

PROVIDER NOTIFICATION OF RETAIL DRUG POLICY CRITERIA CHANGE			
Drug(s) Impacted	CRITERIA CHANGE	EFFECTIVE DATE	Formulary
Jascayd	New Criteria	10/1/2026	Standard
Saphnelo	New Criteria	10/1/2026	Standard, Metallic, and Essential
Leqembi	Updated the initial Coverage Criteria duration of approval from 12 months to 7 months in order to align with the criteria within the Leqembi SGM #5732-A. Removed criteria confirming that the member has received 18 months of intravenous lecanemab therapy and has had a positive clinical response per label update. Clarified that baseline cognitive assessments must be performed less than 12 months prior to treatment initiation in initial coverage criteria and associated initial request documentation requirement. Removed initial request documentation requirement for most recent repeat cognitive assessments per label update. Removed aducanumab from list of excluded combination therapy due to product discontinuation. Updated Continuation of Therapy section to align with criteria within the Leqembi SGM #5732-A. Updated language within Appendix E: ARIA MRI Classification Criteria, to align with label.	10/18/2026	Standard and Essential
Evrysdi	Added Itvisma to list of gene replacement therapies in coverage criteria.	10/18/2026	Standard and Essential
Amvuttra	Removed Tegsedi from list of excluded combination therapies for both polyneuropathy and cardiomyopathy indications due to product discontinuation. For the cardiomyopathy indication, further clarified in continuation of therapy and documentation sections that beneficial response shall include improvement, stabilization, or slowing of disease progression. Removed initial authorization criteria and documentation requirement that members with hereditary cardiomyopathy of ATTR must have confirmation of diagnosis through genetic testing per label.	10/18/2026	Standard and Essential

Onpattro	Removed Tegsedi from list of excluded combination therapies due to product discontinuation.	10/18/2026	Standard and Essential
Wainua	Removed Tegsedi from list of excluded combination therapies due to product discontinuation.	10/18/2026	Standard and Essential
Xiaflex	For initial authorization, specified that curvature deformity for Peyronie's Disease is required to be at least 30 degrees and less than or equal to 90 degrees prior to initiating therapy, aligned with trial inclusion criteria.	10/18/2026	Standard and Essential
Tegsedi	Retire criteria as drug no longer commercially available.	10/18/2026	Standard and Essential
Fotivda	Removed requirement that member has received at least 2 prior systemic therapies and added subsequent treatment to criteria per NCCN.	10/18/2026	Standard and Essential
Rituxan	For B-cell lymphomas, added coverage for Burkitt lymphoma and HIV related B-cell lymphoma per NCCN. Added coverage for histologic transformation (Richter transformation) of CLL/SLL to DLBCL, Bing-Neel Syndrome, and Kaposi-sarcoma associated herpesvirus-associated inflammatory cytokine syndrome per NCCN.	10/18/2026	Standard and Essential
Riabni, Rituxan, Ruxience, Truxima, Zimrixby	Added Zimrixby to criteria. Added coverage for mediastinal gray zone lymphoma, histologic transformation (Richter transformation) of CLL/SLL to DLBCL, and Kaposi-sarcoma associated herpesvirus-associated inflammatory cytokine syndrome per NCCN. For ITP, added relapsed disease to align with compendial uses section.	10/18/2026	Standard, Metallic, and Essential
dasatinib	Added coverage for cytokine release syndrome per NCCN.	10/18/2026	Standard, Metallic and Essential
imatinib	For chordoma, removed requirement that disease must be recurrent per Lexicomp. For desmoid tumors, expanded coverage to include aggressive fibromatosis per NCCN. Added coverage for Kaposi-sarcoma associated herpesvirus-associated inflammatory cytokine syndrome per NCCN.	10/18/2026	Standard, Metallic and Essential
Adcetris	Added coverage for CD30-positive histologic transformation of indolent lymphoma to diffuse large B-cell lymphoma per NCCN.	10/18/2026	Standard and Essential

	Added coverage for relapsed and refractory diffuse large B-cell lymphoma, high grade B-cell lymphoma, and histologic transformation of indolent lymphoma to DLBCL without requirement for CD30 positivity per label and NCCN. For peripheral T-cell lymphomas, added coverage when used in combination with cyclophosphamide, doxorubicin, etoposide, and prednisone (CHEP) per NCCN.		
Columvi	Added coverage for combination with polatuzumab vedotin-piiq for Burkitt lymphoma when member is candidate for allogeneic hematopoietic cell transplant per NCCN. Added coverage for treatment of mantle cell lymphoma as a single agent per NCCN. Added coverage for treatment of histologic (Richter) transformation to DLBCL per NCCN.	10/18/2026	Standard and Essential
Polivy	For DLBCL, HGBL, monomorphic PTLD, and HIV-related B-cell lymphomas, added coverage for holding therapy until CAR T-cell therapy and added coverage for the following subsequent treatment regimens: as a single agent, in combination with bendamustine and/or a rituximab product, in combination with gemcitabine and oxaliplatin with a rituximab product for members who are not candidates for CAR T-cell therapy per NCCN. Added coverage for Mantle cell lymphoma and Burkitt lymphoma per NCCN.	10/18/2026	Standard, Metallic and Essential
Belrapzo, bendamustine, Bendeka, Treanda, Vivimusta	Added coverage for multiple myeloma with CNS disease per NCCN. Added coverage for POEMS, MIDD, and MGRS per NCCN. For Classic Hodgkin Lymphoma use in combination with brentuximab vedotin, added option for with or without nivolumab per NCCN.	10/18/2026	Standard, Metallic and Essential
Folotyn, pralatrexate	Added progressive disease to peripheral T-cell lymphoma coverage per NCCN.	10/18/2026	Standard and Essential
Tecentriq	Added coverage for muscle invasive bladder cancer per label. Added coverage for rectal cancer per NCCN. For alveolar soft part sarcoma, removed requirement that the disease must be unresectable or metastatic per NCCN. For colon cancer, expanded coverage for adjuvant treatment of stage IIC-III and metastatic disease,	10/18/2026	Standard and Essential

	added coverage for treatment of locally unresectable, medically inoperable, advanced, or metastatic disease, and for neoadjuvant treatment per NCCN.		
Venclexta	Removed first-line therapy requirement for use in combination with acalabrutinib (Calquence) without obinutuzumab (Gazyva), ibrutinib (Imbruvica), or zanubrutinib (Brukinsa) for treatment of Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL) per NCCN. Added coverage for Histologic (Richter) Transformation to Diffuse Large B-Cell Lymphoma when used in combination with pirtobrutinib (Jaypirca) and obinutuzumab (Gazyva) per NCCN.	10/18/2026	Standard, Metallic, and Essential
Aubagio, Avonex, Bafiertam, Betaseron, Briumvi, Copaxone, dimethyl, Extavia, fingolimod, Gilenya, glatiramer, Glatopa, Kesimpta, Mayzent, Ocrevus, Plegridy, Ponvory, Rebif, Rebif Inj, Tascenso ODT, Tecfidera, teriflunomide, Vumerity	1) Removed Extavia since it is no longer marketed. 2) Added new Ocrevus pediatric indication to FDA-approved Indications section.	10/18/2026	Standard, Metallic, and Essential
Riabni, Rituxan, Ruxience, Truxima	1) Recategorized eosinophilic granulomatosis with polyangiitis (EGPA), pauci-immune glomerulonephritis, granulomatosis with polyangiitis (GPA), and microscopic polyangiitis (MPA) under Antineutrophil cytoplasmic antibody (ANCA)-associated vasculitis (AAV). 2) Added new indications for nephrotic syndrome and systemic sclerosis. 3) For myasthenia gravis, removed requirement of refractory disease. 4) Added Zimrixby to targeted products.	10/18/2026	Standard, Metallic, and Essential
Uptravi	Added age requirement for 2 years of age and older, per FDA label	10/18/2026	Standard, Metallic, and Essential

dalfampridine-Ampyra	Increased initial duration of approval from 30 days to 6 months.	10/18/2026	Standard, Metallic, and Essential
macitentan-Opsumit	1) Update criteria name to add macitentan generic. 2) There were no clinical changes to the criteria.	10/18/20026	Standard, Metallic, and Essential
Liqrev, Revatio, sildenafil	1) Removed Liqrev since it is no longer marketed. 2) There were no clinical changes to the criteria.	10/18/2026	Standard, Metallic, and Essential
Attruby	1) For combination therapy question, removed Tegsedi since no longer marketed. 2) Removed criterion "for members with variant ATTR-CM, the diagnosis is confirmed by detection of a pathogenic or likely pathogenic variant in the TTR gene." 3) Updated continuation of therapy language from "member must have demonstrated a beneficial response to treatment" to "member must have demonstrated a clinically positive response to therapy compared to baseline, which shall include improvement, stabilization, or slowing of disease progression."	10/18/2026	Standard and Essential
Vyndaqel-Vyndamax	1) For combination therapy question, removed Tegsedi (discontinued). 2) Removed criterion "for members with hereditary ATTR-CM, the diagnosis is confirmed by detection of a pathogenic or likely pathogenic variant in the TTR gene." 3) Updated continuation of therapy language from "member must have demonstrated a beneficial response to treatment" to "member must have demonstrated a clinically positive response to therapy compared to baseline, which shall include improvement, stabilization, or slowing of disease progression."	10/18/2026	Standard and Essential
Lupron Depot Endometriosis-Fibroid SGM 1970-A	For preservation of ovarian function, increased duration of approval from 3 months to 6 months.	10/18/2026	Standard and Essential
Lupron Depot Endometriosis-Fibroid opt-out	For preservation of ovarian function, increased duration of approval from 3 months to 6 months.	10/18/2026	Standard and Essential
Supprelin LA SGM 1973-A	For preservation of ovarian function, increased duration of approval from 3 months to 6 months.	10/18/2026	Standard and Essential

Supprelin LA opt-out SGM	For preservation of ovarian function, increased duration of approval from 3 months to 6 months.	10/18/2026	Standard and Metallic
Triptodur SGM 2504-A	For preservation of ovarian function, increased duration of approval from 3 months to 6 months.	10/18/2026	Standard and Essential
Triptodur opt-out SGM	For preservation of ovarian function, increased duration of approval from 3 months to 6 months.	10/18/2026	Standard and Metallic
Zoladex SGM 1918-A, 6056-A	For preservation of ovarian function, increased duration of approval from 3 months to 6 months.	10/18/2026	Standard and Essential
Zoladex opt-out	For preservation of ovarian function, increased duration of approval from 3 months to 6 months.	10/18/2026	Standard
Gabapentin Gralise Horizant Lyrica Pregabalin	Added pramipexole immediate-release and ropinirole immediate-release to pre-requisite step therapy for Lyrica IR. Added new compendial indication of restless legs syndrome (RLS) for Lyrica IR.	10/25/2026	Standard and Metallic
Darzalex	Added coverage for use in combination with lenalidomide, cyclophosphamide, bortezomib, and dexamethasone or Zenbex (iberdomide) and dexamethasone or Talvey (talquetamab-tgvs) and dexamethasone for multiple myeloma, per NCCN.	10/25/2026	Standard and Essential
Darzalex Faspro	Added coverage for use in combination with lenalidomide, cyclophosphamide, bortezomib, and dexamethasone or Zenbex (iberdomide) and dexamethasone or Talvey (talquetamab-tgvs) and dexamethasone for multiple myeloma, per NCCN.	10/25/2026	Standard and Essential
Spravato	Adds documentation requirement for severe depression rating-scale criteria. Adds documentation requirement for inadequate antidepressant treatment history. Adds documented improvement requirement for TRD reauthorization. Expands reauthorization substance-use criterion to allow individuals in remission. Updates TRD induction dosing from 56 mg starting dose to 56 mg or 84 mg. Increases initial TRD Spravato 84 mg limit from 7 doses/21 devices to 8 doses/24 devices. Reduces MDSI Spravato 56 mg limit from 24 devices to 16 devices. Increases MDSI Spravato 84 mg limit from 16 devices to 24 devices.	12/1/2026	Standard and Metallic

Enspryng	Added Neurology prescriber specialty.	12/2/2026	Standard and Essential
Uplizna	Added prescriber specialty for myasthenia gravis, neuromyelitis optica spectrum disorder (NMOSD) and immunoglobulin G4-related disease.	12/2/2026	Standard and Essential
Imaavy	Added Neurology prescriber specialty. Added medication will not be used in combination with Uplizna for myasthenia gravis. Updated generalized myasthenia gravis duration of initial approval to 12 months.	12/2/2026	Standard and Essential
Zilbrysq	Added Neurology prescriber specialty. Added medication will not be used in combination with Uplizna for myasthenia gravis. Updated generalized myasthenia gravis duration of initial approval to 12 months.	12/2/2026	Standard and Essential
Rystiggo	Added Neurology prescriber specialty. Added medication will not be used in combination with Uplizna for myasthenia gravis. Updated generalized myasthenia gravis duration of initial approval to 12 months.	12/2/2026	Standard and Essential
Ultomiris	Added Neurology prescriber specialty for myasthenia gravis and neuromyelitis optica spectrum disorder (NMOSD). Added medication will not be used in combination with Uplizna for myasthenia gravis. Updated duration of initial approval to 12 months for all indications.	12/2/2026	Standard and Essential
Bavencio	For Merkel cell carcinoma, added coverage for regional disease per NCCN. For subsequent therapy of urothelial carcinoma - bladder cancer, added coverage for locally advanced or metastatic disease per label. For subsequent therapy of urothelial carcinoma - primary carcinoma of the prostate, removed coverage for recurrent disease per NCCN. Added coverage for colorectal adenocarcinoma, pMMR endometrial carcinoma, and small bowel adenocarcinoma per NCCN.	12/2/2026	Standard and Essential
Cabometyx	For thyroid carcinoma, added requirement to be used as a single agent per NCCN. For GIST, added requirement that disease should be imatinib-sensitive KIT and PDGFRA mutation positive (excluding PDGFRA exon 18 mutations) and documentation requirement for KIT and PDGFRA mutation status per NCCN.	12/2/2026	Standard, Metallic, and Essential

Inlyta	Added coverage for endometrial carcinoma per NCCN. For papillary, oncocytic/Hurthle cell, and follicular thyroid carcinoma, added coverage for locoregional disease, added requirement to be used as a single agent, and modified radioactive iodine therapy requirement from 'not amenable to' to is not indicated, is contraindicated, or has been unsuccessful per NCCN.	12/2/2026	Standard, Metallic and Essential
Keytruda Qlex	Added coverage for anaplastic thyroid carcinoma to align with NCCN. Added coverage for pancreatic adenocarcinoma, neuroendocrine and adrenal tumors, ampullary adenocarcinoma, and malignant histiocytic neoplasms per NCCN. Updated urothelial carcinoma of the bladder as first line therapy for stage II, recurrent, locally advanced or metastatic disease to remove the statement "members who are not eligible for any platinum containing chemotherapy" per label update. Added coverage for tumor mutational burden (TMB) high (≥ 10 mutations/megabase (mut/Mb)) advanced or metastatic small bowel adenocarcinoma per NCCN. Removed requirement that disease does not present as jaundice for neoadjuvant treatment of biliary tract cancers to align with NCCN. Added coverage for single agent use for renal cell carcinoma per NCCN. Added breast cancer coverage for hormone receptor (HR) positive and human epidermal growth factor receptor 2 (HER2)-negative disease and HER2-positive disease per NCCN. Updated continuation of therapy for Anaplastic, Follicular, Oncocytic (Hurthle Cell), or Papillary Thyroid Carcinoma, Neuroendocrine or Adrenal Tumors, Uveal Melanoma, Vaginal Cancer, CNS Brain Metastases, Vulvar Cancer, Thymic Carcinoma, Gestational Trophoblastic Neoplasia and Anal Carcinoma to up to 24 months total per NCCN. Updated continuation of therapy for soft tissue sarcoma when used as a single agent to up to 24 months total and when used in combination with axitinib up to 26 months per NCCN.	12/2/2026	Standard and Essential

	Updated continuation of therapy for cutaneous melanoma to up to 24 months total unless requested medication is used for adjuvant treatment (maximum total of 12 months) or for metastatic or unresectable disease and the requested medication will be used in combination with lenvatinib per NCCN.		
Keytruda SGM	Removed tumor burden high requirement for anaplastic thyroid carcinoma to align with NCCN. Updated clinical settings for follicular, oncocytic, papillary thyroid carcinoma to align with NCCN and verbiage for Radioactive iodine (RAI) non-amenable to not indicated, contraindicated or has been unsuccessful to align with NCCN. Added breast cancer coverage for hormone receptor (HR) positive and human epidermal growth factor receptor 2 (HER2)-negative disease and HER2-positive disease per NCCN. Removed requirement that disease does not present as jaundice for neoadjuvant treatment of biliary tract cancers to align with NCCN. Added coverage for malignant histiocytic neoplasms per NCCN. Updated duration of approval for Kaposi sarcoma to a maximum total of 6 months to align with NCCN. Updated continuation of therapy for adjuvant treatment of urothelial carcinoma to a total of 12 months per NCCN. Updated continuation of therapy for Anaplastic, Follicular, Oncocytic (Hurthle Cell), or Papillary Thyroid Carcinoma, Neuroendocrine or Adrenal Tumors, Uveal Melanoma, Vaginal Cancer, CNS Brain Metastases, Vulvar Cancer, Thymic Carcinoma, Primary Cutaneous Lymphomas, Extranodal NK/T-cell Lymphoma, Gestational Trophoblastic Neoplasia, Small Cell Lung Cancer or Anal Carcinoma to up to 24 months total per NCCN. Updated continuation of therapy for soft tissue sarcoma when used as a single agent to up to 24 months total and when used in combination with axitinib up to 26 months per NCCN. Updated continuation of therapy for cutaneous melanoma to up to 24 months total unless requested medication is for adjuvant treatment (up to a maximum of 12 months) or for metastatic or unresectable disease and the requested medication	12/2/2026	Standard, Metallic and Essential

	will be used in combination with lenvatinib per NCCN. Updated urothelial carcinoma of the bladder as first line therapy for stage II, recurrent, locally advanced or metastatic disease to remove the statement "members who are not eligible for any platinum containing chemotherapy" per label update. Added coverage for tumor mutational burden (TMB) high (≥ 10 mutations/megabase (mut/Mb)) advanced or metastatic small bowel adenocarcinoma per NCCN.		
Afinitor, everolimus, Torpenz, Yulithria	Added Yulithria to criteria. For CNS cancers, added coverage for NF2-related vestibular schwannoma as a single agent per NCCN. For GIST, added requirement that disease should be imatinib-sensitive KIT and PDGFRA mutation positive (excluding PDGFRA exon 18 mutations) and documentation requirement for KIT and PDGFRA mutation status per NCCN. Added coverage for localized unresectable, regional, or relapsed/refractory malignant histiocytic neoplasms per NCCN. For thyroid carcinoma, added coverage for locoregional, unresectable, and metastatic disease, added requirement to be used as a single agent, and modified radioactive iodine therapy requirement from not amenable to is not indicated, is contraindicated, or has been unsuccessful per NCCN.	12/2/2026	Standard, Metallic, and Essential
pazopanib-Votrient	For GIST, added requirement that disease should be imatinib-sensitive KIT and PDGFRA mutation positive (excluding PDGFRA exon 18 mutations) and documentation requirement for KIT and PDGFRA mutation status per NCCN. For soft tissue sarcoma, added coverage for dedifferentiated liposarcoma per NCCN. For papillary, oncocytic/Hurthle cell, and follicular thyroid carcinoma, added coverage for locoregional disease, added requirement to be used as a single agent, and modified radioactive iodine therapy requirement from 'not amenable to' to is not indicated, is contraindicated, or has been unsuccessful per NCCN.	12/2/2026	Standard, Metallic, and Essential

	For medullary thyroid carcinoma, added requirement to be used as a single agent per NCCN. For Merkel cell carcinoma, added coverage when disease has progressed on anti-PD-L1 or anti-PD-1 monotherapy and removed requirement that curative surgery and curative radiation are not feasible per NCCN.		
sorafenib-Nexavar	For GIST, added requirement that disease should be imatinib-sensitive KIT and PDGFRA mutation positive (excluding PDGFRA exon 18 mutations) and documentation requirement for KIT and PDGFRA mutation status per NCCN. For medullary thyroid carcinoma, added requirement to be used as a single agent per NCCN. For papillary, follicular, and oncocyctic thyroid carcinoma, added coverage for locoregional, unresectable, and metastatic disease, added requirement to be used as a single agent, and modified radioactive iodine therapy requirement from 'not amenable to' to is not indicated, is contraindicated, or has been unsuccessful per NCCN.	12/2/2026	Standard, Metallic, and Essential
sunitinib-Sutent	For GIST, added requirement that disease should be imatinib-sensitive KIT and PDGFRA mutation positive (excluding PDGFRA exon 18 mutations) and documentation requirement for KIT and PDGFRA mutation status per NCCN. For papillary, follicular, and oncocyctic thyroid carcinoma, added coverage for locoregional disease, added requirement to be used as a single agent, and modified radioactive iodine therapy requirement from 'not amenable to' to is not indicated, is contraindicated, or has been unsuccessful per NCCN. For medullary thyroid carcinoma, added requirement to be used as a single agent per NCCN. Added coverage for dedifferentiated chondrosarcoma per NCCN. Removed coverage for meningioma per NCCN.	12/2/2026	Standard, Metallic, and Essential
temsirolimus-Torisel	For rhabdomyosarcoma, removed requirement that disease be non-pleomorphic and updated duration of initial approval and continuation of therapy to a maximum of 12 cycles per NCCN.	12/2/2026	Standard and Essential

Scemblix	For chronic myeloid leukemia, added BCR::ABL gene positive disease contains ABL1 exon 2 variant per NCCN. Added coverage and documentation requirement for Acute Lymphoblastic Leukemia (ALL)/Lymphoblastic Lymphoma (LL) per NCCN.	12/2/2026	Standard, Metallic, and Essential
Iclusig	Added coverage for chronic myeloid leukemia when member has received hematopoietic stem cell transplant (HSCT) to align with NCCN. Added coverage for T-cell Acute Lymphoblastic Leukemia (ALL)/Lymphoblastic Lymphoma (LL) per NCCN. Added requirement for GIST that disease is imatinib-sensitive KIT and/or PDGFRA mutation positive (excluding PDGFRA exon 18 mutations) and documentation requirement for KIT and PDGFRA mutation status per NCCN.	12/2/2026	Standard and Essential
Camzyos	1) Added prescriber specialties requirement. 2) Added age requirement for both the initial and continuation of therapy criteria per FDA label. 3) Added requirement for baseline resting left ventricular outflow tract (LVOT) gradient in the initial coverage criteria. 4) Added requirement to avoid concomitant use with other myosin inhibitors.	12/2/2026	Standard and Essential
Myqorzo	1) Updated the prescriber requirement criteria to include prescribers specialized in the treatment of obstructive hypertrophic cardiomyopathy. 2) Added age requirement for both the initial and continuation of therapy requirements per FDA label. 3) Added a requirement to avoid concomitant use with other myosin inhibitors.	12/2/2026	Standard and Essential
Synarel	For hirsutism, updated coverage criteria to include at least a six month trial of an oral contraceptive with an antiandrogen, per Endocrine Society clinical guidelines for the treatment of hirsutism.	12/2/2026	Metallic
cetrorelix, Cetrotide, chorionic, Follistim, Fyremadel, Ganirelix, Gonal-F, leuprolide, Menopur, Novarel, Ovidrel, Pregnyl	1) For hypogonadotropic hypogonadism, added that the member will be using the requested medication for the induction of spermatogenesis per the FDA label. 2) For hypogonadotropic hypogonadism, updated testosterone requirement to at least two confirmed pretreatment serum total testosterone levels taken in the morning on separate days per Endocrine Society and American Urological Association clinical guidelines.	12/2/2026	Standard and Essential

Arcalyst	1) Added requirements for the definition of pericarditis diagnosis in the coverage criteria per the 2025 European Society of Cardiology guidelines. 2) Added cardiovascular magnetic resonance (CMR) as another marker for recurrent pericarditis improvement in the continuation of therapy criteria requirement.	12/2/2026	Standard, Metallic, and Essential
Kineret	1) Added requirements for the definition of pericarditis diagnosis in the coverage criteria per the 2025 European Society of Cardiology guidelines. 2) Added cardiovascular magnetic resonance (CMR) as another marker for recurrent pericarditis improvement in the continuation of therapy criteria requirement.	12/2/2026	Standard and Essential