

**PROVIDER NOTIFICATION OF RETAIL DRUG
POLICY CRITERIA CHANGE**

Drug(s) Impacted	CRITERIA CHANGE	EFFECTIVE DATE	Formulary
Aprepitant; Cinvanti; Emend; Focinvez; Fosaprepitant; Varubi	Coverage criteria for HEC and MEC does not apply to aprepitant 40 mg.	07/02/2026	Standard Metallic Essential Complete