

PROVIDER NOTIFICATION OF RETAIL DRUG POLICY CRITERIA CHANGE			
Drug Impacted	CRITERIA CHANGE	EFFECTIVE DATE	Formulary
Spravato	New Criteria	7/15/2026	Metallic
Actimmune	New Criteria	7/15/2026	Metallic
Rinvoq	Added coverage criteria for Giant Cell Arteritis (GCA)	7/15/2026	Standard and Metallic
Continuous Glucose Monitor	Removed insulin pump requirement, updated to multiple daily injection of insulin; Updated requirements for coverage during pregnancy	7/15/2026	Standard and Metallic
Empaveli	Added C3 Glomerulopathy (C3G) or IC-MPGN coverage requirements and updated policy guidelines on vaccination status; HIC, HBV, HCV status; and renal disease	7/15/2026	Standard
Acthar	Updated targeted drug list to include Acthar Gel, Cortrophin gel (repository corticotropin), Purified Cortrophin gel (repository corticotropin)	7/15/2026	Standard