| PROVIDER NOTIFICATION OF RETAIL DRUG POLICY CRITERIA CHANGE | | | |
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| **Drug Impacted** | **CRITERIA CHANGE** | **EFFECTIVE DATE** | **Formulary** |
| Thiola, Thiola EC, Venxxiva, tiopronin, tiopronin delayed-release | Expanded continuation of therapy and documentation requirement to include examples of benefit from therapy. | 8/17/2026 | Essential |
| Signifor LAR | For Cushing's Disease, expanded continuation of therapy documentation requirement to include morning serum cortisol. | 8/17/2026 | Essential |
| Loqtorzi | Added coverage for anal carcinoma when used in combination with paclitaxel and carboplatin, per NCCN.<br>Added coverage for neoadjuvant therapy for small bowel adenocarcinoma, colorectal cancer, and appendiceal neoplasms and cancers, per NCCN. | 8/17/2026 | Essential |
| Lazcluze | Added coverage as a single agent, per NCCN. | 8/17/2026 | Essential |
| Tagrisso | Added coverage for margin-positive residual disease, per NCCN.<br>Added coverage for neoadjuvant therapy, per NCCN. | 8/17/2026 | Standard<br>Metallic<br>Essental |
| Opdivo Qvantig | Added coverage for hereditary leiomyomatosis and renal cell cancer (HLRCC), per NCCN.<br>Added coverage for single agent use after anti-PD-1 therapy for local satellite/in-transit recurrence and oligometastatic cutaneous melanoma, per NCCN.<br>Added coverage for use in combination with paclitaxel and carboplatin for anal carcinoma, per NCCN.<br>Added coverage for borderline/malignant phyllodes tumor of the breast, per NCCN.<br>Added coverage for neoadjuvant treatment of small bowel adenocarcinoma, per NCCN. | 8/17/2026 | Essential |
| Xalkori | Added coverage for progressive anaplastic large cell lymphoma, per NCCN. | 8/17/2026 | Standard<br>Metallic<br>Essential |
| Alecensa | Added coverage for single agent maintenance therapy of NSCLC, per NCCN. | 8/17/2026 | Standard<br>Metallic<br>Essential |

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| Imdelltra | Added coverage for treatment of brain metastases in small-cell lung cancer as a single agent, per NCCN | 8/17/2026 | Essential |
| Alunbrig | Added coverage for NF2-related central nervous system cancers, per NCCN. | 8/17/2026 | Essential<br>Standard |
| Rybrevant Faspro | For EGFR exon 19 deletion or exon 21 L858R mutation positive-NSCLC, added coverage for treatment of brain metastases in combination with lazertinib or carboplatin and pemetrexed, per NCCN.<br>Also for EGFR exon 19 deletion or exon 21 L858R mutation positive-NSCLC, added coverage for subsequent treatment of nonsquamous disease in combination with lazertinib and added disease progression requirement on lazertinib as an option for use in combination with Tagrisso, pemetrexed, or platinum based chemotherapy, per NCCN.<br>For subsequent treatment of EGFR exon 20 insertion mutation positive-NSCLC, removed requirement for disease progression on or after platinum-based chemotherapy, per NCCN. | 8/17/2026 | Essential |
| Rybrevant IV | For EGFR exon 19 deletion or exon 21 L858R mutation positive-NSCLC, added coverage for treatment of brain metastases in combination with lazertinib or carboplatin and pemetrexed, per NCCN.<br>Also for EGFR exon 19 deletion or exon 21 L858R mutation positive-NSCLC, added coverage for subsequent treatment of nonsquamous disease in combination with lazertinib and added disease progression requirement on lazertinib as an option for use in combination with Tagrisso, pemetrexed, or platinum based chemotherapy, per NCCN.<br>For subsequent treatment of EGFR exon 20 insertion mutation positive-NSCLC, removed requirement for disease progression on or after platinum-based chemotherapy, per NCCN. | 8/17/2026 | Essential |
| Filspari | 1) Added new FDA-approved indication for focal segmental glomerulosclerosis (FSGS). | 8/17/2026 | Standard<br>Essential |

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| | 2) For IgA nephropathy (IgAN): Updated urine protein-to-creatinine ratio (UPCR) criterion from greater than or equal to 0.8 grams per gram (g/g) to greater than or equal to 0.5 g/g per KDIGO guidelines. For clarification, updated wording under initial documentation to state proteinuria at baseline. Updated continuation of therapy to list examples of benefit from therapy. Previously, members must have shown decreased levels of proteinuria from baseline or decrease in UPCR from baseline as benefit of therapy. | | |
| Omvoh | Updated TB testing requirement to "Member has been evaluated for tuberculosis (TB) infection prior to initiation of treatment with a biologic or targeted synthetic drug associated with an increased risk of TB." | 8/17/2026 | Essential |
| Skyrizi | 1) Added coverage for plaque psoriasis in pediatric patients 6 years of age and older in alignment with age expansion in the FDA-approved labeling.<br>2) Added coverage for psoriatic arthritis in pediatric patients 6 years of age and older in alignment with age expansion in the FDA-approved labeling.<br>3) Updated TB testing requirement to "Member has been evaluated for tuberculosis (TB) infection prior to initiation of treatment with a biologic or targeted synthetic drug associated with an increased risk of TB." | 8/17/2026 | Standard<br>Metallic<br>Essential |
| Imuldosa, Otulfi, Pyzchiva, Selarsdi, Starjemza, Stelara, Steqeyma, ustekinumab, Wezlana, Yesintek | Updated TB testing requirement to "Member has been evaluated for tuberculosis (TB) infection prior to initiation of treatment with a biologic or targeted synthetic drug associated with an increased risk of TB." | 8/17/2026 | Standard<br>Metallic<br>Essential |
| Tarpeyo | 1) Updated urine protein-to-creatinine ratio (UPCR) criterion from greater than or equal to 0.8 grams per gram (g/g) to greater than or equal to 0.5 g/g per KDIGO guidelines.<br>2) For clarification, updated wording under initial documentation to state proteinuria at baseline. | 8/17/2026 | Essential |

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| Tremfya | Updated TB testing requirement to "Member has been evaluated for tuberculosis (TB) infection prior to initiation of treatment with a biologic or targeted synthetic drug associated with an increased risk of TB." | 8/17/2026 | Standard<br>Metallic<br>Essential |
| Vanrafia | 1) Updated urine protein-to-creatinine ratio (UPCR) criterion from greater than or equal to 0.8 grams per gram (g/g) to 0.5 g/g per KDIGO guidelines.<br>2) For clarification, updated wording under initial documentation to state proteinuria at baseline.<br>3) Updated continuation of therapy to list examples of benefit from therapy. Previously, members must have shown decreased levels of proteinuria from baseline or decrease in UPCR from baseline as benefit of therapy. | 8/17/2026 | Standard<br>Essential |
| Voyxact | 1) Updated urine protein-to-creatinine ratio (UPCR) criterion from greater than or equal to 0.8 grams per gram (g/g) to 0.5 g/g per KDIGO guidelines.<br>2) For clarification, updated wording under initial documentation to state proteinuria at baseline.<br>3) Updated continuation of therapy to list examples of benefit from therapy. Previously, members must have shown decreased levels of proteinuria from baseline or decrease in UPCR from baseline as benefit of therapy. | 8/17/2026 | Essential |
| Daybue | Added Daybue Stix to criteria.<br>Expanded documentation requirement to include examples of clinical signs and symptoms of disease and added documentation requirement for benefit from therapy. | 10/1/2026 | Essential |
| Kanuma | Added coverage criteria and documentation requirement that member exhibits clinical signs and symptoms of the disease at baseline. | 10/1/2026 | Essential |
| Galafold | Added coverage criteria and documentation requirement that member exhibits clinical signs and symptoms of the disease at baseline. | 10/1/2026 | Standard<br>Essential |

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| Elfabrio | Added coverage criteria and documentation requirement that member exhibits clinical signs and symptoms of the disease at baseline.<br>Added to criteria that combination therapy will not be used with Fabrazyme. | 10/1/2026 | Essential |
| Fabrazyme | Added coverage criteria and documentation requirement that member exhibits clinical signs and symptoms of the disease at baseline.<br>Added to criteria that combination therapy will not be used with Elfabrio. | 10/1/2026 | Essential |
| Nexviazyme | Specified enzyme activity threshold in coverage criteria and documentation requirement per ACMG Practice Guideline.<br>Added coverage criteria and documentation requirement that member exhibits clinical signs and symptoms at baseline. | 10/1/2026 | Essential |
| Lumizyme | Specified enzyme activity thresholds in coverage criteria and documentation requirement per ACMG Practice Guideline.<br>For late-onset Pompe Disease, added coverage criteria and documentation requirement that member exhibits clinical signs and symptoms at baseline. | 10/1/2026 | Essential |
| Zokinvy | For all indications, added coverage criteria and documentation requirement that member exhibits clinical signs and symptoms at baseline. | 10/1/2026 | Essential |
| Alymsys, Avastin, Avzivi, Jobevne, Mvasi, Vegzelma, Zirabev | Updated duration of initial approval to 12 months for ophthalmology indications.<br>Added prescriber specialty for ophthalmology indications. | 10/1/2026 | Essential |
| Byooviz, Cimerli, Lucentis, Nufymco, Ranluspec | Added new biosimilars Nufymco and Ranluspec.<br>For all indications, updated duration of initial approval to 12 months.<br>Added Ophthalmology prescriber specialty. | 10/1/2026 | Essential |
| Vabysmo | For all indications, updated duration of initial approval to 12 months.<br>Added Ophthalmology prescriber specialty. | 10/1/2026 | Essential |

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| Ahzantive, Enzeevu, Eydenzelt, Eylea, Eylea HD, Opuviz, Pavblu, Yesafili | For all indications, updated duration of initial approval to 12 months.<br>Added Ophthalmology prescriber specialty. | 10/1/2026 | Essential |
| Beovu | For all indications, updated duration of initial approval to 12 months.<br>Added Ophthalmology prescriber specialty. | 10/1/2026 | Essential |
| Susvimo | For all indications, updated duration of initial approval to 12 months.<br>Added Ophthalmology prescriber specialty. | 10/1/2026 | Essential |
| Leuprolide acetate depot, Lupron depot, Lutrate depot | Added documentation requirement for Hormone receptor (HR) positive status for breast cancer, per NCCN. | 10/1/2026 | Essential |
| Camcevi | Added documentation requirement for androgen receptor (AR) positive status for salivary gland tumor, per NCCN. | 10/1/2026 | Essential |
| Gomekli | Specified use as a single agent for treatment of neurofibromatosis type 1, per NCCN. | 10/1/2026 | Standard<br>Essential |
| Romvimza | Added use as a single agent for the treatment of tenosynovial giant cell tumor (TGCT), per NCCN. | 10/1/2026 | Essential |
| Ojemda | For CNS cancers, added requirement that medication be used as a single agent, per NCCN.<br>Added coverage for recurrent or progressive, WHO grade 1 or 2 circumscribed glioma or WHO grade 2 pleomorphic xanthoastrocytoma, per NCCN.<br>Added coverage for Langerhans cell histiocytosis, per NCCN. | 10/1/2026 | Essential |
| Yervoy | Removed requirement that biliary tract cancer is not present as jaundice for neoadjuvant treatment, per NCCN.<br>Added coverage for single agent use for local satellite/in-transit recurrence and oligometastatic cutaneous melanoma, per NCCN.<br>Added coverage for ovarian cancer, fallopian tube cancer, primary peritoneal cancer, per NCCN.<br>Added coverage for neoadjuvant treatment of small bowel adenocarcinoma, per NCCN. | 10/1/2026 | Essential |

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| | Added coverage for borderline/malignant phyllodes tumor of the breast, per NCCN.<br>Updated ampullary adenocarcinoma, appendiceal neoplasms and cancers, small bowel adenocarcinoma, and uveal melanoma to have 4 dose max to align with NCCN.<br>Updated bone cancer, Kaposi sarcoma, soft tissue sarcoma, uterine neoplasms, vaginal cancer, and vulvar cancer to have 24 month total max to align with NCCN. | | |
| Opvido | Added coverage for hereditary leiomyomatosis and renal cell cancer (HLRCC), per NCCN.<br>Added coverage for single agent use for local satellite/in-transit recurrence and oligometastatic cutaneous melanoma, per NCCN.<br>Added coverage for use in combination with paclitaxel and carboplatin for anal carcinoma, per NCCN.<br>Added coverage for borderline/malignant phyllodes tumor of the breast, per NCCN.<br>Added coverage for neoadjuvant treatment of small bowel adenocarcinoma, per NCCN.<br>Removed coverage for recurrent primary carcinoma of the urethra due to lack of compendial support.<br>Added coverage for ampullary adenocarcinoma as a single agent, per NCCN.<br>Removed requirement that biliary tract cancer does not present as jaundice for neoadjuvant treatment, per NCCN.<br>Added coverage for ovarian cancer, fallopian tube cancer, primary peritoneal cancer, per NCCN. | 10/1/2026 | Essential |
| Emrelis | For NSCLC, added coverage for recurrent disease, per NCCN.<br>Added requirement that disease is EGFR wild-type and medication will be used as a single agent, per NCCN.<br>Added documentation requirement for EGFR status, per NCCN. | 10/1/2026 | Essential |

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| Lumakras | For pancreatic adenocarcinoma, added requirement that medication be used as subsequent therapy.<br>For colorectal cancer, added coverage for BRAF wild-type disease and documentation requirement, added coverage for unresectable or inoperable disease, and added coverage for unresectable metachronous metastases, per NCCN.<br>For small bowel adenocarcinoma, added coverage for use in combination with Erbitux or Vectibix, per NCCN.<br>Added coverage for appendiceal neoplasms and cancers, per NCCN. | 10/1/2026 | Essential<br>Standard |
| Retevmo | For thyroid cancer, added requirement that medication be used as a single agent for all subtypes, per NCCN.<br>For oncolytic thyroid cancer, removed requirement that disease is not amenable to radioactive iodine therapy, per NCCN.<br>Updated uterine sarcoma to uterine neoplasms to align with NCCN and added coverage for recurrent or metastatic endometrial carcinoma as subsequent therapy, per NCCN.<br>For soft tissue sarcoma, added coverage for borderline/malignant phyllodes tumor of the breast and epithelioid hemangioendothelioma, per NCCN.<br>For neuroendocrine and adrenal tumors, added requirement that medication be used as a single agent, per NCCN.<br>For extrapulmonary poorly differentiated neuroendocrine and adrenal tumors, added requirement that medication be used as subsequent therapy. | 10/1/2026 | Standard<br>Essential |
| Austedo, Austedo XR | 1) Added prescriber specialties.<br>2) Chorea associated with Huntington's disease: Increased initial approval duration from 6 months to 12 months. Added adult age requirement per FDA label.<br>3) Tardive dyskinesia: Increased initial approval duration from 6 months to 12 months. Added adult | 10/1/2026 | Standard<br>Metallic<br>Essential |

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| | age requirement per FDA label. Added patient has a history of treatment with dopamine receptor antagonist. | | |
| Bylvay | Added exclusion for members with prior or active hepatic decompensation events per FDA label. | 10/1/2026 | Essential |
| Cinqair | 1) For members who previously received a biologic drug for asthma, added requirement that member will continue to use maintenance asthma treatments.<br>2) Clarified dependency on systemic corticosteroids as “oral systemic corticosteroids”.<br>3) Added adherence requirement for high-dose inhaled corticosteroid and additional controller.<br>4) Updated maintenance asthma treatment from “i.e.,” to “e.g.,”<br>5) Added discontinuation option for daily maintenance oral corticosteroid in continuation of therapy. Previously, criteria only allowed for a reduction in therapy.<br>6) Added Appendix for high-dose inhaled corticosteroids. | 10/1/2026 | Essential |
| Dupixent | 1) Asthma: For members who previously received a biologic for asthma, added requirement that member will continue to use maintenance asthma treatments. Added adherence requirement for medium to high-dose inhaled corticosteroid, additional controller, and oral glucocorticoids. Updated maintenance asthma treatment from "i.e" to "e.g.". Added discontinuation option for daily maintenance oral corticosteroid in continuation of therapy. Previously, only allowed for a reduction in therapy. Added Appendix for medium- and high-dose inhaled corticosteroids.<br>2) Chronic rhinosinusitis with nasal polyps (CRSwNP): For members who previously received a biologic for CRSwNP, added requirement that member will continue to use a daily intranasal corticosteroid unless contraindicated or not tolerated. | 10/1/2026 | Essential |

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| | 3) Chronic obstructive pulmonary disease (COPD): For members who previously received a biologic for COPD, added requirement that member will continue to use maintenance COPD treatments.<br>4) Eosinophilic esophagitis: Removed option to avoid step through swallowed topical corticosteroid therapies if contraindicated or not tolerated since patients have the option of trying a proton pump inhibitor instead.<br>5) Chronic spontaneous urticaria: Increased duration of approval for initial requests from 6 months to 12 months. | | |
| Eligard | 1) For gender dysphoria, added “gender-affirming care” wording to align with the World Professional Association for Transgender Health (WPATH) Standards of Care 8th Version.<br>2) Added documentation requirement for androgen receptor (AR) positive status for salivary gland tumor and hormone receptor (HR) positive status for breast cancer per NCCN. | 10/1/2026 | Standard<br>Metallic<br>Essential |
| Entyvio | 1) Added compendial use for chimeric antigen receptor (CAR) T-cell-related toxicity per NCCN.<br>2) Added gastroenterologist to prescriber specialties for immune checkpoint inhibitor-related toxicity and acute graft versus host disease.<br>3) For immune checkpoint inhibitor-related toxicity, added step through corticosteroids unless used for diarrhea or colitis per NCCN.<br>4) Clarified concomitant use exclusion "for the same indication." | 10/1/2026 | Metallic<br>Essential |
| Exdensur | 1) For members who previously received a biologic for asthma, added requirement that member will continue to use maintenance asthma treatments.<br>2) Removed “maximal” wording from “maximal optimized doses”. | 10/1/2026 | Essential |
| Fasenra | 1) Added hypereosinophilic syndrome (HES) per FDA label update.<br>2) Asthma: For members who previously received a biologic for asthma, added requirement that | 10/1/2026 | Essential |

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| | member will continue to use maintenance asthma treatments. Clarified dependency on systemic corticosteroids as “oral systemic corticosteroids”. Added adherence requirement for high-dose inhaled corticosteroid and additional controller. Updated maintenance asthma treatments requirement from “i.e.,” to “e.g.,”. Added discontinuation option for daily maintenance oral corticosteroid in continuation of therapy. Previously, criteria only allowed for a reduction in therapy. Added Appendix for high-dose inhaled corticosteroids.<br>3) Eosinophilic granulomatosis with polyangiitis (EGPA): Added prescriber specialties. | | |
| Gattex | 1) Added prescriber specialties.<br>2) Updated continuation of therapy duration of approval from 6 months to 12 months per long-term safety study. | 10/1/2026 | Essential |
| Ingrezza | 1) Added prescriber specialties.<br>2) Chorea associated with Huntington's disease: Increased initial approval duration from 6 months to 12 months. Added age requirement per FDA label.<br>3) Tardive dyskinesia: Increased initial approval duration from 6 months to 12 months. Added adult age requirement per FDA label. Added patient has a history of treatment with dopamine receptor antagonist. | 10/1/2026 | Standard<br>Essential |
| Iqirvo | 1) Added documentation requirement for prior therapy or intolerance with ursodeoxycholic acid (UDCA)/ursodiol.<br>2) Changed requirement of serum alkaline phosphatase (ALP) level to be "pretreatment." Previously, was prior to initiation of therapy with the requested drug. | 10/1/2026 | Standard<br>Metallic<br>Essential |
| Isturisa | 1) Added prescriber specialties.<br>2) Added adult age requirement per FDA label.<br>3) Increased initial approval duration from 6 months to 12 months. | Essential | Essential |

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| | 4) Specified Cushing's syndrome diagnosis confirmation requirements in initial coverage criteria.<br>5) For continuation of therapy, added morning serum cortisol as an additional testing method per the Pituitary Society consensus guideline on diagnosis and management of Cushing's disease. | | |
| Livdelzi | 1) Added documentation requirement for prior therapy or intolerance with ursodeoxycholic acid (UDCA)/ursodiol.<br>2) Changed requirement of serum alkaline phosphatase (ALP) level to be "pretreatment". Previously, was prior to initiation of therapy with the requested drug. | 10/1/2026 | Essential |
| Livmarli | Added exclusion for members with prior or active hepatic decompensation events per FDA label. | 10/1/2026 | Standard<br>Essential |
| Lupron Depot | 1) For gender dysphoria, added “gender-affirming care” wording to align with the World Professional Association for Transgender Health (WPATH) Standards of Care 8th Version.<br>2) Added documentation requirement for androgen receptor (AR) positive status for salivary gland tumor and hormone receptor (HR) positive status for breast cancer per NCCN. | 10/1/2026 | Standard<br>Essential |
| Lupron Depot | Added documentation requirement for androgen receptor (AR) positive status for salivary gland tumor and hormone receptor (HR) positive status for breast cancer per NCCN. | 10/1/2026 | Essential |
| Myalept | 1) Removed partial lipodystrophy compendial use per FDA label's Limitations of Use section and lack of compendial support in tertiary resources.<br>2) Added partial lipodystrophy and liver disease, including metabolic dysfunction associated steatohepatitis (MASH), to Exclusions per FDA label.<br>3) Added prescriber specialties.<br>4) Added requirement that member will be using this medication in conjunction with dietary modifications and regular exercise per FDA label. | 10/1/202 | Metallic<br>Essential |

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| Nucala | 1) Asthma: For members who previously received a biologic drug for asthma, added requirement that member will continue to use maintenance asthma treatments. Clarified dependency on systemic corticosteroids as “oral systemic corticosteroids”. Added adherence requirement for high-dose inhaled corticosteroid (ICS) and additional controller. Updated maintenance asthma treatment from “i.e.,” to “e.g.". Added discontinuation option for daily maintenance oral corticosteroid in continuation of therapy. Previously, criteria only allowed for a reduction in therapy. Added Appendix for high-dose inhaled corticosteroids.<br>2) Eosinophilic granulomatosis with polyangiitis (EGPA): Added prescriber specialties.<br>3) Hypereosinophilic syndrome (HES): Added prescriber specialties. Added documentation requirement for HES therapy.<br>4) Chronic rhinosinusitis with nasal polyps (CRSwNP): For members who previously received a biologic for CRSwNP, added requirement that member will continue to use a daily intranasal corticosteroid unless contraindicated or not tolerated.<br>5) Chronic obstructive pulmonary disease (COPD): For members who previously received a biologic for COPD, added requirement that member will continue to use maintenance COPD treatments. Updated absolute blood eosinophil count from at least 150 cells/mcL to at least 300 cells/mcL per Global Strategy for the Diagnosis, Management, and Prevention of COPD (GOLD) 2026 Report. | 10/1/2026 | Essential |
| Ocaliva | 1) Added documentation requirement for prior therapy or intolerance with ursodeoxycholic acid (UDCA)/ursodiol.<br>2) Changed requirement of serum alkaline phosphatase (ALP) level to be "pretreatment". Previously, was prior to initiation of therapy with the requested drug. | 10/1/2026 | Essential |
| Recorlev | 1) Added prescriber specialties. | 10/1/2026 | Essential |

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| | 2) Increased initial approval duration from 6 months to 12 months.<br>3) Specified Cushing's syndrome diagnosis confirmation requirements in initial coverage criteria.<br>4) Added adult age requirement in continuation of therapy criteria per FDA label.<br>5) For continuation of therapy, added morning serum cortisol as an additional testing method per the Pituitary Society consensus guideline on diagnosis and management of Cushing's disease. | | |
| Signifor | 1) Added prescriber specialties.<br>2) Increased initial approval duration from 6 months to 12 months.<br>3) Added adult age requirement per FDA label.<br>4) Specified Cushing's syndrome diagnosis confirmation requirements in initial coverage criteria.<br>5) For continuation of therapy, added morning serum cortisol as an additional testing method per the Pituitary Society consensus guideline on diagnosis and management of Cushing's disease. | 10/1/2026 | Standard<br>Metallic<br>Essential |
| Tezspire | 1) Asthma: For members who previously received a biologic drug for asthma, added requirement that member will continue to use maintenance asthma treatments. Added adherence requirement for high-dose inhaled corticosteroid and additional controller. Updated maintenance asthma treatment from “i.e.,” to “e.g.,”. Added discontinuation option for daily maintenance oral corticosteroid. Previously, criteria only allowed for a reduction in therapy. Added Appendix for high-dose inhaled corticosteroids.<br>2) Chronic rhinosinusitis with nasal polyps (CRSwNP): For members who previously received a biologic drug for CRSwNP, added requirement that member will continue to use a daily intranasal corticosteroid unless contraindicated or not tolerated. | 10/1/2026 | Essential |

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| Trelstar | 1) For gender dysphoria, added “gender-affirming care” wording to align with the World Professional Association for Transgender Health (WPATH) Standards of Care 8th Version.<br>2) Added documentation requirement for androgen receptor positive status for salivary gland tumors per NCCN. | 10/1/2026 | Essential |
| Omlyclo, Xolair | 1) Systemic mastocytosis: Added prescriber specialties.<br>2) Asthma: For members who previously received a biologic drug for asthma, added requirement that member will continue to use maintenance asthma treatments. Added adherence requirement for medium to high-dose inhaled corticosteroid and additional controller. Updated maintenance asthma treatment from “i.e.,” to “e.g.,”. Added discontinuation option for daily maintenance oral corticosteroid in continuation of therapy. Previously, criteria only allowed for a reduction in therapy. Added Appendix for medium- and high-dose inhaled corticosteroids.<br>3) Chronic rhinosinusitis with nasal polyps (CRSwNP): For members who previously received a biologic, added requirement that member will continue to use a daily intranasal corticosteroid unless contraindicated or not tolerated. Added requirement for pretreatment IgE level greater than or equal to 30 IU/mL per FDA label.<br>4) IgE-mediated food allergy: Increased initial approval duration from 6 months to 12 months. Removed laboratory value requirements for food allergen-specific IgE levels and skin-prick test per National Institute of Allergy and Infectious Disease (NIAID) guidelines.<br>5) Chronic spontaneous urticaria: Increased initial approval duration from 6 months to 12 months.<br>6) Immune checkpoint inhibitor-related toxicity: Added moderate (G2) pruritis per NCCN. | 10/1/2026 | Essential |
| Zoladex | 1) For gender dysphoria, added “gender-affirming care” wording to align with the World Professional | 10/1/2026 | Essential |

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| | Association for Transgender Health (WPATH) Standards of Care 8th Version.<br>2) Added documentation requirement for androgen receptor (AR) positive status for salivary gland tumor and hormone receptor (HR) positive status for breast cancer per NCCN.<br>3) For ovarian cancer: Removed persistent low grade serous carcinoma per NCCN. Removed disease staging from malignant sex cord-stromal tumors (granulosa cell tumors) per NCCN. Updated continuation of therapy criteria to include member has not experienced disease progression. | | |
| Northera, droxidopa | 1) Added prescriber specialties.<br>2) Added adult age requirement per FDA label. | 10/1/2026 | Essential |
| Baraclude, entecavir | 1) Added prescriber specialty.<br>2) Clarified evidence of active viral replication as "prior to treatment". | 10/1/2026 | Metallic<br>Essential |
| Leuprolide acetate depot, Lupron depot, Lutrate depot | 1) For gender dysphoria, added “gender-affirming care” wording to align with the World Professional Association for Transgender Health (WPATH) Standards of Care 8th Version.<br>2) Added documentation requirement for hormone receptor (HR) positive status for breast cancer per NCCN. | 10/1/2026 | Metallic<br>Essential |
| Tetrabenazine, Xenazine | 1) Added prescriber specialties.<br>2) Chorea associated with Huntington's disease: Increased initial approval duration from 6 months to 12 months.<br>3) Tardive dyskinesia: Increased initial approval duration from 6 months to 12 months. Added patient has a history of treatment with dopamine receptor antagonist.<br>4) Tic disorders: Increased initial approval duration from 6 months to 12 months. | 10/1/2026 | Standard<br>Metallic<br>Essential |
| Cabenuva | Criteria Retirement | 10/1/2026 | Standard<br>Metallic<br>Essential |