

PROVIDER NOTIFICATION OF RETAIL DRUG POLICY CRITERIA CHANGE			
Drug Impacted	CRITERIA CHANGE	EFFECTIVE DATE	Formulary
Inqovi	Added coverage for acute myeloid leukemia per label update.	6/28/2026	Standard and Essential
Enhertu	Added coverage for early stage HER2-positive breast cancer per label update.	06/28/2026	Essential
Cosentyx	For ankylosing spondylitis, updated criteria to include pediatric patients 12 years of age and older per FDA label age expansion.	07/01/2026	Standard, Metallic and Essential
Linzess	Updated age requirement for functional constipation to align with updated labeling.	07/05/2026	Essential and Complete
Imfinzi	Added coverage for non-muscle invasive bladder cancer per label update.	07/05/2026	Essential
Ennumo	Added Ennumo (pegfilgrastim-pccg) to the criteria, per FDA approval.	07/05/2026	Standard, Metallic, and Essential
Vyndamax	Updated the requirement which does not allow to be taken concurrently with inotersen or patisiran for clarity. Added requirement which does not allow coverage if there is an implantation of left-ventricular assist device. Added specification to continued approval for up to 12 months.	08/15/2026	Standard
Cibinqo	Updated the requirement which does not allow to be taken concurrently with Dupixent, Ebglyss, and Nemluvio. Added requirement for a physician with expertise in the treatment of atopic dermatitis.	08/15/2026	Standard
Lumryz	Updated the criteria to require sleep lab confirmation with defined MSLT parameters and a minimum clinical severity threshold (≥ 3 cataplexy attacks per week). Expanded step therapy requirements across CNS stimulants, antidepressants for cataplexy, and modafinil/armodafinil, and added documentation-based verification with required clinical response for continued approval (12 months).	08/15/2026	Standard
Rinvoq	Updated the criteria to add more stringent clinical requirements for atopic dermatitis, including defined disease severity thresholds (e.g., BSA involvement, IGA, EASI/NRS scores), confirmation	08/15/2026	Standard and Metallic

	<p>of diagnosis, and detailed step therapy with failure of topical and systemic/biologic therapies prior to approval.</p> <p>Added restriction on concomitant use with other JAK inhibitors or biologics and clarified continuation criteria requiring documented clinical improvement across disease-specific outcomes for ongoing approval (12 months).</p>		
Sodium oxybate	<p>Updated the criteria to require sleep lab confirmation with defined MSLT parameters and a minimum clinical severity threshold (≥ 3 cataplexy attacks per week) for diagnosis and eligibility.</p> <p>Expanded step therapy requirements across CNS stimulants, antidepressants for cataplexy, and modafinil/armodafinil, and added documentation-based verification with required clinical response for continued approval (12 months).</p>	08/15/2026	Standard and Metallic
Ozempic	Ozempic tablets added for coverage	08/15/2026	Standard and Metallic
Wakix	<p>Updated the criteria to require sleep lab confirmation with defined MSLT parameters and a minimum clinical severity threshold (≥ 3 cataplexy attacks per week).</p> <p>Added step therapy requirements across CNS stimulants and modafinil/armodafinil, and introduced continuation criteria requiring documented clinical improvement from baseline for ongoing approval.</p>	08/15/2026	Standard
Buprenorphine SL tab	New Criteria	01/01/2027	Metallic
<p>SymlinPen; Brenzavvy; Bexagliflozin; Farxiga; Dapagliflozin; Invokana; Jardiance; Steglatro; Invokamet; Invokamet XR;</p>	Antidiabetic Agents BCBSAR Clinical Rationale updated 5.2026	08/15/2026	Metallic

Segluromet; Synjardy; Synjardy XR; Xigduo XR; Glyxambi; Qtern; Steglujan; Trijardy XR; Soliqua; Xultophy			
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