PROVIDER NOTIFICATION OF RETAIL DRUG POLICY CRITERIA CHANGE			
Drug(s)Impacted	**CRITERIA CHANGE**	**EFFECTIVE DATE**	**Formulary**
Tapentadol oral solution	Added tapentadol oral solution to criteria and limit chart.	09/13/2026	Standard Essential Metallic Complete
Sarclisa Escena	Added the newly FDA-approved subcutaneous formulation, Sarclisa Escena (isatuximab-irfc), to the criteria.	09/13/2026	Essential
Jaypirca	For CLL/SLL, removed requirement for previous trial of venetocax based regimen, per label update.	09/13/2026	Essential
Arikayce	Removed documentation requirements.	09/13/2026	Essential
Tzield	1) Updated criteria to allow use in patients 1 year of age and older per recent label update. 2) Updated the tests to determine dysglycemia to align with the ADA guidelines. 3) Added criteria that the member does not have type 2 diabetes or other forms of diabetes. 4) For delay of the onset of Stage 3 type 1 diabetes, added age restriction that the member must be less than 45 years of age per label update. 5)Removed the requirement that pancreatic islet cell autoantibodies must be tested within the past 6 months. 6) Added criteria for recently diagnosed Stage 3 type 1 diabetes per label expansion.	11/4/2026	Essential
Vyvgard, Vybgart Hytrulo	1) Added prescriber specialty. 2) Added medication will not be used in combination with Uplizna for myasthenia gravis. 3) Updated duration of initial approval to 12 months. 4) Per label update expanded criteria to allow for approval of all serotypes of myasthenia gravis.	11/4/2026	Essential