| PROVIDER NOTIFICATION OF RETAIL DRUG POLICY CRITERIA CHANGE | | | |
|---|---|---|---|
| **Drug Impacted** | **CRITERIA CHANGE** | **EFFECTIVE DATE** | **Formulary** |
| **Alhemo** | Updated criteria to allow for members without inhibitors per label update. Added criteria that member will not use in combination with Hympavzi or Qfitlia. | 01/07/2026 | Essential |