PROVIDER NOTIFICATION OF RETAIL DRUG POLICY CRITERIA CHANGE			
Drug(s)Impacted	**CRITERIA CHANGE**	**EFFECTIVE DATE**	**Formulary**
Trimbow	Added newly FDA-approved Trimbow to target drug list and limit chart.	08/20/2026	Metallic Essential Complete
Hydrocortisone acetate, Impeklo, Synalar, Tridesilon, Verdeso	Added hydrocortisone acetate to target drug list. Updated criteria to remove reference to Impeklo, brand Synalar, brand Tridesilon, and Verdeso.	08/20/2026	Standard
Hydrocortisone acetate, Impeklo, Synalar, Tridesilon, Verdeso	Added hydrocortisone acetate to criteria. Updated criteria to remove reference to Impeklo, brand Synalar, brand Tridesilon, and Verdeso.	08/20/2026	Metallic Essential Standard
Hydrocortisone acetate, Halcinonide solution 0.1%, Synalar, Tridesilon, Verdeso	Added hydrocortisone acetate to criteria. Halcinonide solution 0.1% is now considered a generic ‘Y’ and is no longer a brand ‘N’, added to criteria. Updated criteria to remove reference to brand Synalar, brand Tridesilon, and Verdeso.	08/20/2026	Standard
Loprox, Mentax	Removed Loprox and Mentax from target drug list (product no longer available).	8/20/2026	Standard
Loprox, Mentax	Removed Mentax from criteria and limit charts (product no longer available). Removed brand Loprox from criteria and limit charts (product no longer available). Generic Loprox remains targeted.	8/20/2026	Metallic Essential Complete
Patanase, Beconase AQ	Removed brand Patanase from target drug list (product no longer available). Generic remains targeted. Removed brand Beconase AQ from target drug list (product no longer available).	8/20/2026	Standard Metallic
Symjepi	Removed Symjepi from criteria and limit chart (product no longer available).	8/20/2026	Metallic Essential Complete
Voquezna	Updated Quantity Limit for NERD. Extended Duration of Approval to 6 months for NERD.	8/20/2026	Essential Complete
Androgel, Axiron, Azmiro, Delatestryl, Depo-Testosterone, First-Testosterone, Fortesta, Jatenzo,	Updated coverage criteria and question from "gender dysphoria" to "gender-affirming care" per regulatory preferred verbiage and alignment with WPATH guideline.	8/20/2026	Standard Complete

Kyzatrex, Natesto, Testim, Testopel, Testosterone, Tlando, Undecatrex, Vogelxo, Xyosted			
Zoryve	Updated age requirement for Zoryve cream 0.3% to align with updated labeling.	8/20/2026	Standard Complete
Truqap	Added coverage for prostate cancer, per label update.	8/20/2026	Standard Metallic Essential
Cligavyx, Fulvestrant, Faslodex	Added Cligavyx. Additionally, program title was updated to 'fulvestrant products'.	8/20/2026	Metallic Essential