clarity; NCCN recommended uses added - B-cell lymphomas, additional T-cell lymphomas; references reviewed and updated. |
| CP.PHAR.310 Daratumumab (Darzalex) | 3Q 2019 annual review: continuity of care added; references reviewed and updated. |
| CP.PHAR.312 Blinatumomab (Blincyto) | 3Q 2019 annual review: induction cycle 1 dosing updated per PI for MDR-positive ALL (lower dose on days 1 through 7 is replaced by same dose as days 8 through 28); references reviewed and updated. |
| CP.PHAR.323 Plerixafor (Mozobil) | 3Q 2019 annual review: added biosimilar Nivestym to list of G-CSF products which should be prescribed in combination with Mozobil; references reviewed and updated. |
| CP.PHAR.327 Nusinersen (Spinraza) | Added criteria preventing concurrent prescribing of Zolgensma; added criteria requiring medical justification, attestation, and evidence of clinical deterioration in members with a history of Zolgensma administration. |
| CP.PHAR.348 Glecaprevir-Pibrentasvir (Mavyret) | 3Q 2019 annual review: updated age ≥ 12 or weight ≥ 45 kg to be consistent with updated FDA approved indication; references reviewed and updated. |
| CP.PHAR.379 Etelcalcetide (Parsabiv) | 3Q 2019 annual review: added the requirement to the Continued Therapy section that Parsabiv not be used concomitantly with any other calcimimetic agents for consistency with the Initial Approval Criteria section; references reviewed and updated. |
| CP.PHAR.381 Mechlorethamine (Valchlor) | 3Q 2019 annual review: NCCN recommended uses expand MS from stage IA to IB to stage IA to III; other NCCN recommended uses added to section I.A and as a new section I.B.; references reviewed and updated. |
| CP.PHAR.382 Panobinostat (Farydak) | 3Q 2019 annual review: limited number of cycles to 16 per PI; references reviewed and updated. |
| CP.PHAR.383 Trifluridine-tipiracil (Lonsurf) | 3Q 2019 annual review: recurrent added to GC/GEJ per NCCN; references reviewed and updated. |
| CP.PHAR.385 Corticosteroid Intravitreal Implants (Iluvien, Ozurdex, Retisert, Yutiq) | 3Q 2019 annual review: added description, initial and continuation criteria, administration, and HCPCS codes for Yutiq; consolidated contraindications; references reviewed and updated |
| CP.PMN.35 Armodafinil (Nuvigil) | Per specialist feedback, updated the initial approval criteria for narcolepsy to require a prescription/consultation by a neurologist. |

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| CP.PMN.39 Modafinil (Provigil) | Per specialist feedback, updated the initial approval criteria for narcolepsy to require a prescription/consultation by a neurologist. |
| CP.PMN.46 Roflumilast (Daliresp) | 3Q 2019 annual review: added an additional pathway to approval for members failing LABA/LAMA with blood eosinophil count < 100 cells/uL per GOLD 2019 guideline; removed trial duration and instead required that preferred drugs be tried at up to maximally indicated doses to align with approach for other COPD agents; references reviewed and updated. |
| CP.PMN.104 Tasimelteon (Hetlioz) | Added trial and failure of Rozerem including therapeutic alternatives table information; references reviewed and updated. |
| CP.PMN.115 Delafloxacin (Baxdela) | Annual Review. No significant changes. |
| CP.PMN.144 Epinephrine (Auvi-Q, Epipen, Epipen Jr) Quantity Limit | 3Q 2019 annual review: added Auvi-Q to the policy since it has the same quantity limit on Medicaid as EpiPen and EpiPen Jr.; references reviewed and updated. |
| CP.PMN.150 Lesinurad (Zurampic), Lesinurad-allopurinol (Duzallo) | Annual Review. No significant changes. |
| CP.PMN.186 Cenegermin-bkbj (Oxervate) | Added requirement for stage 2 and 3 disease to initial approval criteria; references reviewed and updated. |
| CP.PHAR.421 Onasemnogene abeparvovec (Zolgensma) | Policy created. |
| CP.PHAR.422 Cladribine (Mavenclad) | Policy created. |
| CP.PHAR.423 Erdafitinib (Balversa) | Policy created. |
| CP.PHAR.424 Fulvestrant (Faslodex Injection) | Policy created. |
| CP.PHAR.425 Metreleptin (Myalept) | Policy created. |
| CP.PHAR.426 Risankizumab-rzaa (Skyrizi) | Policy created. |
| CP.PHAR.427 Siponimod (Mayzent) | Policy created. |
| CP.PHAR.428 Romosozumab-aqqg (Evenity) | Policy created. |
| CP.PHAR.429 Valproate (Depacon) | Policy created. |
| CP.PMN.200 Aclidinium-formoterol (Duaklir Pressair) | Policy created. |
| CP.PMN.201 Arformoterol tartrate (Brovana) | Policy created. |
| CP.PMN.202 Benzyl alcohol (Ulesfia) | Policy created. |
| CP.PMN.203 Indacaterol (Arcapta Neohaler) | Policy created. |
| CP.PMN.204 Olodaterol (Striverdi Respimat) | Policy created. |
| CP.PMN.205 Patiromer (Veltassa) | Policy created. |
| CP.PMN.206 Tegaserod (Zelnorm) | Policy created. |
| CP.PMN.207 Triclabendazole (Egaten) | Policy created. |
| CP.PMN.208 Halobetasol-Tazarotene (Duobrii) | Policy created. |
| CP.PMN.209 Solriamfetol (Sunosi) | Policy created. |
| CP.PMN.210 Acyclovir buccal tab (Sitavig) ophthalmic ointment (Avaclyr) | Policy created. |
| CP.PHAR.27 Tolvaptan (Jynarque, Samsca) | Annual review. No significant changes; references reviewed and updated. |
| CP.PHAR.28 Immunization coverage | Annual review. No significant changes; references reviewed and updated. |

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| CP.PHAR.41 Enfuvirtide (Fuzeon) | Annual review. No significant changes; references reviewed and updated. |
| CP.PHAR.82 Collagenase (Xiaflex) | Annual review. No significant changes; references reviewed and updated. |
| CP.PHAR.83 Vorinostat (Zolinza) | 3Q 2019 annual review: no significant changes; references updated. |
| CP.PHAR.95 Thyrotropin alfa (Thyrogen) | Annual review. No significant changes; references reviewed and updated. |
| CP.PHAR.109 Tesamorelin (Egrifta) | 3Q 2019 annual review: no significant changes; removed pregnancy contraindication from criteria as separate edits are in place to address these risks; references updated. |
| CP.PHAR.146 Deferoxamine (Desferal) | 3Q 2019 annual review: no significant changes; references updated. |
| CP.PHAR.150 Mecasermin (Increlex) | Annual review. No significant changes; references reviewed and updated. |
| CP.PHAR.277 Cytomegalovirus Immune Globulin (Cytogam) | 3Q 2019 annual review: no significant changes; references reviewed and updated. |
| CP.PHAR.280 Simeprevir (Olysio) | Annual review. No significant changes; references reviewed and updated. |
| CP.PHAR.281 Sofosbuvir (Sovaldi) | Annual review. No significant changes; references reviewed and updated. |
| CP.PHAR.282 Parathyroid hormone (Natpara) | Annual review. No significant changes; references reviewed and updated. |
| CP.PHAR.285 Nintedanib (Ofev) | Annual review. No significant changes; references reviewed and updated. |
| CP.PHAR.286 Pirfenidone (Esbriet) | Annual review. No significant changes; references reviewed and updated. |
| CP.PHAR.287 Obeticholic (Ocaliva) | 3Q 2019 annual review: no significant changes; modified gastrointestinal specialist to gastroenterologist; references reviewed and updated. |
| CP.PHAR.295 Sargramostim (Leukine) | Annual review. No significant changes; references reviewed and updated. |
| CP.PHAR.338 Cerliponase alfa (Brineura) | 3Q 2019 annual review: no significant changes; added new contraindications; references reviewed and updated |
| CP.PHAR.351 Daptomycin (Cubicin, Cubicin RF) | 3Q 2019 annual review: no significant changes; references reviewed and updated. |
| CP.PHAR.384 Lutetium Lu 177 dotatate (Lutathera) | 3Q 2019 annual review: no significant changes; removed "Member has not received ≥ 4 doses of Lutathera" from the Initial Approval Criteria section since it doesn't apply when a request is for initial therapy; references reviewed and updated. |
| CP.PMN.08 Lidocaine transdermal (Lidoderm, ZTlido) | 3Q 2019 annual review: no significant clinical changes; added requirement of a trial of generic lidocaine patches prior to brand name patches as generic patches are the formulary preferred product; references reviewed and updated. |
| CP.PMN.09 Lindane shampoo | Annual review. No significant changes; references reviewed and updated. |
| CP.PMN.31 Fluticasone-salmeterol (Advair Diskus, Advair HFA) | Annual review. No significant changes; references reviewed and updated. |
| CP.PMN.40 Acitretin (Soriatane) | Annual review. No significant changes; references reviewed and updated. |
| CP.PMN.44 Pyrimethamine (Darapim) | Annual review. No significant changes; references reviewed and updated. |
| CP.PMN.60 SSRI SNRI Duplicate Thearapy | Annual review. No significant changes; references reviewed and updated. |
| NH.PMN.127 Vortioxetine (Trintellix) | Annual review. No significant changes. |
| CP.PMN.76 Calcifediol (Rayaldee) | 3Q 2019 annual review: no significant changes; references reviewed and updated. |
| CP.PMN.83 Short ragweed pollen allergen extract (Ragwitek) | 3Q 2019 annual review: no significant changes; corrected age restriction from < 65 years to ≤ 65 years per PI; references reviewed and updated. |
| CP.PMN.84 Timothy grass pollen allergen extract (Grastek) | 3Q 2019 annual review: no significant changes; corrected age restriction from < 65 years to ≤ 65 years per PI; references reviewed and updated. |
| CP.PMN.85 Mixed pollens allergen extract (Oralair) | 3Q 2019 annual review: no significant changes; corrected age restriction from < 65 years to ≤ 65 years per PI; references reviewed and updated. |
| CP.PMN.111 House dust mite allergen extract (Odactra) | 3Q 2019 annual review: no significant changes; corrected age restriction from < 65 years to ≤ 65 years per PI; references reviewed and updated. |

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| CP.PMN.132 Tadalafil BPH - ED (Cialis) | Annual review. No significant changes; references reviewed and updated. |
| CP.PMN.139 Naloxone (Evzio) | Annual review. No significant changes; references reviewed and updated. |
| CP.PMN.140 Pimavanserin (Nuplazid) | Annual review. No significant changes; references reviewed and updated. |
| NH.PPA.16 Vilazodone (Viibryd) | Annual review. No significant changes. |
| CP.PMN.146 Fluticasone-umeclidinium-vilanterol (Trelegy Ellipta) | Annual review. No significant changes; references reviewed and updated. |
| CP.PMN.147 Indacaterol-glycopyrrolate (Utibron Neohaler) | Annual review. No significant changes; references reviewed and updated. |
| CP.PMN.148 Tiotropium-olodaterol (Stiolto Respimat) | Annual review. No significant changes; references reviewed and updated. |
| CP.PMN.149 Umeclidinium-vilanterol (Anoro Ellipta) | Annual review. No significant changes; references reviewed and updated. |
| CP.PMN.152 Lofexidine (Lucemyra) | Annual review. No significant changes; references reviewed and updated. |
| CP.PMN.154 Isavuconazonium (Cresemba) | 3Q 2019 annual review: no significant changes; revised approval duration for commercial to 3/6 months for initial/continuation to align with Medicaid |
| CP.PMN.155 lacosamide (Vimpat) | Annual review. No significant changes; references reviewed and updated. |
| CP.PMN.156 Perampanel (Fycompa) | Annual review. No significant changes; references reviewed and updated. |
| CP.PMN.157 Rufinamide (Banzel) | Annual review. No significant changes; references reviewed and updated. |
| CP.PMN.163 Sodium zirconium cyclosilicate (Lokelma) | Annual review. No significant changes; references reviewed and updated. |
| CP.PMN.164 Cannabidiol (Epidiolex) | Annual review. No significant changes; references reviewed and updated. |