PROVIDER NOTIFICATION OF RETAIL DRUG POLICY CRITERIA CHANGE			
Drug Impacted	**CRITERIA CHANGE**	**EFFECTIVE DATE**	**Formulary**
Nuplazid	1) Increased initial duration of approval from 6 months to 12 months. 2) Removed criteria that member has mild or no cognitive impairment and updated to, "if member has dementia, hallucinations and/or delusions must be related to Parkinson's disease psychosis."	2/15/2026	Standard Essential Metallic
Stelara	Added new FDA approved biosimilars ustekinumab-srlf (unbranded Imuldosa) and ustekinumab-auub (unbranded Wezlana).	2/15/2026	Standard Essential Metallic
Vosevi	Added option for use of Vosevi for up to 12 weeks total without ribavirin for patients with genotype 1, 2, 3, 4, 5, or 6 hepatitis C virus infection and compensated cirrhosis who failed treatment with Mavyret, per American Association for the Study of Liver Diseases (AASLD)/Infectious Diseases Society of America guidelines. Previously, Vosevi must have been used in combination with ribavirin for this situation.	2/15/2026	Standard Essential Metallic
Remicade	Removed corticosteroid step for immune checkpoint inhibitor-related toxicity diarrhea or colitis per NCCN.	2/15/2026	Essential Metallic
Apokyn	1) Removed Kynombi from the criteria since it is no longer marketed. 2) Added documentation requirement for previous medications tried. 3) Added prescriber specialties. 4) Increased initial duration of approval from 6 months to 12 months. 5) Clarified "ineffective at managing 'off' episodes" to "inadequate response or intolerable adverse event" with one of the following anti-Parkinson agents.	4/1/2026	Standard Essential Metallic

Inbrija	1) Added documentation requirement for previous medications tried. 2) Added prescriber specialties. 3) Increased initial duration of approval from 6 months to 12 months. 4)Clarified "ineffective at managing 'off' episodes" to "inadequate response or intolerable adverse event" with one of the following anti-Parkinson agents.	4/1/2026	Standard Essential Metallic
Apokyn	1) Removed Kynombi from the criteria since it is no longer marketed. 2) Added documentation requirement for previous medications tried. 3) Added prescriber specialties. 4) Increased initial duration of approval from 6 months to 12 months. 5) Clarified "ineffective at managing 'off' episodes" to "inadequate response or intolerable adverse event" with one of the following anti-Parkinson agents.	4/1/2026	Standard Essential Metallic
Inbrija	1) Added documentation requirement for previous medications tried. 2) Added prescriber specialties. 3) Increased initial duration of approval from 6 months to 12 months. 4)Clarified "ineffective at managing 'off' episodes" to "inadequate response or intolerable adverse event" with one of the following anti-Parkinson agents.	4/1/2026	Standard Essential Exchange
Aranesp	1) Increased initial and continuation duration of approval for anemia due to chronic kidney disease (CKD), anemia due to myelodysplastic syndrome (MDS), and myelofibrosis-associated anemia from 12 weeks to 12 months.	4/1/2026	Essential Metallic

	2) Increased initial and continuation duration of approval for myelosuppressive chemo, anemia in members who cannot/will not receive blood transfusions, and anemia due to cancer from 12 weeks to 6 months. 3) Under coverage criteria, added Aranesp cannot be used concomitantly with an hypoxia-inducible factor prolyl hydroxylase inhibitor (HIF-PHI). 4) For continuation requests, added documentation requirement for chart notes, medical records, or laboratory results of current hemoglobin level less than 12 g/dL (where applicable). 5) Under continuation of therapy, removed criteria that all members must show a response after at least 12 weeks of Aranesp treatment with a rise in hemoglobin of greater than or equal to 1 and members who received less than 12 week of treatment and have not yet responded with a rise in hemoglobin greater than or equal to 1 may be granted authorization of up to 12 weeks.		
Procrit	1) Increased initial and continuation duration of approval for anemia due to chronic kidney disease (CKD), anemia in myelodysplastic syndrome, and myelofibrosis-associated anemia from 12 weeks to 12 months. 2) Increased initial and continuation duration of approval for myelosuppressive chemotherapy, anemia in members who cannot/will not receive blood transfusions, and anemia due to cancer from 12 weeks to 6 months. 3) Under coverage criteria, Epogen-Procrit-Retacrit cannot be used concomitantly with an hypoxia-inducible factor prolyl hydroxylase inhibitor (HIF-PHI). 4) For continuation requests, added documentation requirement for chart notes, medical records, or laboratory results of current hemoglobin level less than 12 g/dL (where applicable).	4/1/2026	Essential Metallic

	5) Under continuation of therapy, removed criteria that all members must show a response after at least 12 weeks of treatment with Epogen/Procrit/Retacrit with a rise in hemoglobin of greater than or equal to 1 and members who received less than 12 week of treatment and have not yet responded with a rise in hemoglobin greater than or equal to 1 may be granted authorization of up to 12 weeks.		
Crysvita	1) Added prescriber specialty requirement that the medication must be prescribed by or in consultation with a endocrinologist, nephrologist, or a physician specializing in the treatment of metabolic bone disease. 2) For X-linked hyphophosphatemia (XLH): a) added baseline fasting serum phosphorus level below the normal range for age, b) reworded "PHEX mutation" as "pathogenic variant in the PHEX gene". 3) For tumor-induced osteomalacia (TIO): a) added clinical signs and symptoms of TIO, b) fasting serum phosphorus and ratio of renal tubular maximum reabsorption rate of phosphate to glomerular filtration rate (TmP/GFR) from "less than 2.5 mg/dL" to "below the normal range for age".	4/1/2026	Essential
Strensiq	1) Added prescriber specialty requirement that the medication must be prescribed by or in consultation with a endocrinologist, geneticist, or a physician specializing in the treatment of metabolic bone disease. 2) Reworded "pathological mutation in the ALPL gene" as "pathogenic variant in the ALPL gene". 3) For initial criteria, added a requirement for an ophthalmology examination and renal ultrasound at baseline. 4) For continuation criteria, added "member is monitored for signs and symptoms of ophthalmic and renal ectopic calcifications and for changes in vision or renal function".	4/1/2026	Essential

Vanrafia	1) Updated the proteinuria marker criteria from 1g/day to 0.5 g/day per 2025 Kidney Disease: Improving Global Outcomes (KDIGO) guidelines. 2) Added prescriber specialties requirement (nephrologist). 3) Updated the documentation and coverage criteria requirements to require the laboratory values (proteinuria and urine protein-to-creatinine ratio) be obtained within the past three months prior to initiation of therapy.	4/1/2026	Standard Essential
Bafiertam	Retiring since criteria now combined into Multiple Sclerosis products SGM 7136-A. Retirement effective 02-16-2026.	02/16/2026	Standard Essential Metallic
Betaseron	Retiring since criteria now combined into Multiple Sclerosis products SGM 7136-A. Retirement effective 02-16-2026.	02/16/2026	Standard Essential Metallic
Briumvi	Retiring since criteria now combined into Multiple Sclerosis products SGM 7136-A. Retirement effective 02-16-2026.	02/16/2026	Standard Essential Metallic
Tecfidera	Retiring since criteria now combined into Multiple Sclerosis products SGM 7136-A. Retirement effective 02-16-2026.	02/16/2026	Standard Essential Metallic
Fingolimod Products	Retiring since criteria now combined into Multiple Sclerosis products SGM 7136-A. Retirement effective 02-16-2026.	02/16/2026	Standard Essential Metallic
glatiramer	Retiring since criteria now combined into Multiple Sclerosis products SGM 7136-A. Retirement effective 02-16-2026.	02/16/2026	Standard Essential Metallic
Kesimpta	Retiring since criteria now combined into Multiple Sclerosis products SGM 7136-A. Retirement effective 02-16-2026.	02/16/2026	Standard Essential Metallic

Mayzent	Retiring since criteria now combined into Multiple Sclerosis products SGM 7136-A. Retirement effective 02-16-2026.	02/16/2026	Standard Essential Metallic
Ocrevus	Retiring since criteria now combined into Multiple Sclerosis products SGM 7136-A. Retirement effective 02-16-2026.	02/16/2026	Standard Essential
Plegridy	Retiring since criteria now combined into Multiple Sclerosis products SGM 7136-A. Retirement effective 02-16-2026.	02/16/2026	Standard Essential Metallic
Ponvory	Retiring since criteria now combined into Multiple Sclerosis products SGM 7136-A. Retirement effective 02-16-2026.	02/16/2026	Standard Essential Metallic
Rebif	Retiring since criteria now combined into Multiple Sclerosis products SGM 7136-A. Retirement effective 02-16-2026.	02/16/2026	Standard Essential Metallic
Aubgaio	Retiring since criteria now combined into Multiple Sclerosis products SGM 7136-A. Retirement effective 02-16-2026.	02/16/2026	Standard Essential Mettalic
RediTrex	Retiring since criteria now combined into Multiple Sclerosis products SGM 7136-A. Retirement effective 02-16-2026.	02/16/2026	Essential