

<b>PROVIDER NOTIFICATION OF RETAIL DRUG POLICY CRITERIA CHANGE</b>			
<b>Drug Impacted</b>	<b>CRITERIA CHANGE</b>	<b>EFFECTIVE DATE</b>	<b>Formulary</b>
<b>buprenorphine- naloxone</b>	<b>New criteria (post-limit PA)</b>	<b>7/1/2026</b>	<b>Standard</b>
<b>Twist BCBS AR C30549-A</b>	<b>New criteria</b>	<b>7/12026</b>	<b>Metallic</b>
<b>Enspryng</b>	<b>Added requirement for one NMOSD clinical characteristic for initial approval; Added documentation requirement and question on concomitant biologic/IVIG use for continuation of therapy</b>	<b>7/1/2026</b>	<b>Standard</b>