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Number	Title	Revision Log
CP.PHAR.739	Acoltremon (Tryptyr)	3Q 2026 annual review: no significant changes; added ICHRA line of business; no significant changes; references reviewed and updated.
CP.PHAR.683	Acoramidis (Attruby)	3Q26 annual review: for diagnosis by cardiac uptake, specified radionucleotide scan should be SPECT per updated 2025 ACC Clinical Guidance; added "Nutrition (e.g., body mass index)" as an option for positive response parameters to align with vutrisiran and tafamidis ATTR-CM continued therapy criteria; in initial approval criteria, added examples of heart failure from Appendix D; revised initial approval duration from 6 to 12 months; added ICHRA line of business; references reviewed and updated.
CP.PHAR.430	Alpelisib (Piqray, Vijoice)	3Q 2026 annual review: no significant changes; added ICHRA line of business; revised initial approval durations for PROS and for non-Commercial lines of business for breast cancer from 6 months to 12 months; references reviewed and updated.
CP.PHAR.401	Amikacin (Arikayce)	3Q 2026 annual review: no significant changes; references reviewed and updated. Added ICHRA line of business.
CP.PMN.236	Amisulpride (Barhemsys)	3Q 2026 annual review: no significant changes; references reviewed and updated. Added ICHRA line of business.
CP.PHAR.544	Amivantamab-vmjw (Rybrevant), Amivantamab/Hyaluronidase-lpuj (Rybrevant Faspro)	3Q 2026 annual review: for initial approval criteria, added Rybrevant/Rybrevant Faspro is prescribed in combination with Lazcluze for leptomeningeal metastases per NCCN; added ICHRA line of business; added HCPCS code J9062 and removed codes C9399 and J9999; references reviewed and updated.

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Number	Title	Revision Log
CP.PHAR.737_PEPP	Apitegromab (SRK-015)_PEPP	3Q 2026 annual review: added exclusion of concurrent use with Itvisma for initial approval criteria and continued therapy; updated initial approval duration from 6 months to 12 months for HIM/Medicaid and revised Commercial duration to 6 months or the member's renewal date, whichever is longer; added ICHRA line of business; references reviewed and updated.
CP.PHAR.488	Apomorphine (Apokyn, Apokyn NXT, Onapgo)	3Q 2026 annual review: no significant changes; added ICHRA line of business; revised initial approval duration from 6 months to 12 months for chronic disease maintenance; references reviewed and updated.
CP.PMN.19	Aprepitant (Aponvie, Emend, Cinvanti), Fosaprepitant (Emend for Injection, Focinvez)	3Q 2026 annual review: no significant changes; applied Medicaid approval durations to Commercial line of business; added ICHRA line of business; references reviewed and updated.
CP.PHAR.290	Aripiprazole Long-Acting Injections (Abilify Maintena, Abilify Asimtufii, Aristada, Aristada Initio)	3Q 2026 annual review: no significant changes; added ICHRA line of business; revised initial approval duration from 6 months to 12 months for chronic disease maintenance; references reviewed and updated.
CP.PMN.15	Asenapine (Saphris, Secuado)	3Q 2026 annual review: added ICHRA line of business; removed all line of business-specific distinctions from Appendix D; references reviewed and updated.
CP.PHAR.727	Atrasentan (Vanrafia)	3Q 2026 annual review: added redirection to SGLT2i per updated 2025 KDIGO guidelines; references reviewed and updated.
CP.PHAR.731	Avutometinib, Defactinib (Avmapki Fakzynja Co-Pack)	3Q 2026 annual review: no significant changes; revised initial approval duration from 6 months to 12 months; added ICHRA line of business; references reviewed and updated.
CP.PHAR.209	Aztreonam (Cayston)	3Q 2026 annual review: no significant changes; for initial therapy, updated approval duration from 6 months to 12 months for chronic therapy; references reviewed and updated.
CP.PHAR.792	Baxdrostat (Baxfendy)	Policy created.

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Number	Title	Revision Log
CP.PMN.237	Bempedoic Acid (Nexletol), Bempedoic Acid/Ezetimibe (Nexlizet)	Per 2026 guideline updates: added ICHRA line of business; added off-label HoFH indication; for all indications, modified moderate or low intensity statin requirement therapy from requiring previous use of one high intensity statin and LDL remained ≥ 70 mg/dL to LDL goal was not achieved to reflect differing LDL goals based on specific indication; modified recent LDL requirements to ≥ 55 mg/dL for history of ASCVD regardless of very high risk status; for increased risk for CV events, revised definition of high risk for a CVD event to diabetes or 10-year estimated risk for ASCVD ≥ 10%, added CAC score ≥ 300 AU as example of history of ASCVD, added recent LDL requirement ≥ 70 mg/dL separate from history of ASCVD; for HeFH, simplified baseline LDL to at least 160 mg/dL for all ages, revised recent LDL requirement to ≥ 70 mg/dL; for primary hypercholesterolemia, added recent LDL requirement of ≥ 70 mg/dL for severe primary hypercholesterolemia with ASCVD risk factors with corresponding Appendix H, clarified recent LDL requirement of ≥ 100 mg/dL is for without ASCVD risk factors.
CP.PHAR.791_PEPP	Bepirovirsen (GSK3228836)_PEPP	Policy created preemptively.
CP.PHAR.592	Beremagene geperpavec-svdt (Vyjuvek)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
HIM.PA.169	Berotralstat (Orladeyo)	3Q 2026 annual review: extended initial approval duration from 6 months to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.545	Betibeglogene Autotemcel (Zynteglo)	3Q 2026 annual review: no significant changes; added ICHRA line of business; removed requirement for documentation of body weight; references reviewed and updated.

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Number	Title	Revision Log
HIM.PA.SP60	Biologic and Non-biologic DMARDs	RT4: added newly FDA-approved Icotyde for PsO; for PsO: for Taltz and Icotyde pediatric redirection; updated criteria from "failure of TWO" to "failure of THREE" to align with redirection to Enbrel and Otezla as alternative option with "or" instead of "and" rationale; RT4: for Cosentyx, updated AS criteria with pediatric extension for ages 12 years and older per prescribing information; RT4: for Stelara/ustekinumab, updated CD criteria with pediatric extension for ages 2 to 17 years per prescribing information; RT4: for Hadlima, applied pediatric age extensions for HS and UV and added new single-dose autoinjector PushTouch dosage strength [80 mg/0.8 mL]; for HS, UC, UV, and continued therapy "All Other Indications In Section I", added bypass of "FDA-approved age limit does not overlap" for preferred adalimumab biosimilar requirement; RT4: added FDA approved biosimilars Immgolis and Immgolis Intri to criteria; for RA for Simponi, Simponi Aria, Immgolis, and Immgolis Intri, added requirement for concomitant use with MTX or another DMARD; added HCPCS code Q5164.
CP.PHAR.312	Blinatumomab (Blincyto)	3Q 2026 annual review: revised option for adult consolidation therapy for Ph+ disease to specify disease must be refractory to TKIs per NCCN; added ICHRA line of business; extended initial approval duration for Medicaid/HIM from 6 to 12 months and revised all approval durations for Commercial to "6 months or to the member's renewal date, whichever is longer"; references reviewed and updated

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Number	Title	Revision Log
CP.PHAR.303	Brentuximab Vedotin (Adcetris)	3Q 2026 annual review: per NCCN – for cHL in adults, removed option for Deauville score 4-5 and revised age 18-61 to age 18-60 for use as a component of BrECADD and added option that member is unfit for intensive therapy for use in combination with dacarbazine or nivolumab; for T-cell lymphomas, added option for use in combination with CHEP for PTCL; for B-cell lymphomas, added that DLBCL includes histologic transformation of indolent lymphomas to DLBCL and removed requirement that disease is CD30-positive; added ICHRA line of business; for all indications, extended initial approval durations for Medicaid/HIM from 6 to 12 months and revised all approval durations for Commercial to "6 months or to the member's renewal date, whichever is longer"; references reviewed and updated.
CP.PMN.68	Brexpiprazole (Rexulti)	3Q 2026 annual review: added ICHRA line of business; removed all line of business-specific distinctions from Appendix D; references reviewed and updated.
CP.PHAR.572	Budesonide (Tarpeyo)	3Q 2026 annual review: added ICHRA line of business; for initial approval criteria, clarified ACEi/ARB for 90 days to RAS inhibitor for 12 weeks, clarified confirmation requirement to documentation; for continued therapy, added reduction of proteinuria by lower total urine protein per day from baseline as evidence of positive response to therapy; references reviewed and updated.

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Number	Title	Revision Log
CP.PHAR.589	Bulevirtide (Hepcludex)	3Q 2026 annual review: RT4: drug is now FDA approved – criteria updated per FDA labeling: revised requirement for detectable HDV RNA levels to be recent (within the last 60 days); revised elevated ALT requirement from ≥ 70 IU/L for men and ≥ 50 IU/L for women to > 35 IU/L for men and > 25 IU/L for women per clinical trial eligibility and guidelines; clarified Child-Pugh Class A status for those with cirrhosis present; added provider attestation that member is receiving appropriate HBV infection therapy; revised positive response criterion from "both" to "one" of the following: reduction in HDV RNA or ALT normalization; added ICHRA line of business; for Medicaid and HIM, revised initial approval duration from 6 months to 12 months for this chronic disease; references reviewed and updated.
CP.PHAR.11	Burosumab-twza (Crysvita)	3Q 2026 annual review: no significant changes; for Medicaid/HIM revised initial approval duration from 6 to 12 months; modified maximum dosing in adults for XLH to 1 mg/kg, not to exceed 90 mg, administered every 2 weeks per updated prescribing information; references reviewed and updated. Added ICHRA line of business.
HIM.PA.170	C1 Esterase Inhibitors (Berinert, Cinryze, Haegarda, Ruconest)	3Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.76	Calcifediol (Rayaldee)	3Q 2026 annual review: no significant changes; extended initial approval duration for Medicaid/HIM from 6 to 12 months; clarified for continued therapy member is responding positively to therapy as evidenced by a decrease in iPTH; added ICHRA line of business; references reviewed and updated.
CP.PMN.164	Cannabidiol (Epidiolex)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.

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Number	Title	Revision Log
CP.PHAR.494	Capmatinib (Tabrecta)	3Q 2026 annual review: no significant changes; for continued therapy, added for Tabrecta requests, member must use generic capmatinib; added ICHRA line of business; references reviewed and updated.
CP.PHAR.546_PEPP	Carbetocin_PEPP	3Q 2026 annual review: no significant changes as drug is not yet FDA-approved; added ICHRA line of business; references reviewed and updated.
CP.PMN.238	Carbidopa/Levodopa ER Capsules (Rytary), Enteral Suspension (Duopa), IR Tablets (Dhivy)	3Q 2026 annual review: added generic carbidopa-levodopa extended release to list of drugs criteria is applicable to; added to both initial and continued therapy criteria, member must use generic carbidopa-levodopa extended release (generic Rytary) and generic carbidopa-levodopa for Rytary and Dhivy requests, respectively; added ICHRA line of business; references reviewed and updated.
CP.PMN.91	Cariprazine (Vraylar)	3Q 2026 annual review: added ICHRA line of business; removed all line of business-specific distinctions from Appendix D; references reviewed and updated.
CP.PHAR.338	Cerliponase Alfa (Brineura)	3Q 2026 annual review: no significant changes; updated Initial Approval and Continued Therapy authorization durations from 6 months to 12 months; added ICHRA line of business; references reviewed and updated.
CP.PMN.239	Chenodiol (Chenodal, Ctexli)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.388	Chloramphenicol Sodium Succinate	3Q 2026 annual review: no significant changes; revised Medicaid/HIM continued approval duration from 12 to 6 months as extended use is not appropriate; added ICHRA line of business; references reviewed and updated.
CP.PHAR.61	Cinacalcet (Sensipar)	3Q 2026 annual review: no significant changes; revised initial approval duration from 6 to 12 months; added ICHRA line of business; references reviewed and updated.

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Number	Title	Revision Log
CP.PHAR.734_PEPP	Clemidsogene Lanparvovec (RGX-121)_PEPP	3Q 2026 annual review: no significant changes; added ICHRA line of business; updated language under Policy/Criteria to effectively redirect prior authorization reviews to Precision Drug Action Committee (PDAC) Utilization Management Review; references reviewed and updated.
CP.PHAR.741	Clesrovimab-cfor (Enflonsia)	3Q 2026 annual review: no significant changes; removed references to prior Synagis use as product is discontinued; references reviewed and updated. Added ICHRA line of business.
CP.PHAR.82	Collagenase Clostridium Histolyticum (Xiaflex)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.280	Compounded Medications	3Q 2026 annual review: no significant changes; added ICHRA line of business.
CP.PHAR.385	Corticosteroids for Ophthalmic Injection (Dextenza, Iluvien, Ozurdex, Retisert, Xipere, Yutiq)	3Q 2026 annual review: no significant changes; added ICHRA line of business; no significant changes; references reviewed and updated.
CP.PHAR.664	Crovalimab-akkz (PiaSky)	3Q 2026 annual review: per SDC, revised redirection from Soliris or Ultomiris to only Ultomiris; added ICHRA line of business; extended initial approval duration for Medicaid/HIM from 6 to 12 months and revised all approval durations for Commercial to “6 months or to the member’s renewal date, whichever is longer” for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.277	Cytomegalovirus Immune Globulin (CytoGam)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.665	Danicopan (Voydeya)	3Q 2026 annual review: added ICHRA line of business; extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.351	Daptomycin (Cubicin, Cubicin RF, Dapzura RT)	3Q 2026 annual review: no significant changes; removed references to Cubicin RF as brand is discontinued; references reviewed and updated. Added ICHRA line of business.

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Number	Title	Revision Log
CP.PHAR.310	Daratumumab (Darzalex), Daratumumab/Hyaluronidase-fihj (Darzalex Faspro)	3Q 2026 annual review: added NCCN Compendium supported use for MM in combination with Tecvayli; added additional use for systemic light chain amyloidosis in combination with Venclexta, clarified use in combination with lenalidomide and dexamethasone should be for relapsed/refractory previously treated disease, and for use as single agent therapy in newly diagnosed disease corrected to require no significant neuropathy; added criteria set for HIV-related plasmablastic lymphoma; added ICHRA line of business; references reviewed and updated.
CP.PHAR.637_PEPP	Debamestrocel (NurOwn)_PEPP	3Q 2026 annual review: no significant changes as drug is not yet FDA-approved; added ICHRA line of business; references reviewed and updated.
CP.PHAR.145	Deferasirox (Exjade, Jadenu)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.147	Deferiprone (Ferriprox)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.146	Deferoxamine (Desferal)	3Q 2026 annual review: added ICHRA line of business; revised approval continued therapy duration for Commercial from 12 months to standard injectable authorization of “6 months or to the member’s renewal date, whichever is longer”; references reviewed and updated.
CP.PMN.115	Delafloxacin (Baxdela)	3Q 2026 annual review: no significant changes; references reviewed and updated. Added ICHRA line of business.
CP.PCH.56	Delandistrogene moxeparvovec-rokl (Elevidys)	3Q 2026 annual review: updated FDA approved indication with removal of non-ambulatory indication per updated PI; added ICHRA line of business; references reviewed and updated.
CP.PHAR.781_PEPP	Denecimig (Mim8)_PEPP	Policy created preemptively.

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Number	Title	Revision Log
CP.PCH.63	Denosumab (Prolia, Xgeva and biosimilars)	Policy created (adapted from CP.PHAR.58) per June SDC and prior clinical guidance; for osteoporosis and prostate/breast cancer fracture prevention, revised redirections to oral or IV bisphosphonate therapy and added Bildyos, Enoby, and Stoboclo as preferred biosimilars; for all other indications, added Xtrenbo as an additional preferred biosimilar; removed HIM IL bypass language as all preferred biosimilars are interchangeable.
CP.PMN.141	Dolasetron (Anzemet)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.717	Donidalorsen (Dawnzera)	3Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.212	Dornase Alfa (Pulmozyme)	3Q 2026 annual review: no significant changes; for initial therapy, updated approval duration from 6 months to 12 months for chronic therapy; added ICHRA line of business; references reviewed and updated.
CP.PHAR.540	Dostarlimab-gxly (Jemperli)	3Q 2026 annual review: per NCCN – for solid tumors, revised to require use as subsequent therapy for pancreatic adenocarcinoma, added option for use as neoadjuvant therapy for gastric, colon, rectal, or small bowel adenocarcinoma, esophageal, esophagogastric junction, appendiceal cancers, and added option for use as induction systemic therapy for esophageal and esophagogastric junction cancers; for anal carcinoma, added options for use in combination with paclitaxel and carboplatin; added ICHRA line of business; for all indications, extended initial approval durations for Medicaid/HIM from 6 to 12 months and revised all approval durations for Commercial to “6 months or to the member’s renewal date, whichever is longer”; references reviewed and updated.

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Number	Title	Revision Log
CP.PHAR.177	Ecallantide (Kalbitor)	3Q 2026 annual review: added ICHRA line of business; extended Medicaid and HIM initial approval duration from 6 months to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.97	Eculizumab (Soliris), Eculizumab-aeeb (Bkemv), Eculizumab-aagh (Epysqli)	3Q 2026 annual review: for gMG, added Imaavy and Uplizna to the list of therapies that Soliris/Bkemv/Epysqli should not be prescribed concurrently with; added ICHRA line of business; for all indications, extended initial approval durations for Medicaid/HIM from 6 to 12 months and revised all approval durations for Commercial to "6 months or to the member's renewal date, whichever is longer" for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.555	Efgartigimod Alfa-fcab, Efgartigimod/Hyaluronidase-qvfc (Vyvgart, Vyvgart Hytrulo)	For CIDP, added ≥ 3 months duration to immune globulin therapy criterion to ensure adequate trial prior to advancing treatment; added ICHRA line of business.
CP.PHAR.688	Elafibranor (Iqirvo)	3Q 2026 annual review: added ICHRA line of business; added requirement to initial therapy that member does not have decompensated cirrhosis; added requirement to initial and continued therapy that Iqirvo is not prescribed concurrently with Livdelzi to prevent duplicate therapy; references reviewed and updated.
CP.PHAR.680	Elamipretide (Forzinity)	3Q 2026 annual review: added alternative tests for documentation of impaired muscle strength; references reviewed and updated.
HIM.PA.SP62	Elbasvir/Grazoprevir (Zepatier)	3Q 2026 annual review: no significant changes; references reviewed and updated.

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Number	Title	Revision Log
CP.PHAR.440	Elexacaftor/Ivacaftor/Tezacaftor; Ivacaftor (Trikafta)	3Q 2026 annual review: RT4: updated FDA approved indication to patients who have at least one variant in the CFTR gene that is either responsive based on clinical and/or in vitro data or results in production of CFTR protein; updated Appendix E with list of CFTR gene variants that are responsive to Trikafta per prescribing information; added ICHRA line of business; for initial therapy, updated duration from 6 months to 12 months for chronic therapy; references reviewed and updated.
CP.PHAR.41	Enfuvirtide (Fuzeon)	3Q 2026 annual review: added ICHRA line of business; extended Medicaid and HIM initial approval duration from 6 months to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.634	Epcoritamab-bysp (Epkinly)	3Q 2026 annual review: no significant changes; clarified prior therapy requirements for DLBCL arising from CLL (Richter transformation) per NCCN Compendium; references reviewed and updated.Added ICHRA line of business.
CP.PCH.55	Epinephrine (Epipen, Epipen Jr, Neffy, Auvi-Q)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.423	Erdafitinib (Balversa)	3Q 2026 annual review: no significant changes; added ICHRA line of business; revised initial approval durations from 6 months to 12 months; references reviewed and updated.
CP.PMN.263	Estradiol Vaginal Ring (Femring)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.379	Etelcalcetide (Parsabiv)	3Q 2026 annual review: no significant changes; revised initial approval duration for Medicaid/HIM from 6 to 12 months; references reviewed and updated. Added ICHRA line of business.

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Number	Title	Revision Log
HIM.PA.166	Evinacumab-dgnb (Evkeeza)	Per 2026 guideline updates: revised ezetimibe requirements to ages ≥ 10 years; revised statin requirement to ages ≥ 7 years; revised LDL requirements to ≥ 100 mg/dL for pediatric population ≥ 7 years; removed 'very high risk' qualifier from adult LDL requirement; modified moderate or low intensity statin requirement therapy from requiring previous use of one high intensity statin and LDL remained ≥ 70 mg/dL to LDL goal was not achieved to reflect differing LDL goals based on specific indication
HIM.PA.156	Evolocumab (Repatha)	Per 2026 guideline updates: for all indications, modified moderate or low intensity statin requirement therapy from requiring previous use of one high intensity statin and LDL remained ≥ 70 mg/dL to LDL goal was not achieved to reflect differing LDL goals based on specific indication; modified recent LDL requirements to ≥ 55 mg/dL for history of ASCVD regardless of very high risk status; for increased risk for CV events, added diabetes, 10-year estimated risk for ASCVD ≥ 10%, and CAC score ≥ 100 to 299 AU as examples of increased risk for CV events, added CAC score ≥ 300 AU as example of history of ASCVD, added recent LDL requirement ≥ 70 mg/dL separate from history of ASCVD; for HeFH, simplified baseline LDL to at least 160 mg/dL for all ages, revised recent LDL requirement to ≥ 70 mg/dL; for primary hypercholesterolemia, added recent LDL requirement of ≥ 70 mg/dL for severe primary hypercholesterolemia with ASCVD risk factors with corresponding Appendix H, clarified recent LDL requirement of ≥ 100 mg/dL is for without ASCVD risk factors, added requirement that treatment plan does not include coadministration with Lerochol to prevent duplicate therapy; for HoFH, revised LDL requirements to ≥ 100 mg/dL for pediatric population; removed 'very high risk' qualifier from adult LDL requirement.

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Number	Title	Revision Log
CP.PHAR.632	Fecal microbiota spores, live-brpk (Vowst)	3Q 2026 annual review: no significant changes; references reviewed and updated.Added ICHRA line of business.
CP.PMN.246	Fenfluramine (Fintepla)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.289	Fezolinetant (Veozah)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.297	Filgrastim (Neupogen), Filgrastim-sndz (Zarxio), Tbo-filgrastim (Granix), Filgrastim-aafi (Nivestym), Filgrastim-ayow (Releuko), Filgrastim-txid (Nypozi)	3Q 2026 annual review: added NCCN Compendium supported use for neutropenia following CAR T-cell therapy or lymphocyte engager-therapy; references reviewed and updated.
CP.PMN.95	Fluticasone Propionate (Xhance)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.424	Fulvestrant (Faslodex Injection)	3Q 2026 annual review: for ovarian, fallopian tube, and primary peritoneal cancers, expanded cancer stage range from just low-grade serous carcinoma to IC-IV per NCCN; for endometrial carcinoma, added option for combination therapy with Verzenio for ER-positive tumors per NCCN; for uterine sarcoma, clarified disease must be HR-positive and removed criteria that fulvestrant must be prescribed in specific scenarios per NCCN; revised initial and continued approval durations for all non-Commercial lines of business from 6 months to 12 months; added ICHRA line of business; references reviewed and updated.
CP.PMN.240	Gabapentin ER (Gralise, Horizant)	3Q 2026 annual review: added ICHRA line of business; removed “if available” from “member must use generic Gralise”; references reviewed and updated.
CP.PMN.278	Ganaxolone (Ztalmy)	Added trial and failure of two preferred anticonvulsants.
CP.PHAR.673	Garadacimab (Andembry)	3Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.753	Gemcitabine Intravesical System (Inlexzo)	Per June SDC, added requirement for provider attestation that Adstiladrin therapy has been considered and not recommended with clinical rationale supporting Inlexzo over Adstiladrin. Added ICHRA line of business.

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Number	Title	Revision Log
CP.PHAR.644	Givinostat (Duvyzat)	3Q 2026 annual review: added ICHRA line of business; revised initial approval duration from 6 months to 12 months for this chronic disease; references reviewed and updated.
HIM.PA.SP36	Glecaprevir/Pibrentasvir (Mavyret)	3Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.636	Glofitamab-gxbm (Columvi)	3Q 2026 annual review: added criteria sets for NCCN Compendium supported uses in mantle cell lymphoma and Burkitt lymphoma; clarified prior therapy requirements for DLBCL arising from CLL (Richter transformation); added option for DLBCL combination use with Polivy; modified initial approval duration for Medicaid/HIM from 6 to 12 months; added ICHRA line of business; references reviewed and updated.
CP.PHAR.681_PEPP	Govorestat (AT-007)_PEPP	3Q 2026 annual review: no significant changes as drug is not yet FDA-approved; added ICHRA line of business; references reviewed and updated.
CP.PMN.74	Granisetron (Sancuso, Sustol)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.208	Halobetasol Propionate/Tazarotene (Duobrii)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.111	House Dust Mite Allergen Extract (Odactra)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.178	Icatibant (Firazyr)	3Q 2026 annual review: added ICHRA line of business; extended Medicaid and HIM initial approval duration from 6 months to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PMN.187	Icosapent Ethyl (Vascepa)	Per 2026 guideline updates: for hypertriglyceridemia without ASCVD, added 3 consecutive month trial for failure of omega-3-acid ethyl esters; for reduction of cardiovascular disease risk, modified moderate or low intensity statin requirement therapy from requiring previous use of one high intensity statin and LDL remained ≥ 70 mg/dL to LDL goal was not achieved to reflect differing LDL goals based on specific indication.

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Number	Title	Revision Log
CP.PMN.32	Iloperidone (Fanapt)	3Q 2026 annual review: added ICHRA line of business; removed all line of business-specific distinctions from Appendix D; references reviewed and updated.
CP.PHAR.690	Imetelstat (Rytelo)	3Q 2026 annual review: no significant changes; updated initial approval criteria and continued therapy approval durations from 6 months to 12 months for HIM and Medicaid; references reviewed and updated.
CP.PHAR.568	Inclisiran (Leqvio)	Per 2026 guideline updates: added ICHRA line of business; for all indications, modified moderate or low intensity statin requirement therapy from requiring previous use of one high intensity statin and LDL remained ≥ 70 mg/dL to LDL goal was not achieved to reflect differing LDL goals based on specific indication; modified recent LDL requirements to ≥ 55 mg/dL for history of ASCVD regardless of very high risk status; for HeFH, simplified baseline LDL to at least 160 mg/dL for all ages, revised recent LDL requirement to ≥ 70 mg/dL; for primary hypercholesterolemia, added recent LDL requirement of ≥ 70 mg/dL for severe primary hypercholesterolemia with ASCVD risk factors with corresponding Appendix H, clarified recent LDL requirement of ≥ 100 mg/dL is for without ASCVD risk factors, added requirement that treatment plan does not include coadministration with Lerochol to prevent duplicate therapy; for HoFH, revised LDL requirements to ≥ 100 mg/dL.
CP.PHAR.458	Inebilizumab-cdon (Uplizna)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.

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Number	Title	Revision Log
CP.PHAR.656	Iptacopan (Fabhalta)	3Q 2026 annual review: for IgAN, revised criterion for proteinuria from ≥ 1 g/day to ≥ 0.5 g/day and added redirection to SGLT2 inhibitor per 2025 KDIGO IgAN guidelines; for C3G, added requirement that disease has not recurred after kidney transplant per prescribing information and added requirement against concurrent use with Empaveli; added ICHRA line of business; extended all initial approval durations from 6 to 12 months; references reviewed and updated.
CP.PHAR.210	Ivacaftor (Kalydeco)	3Q 2026 annual review: no significant changes; for initial therapy, updated approval duration from 6 months to 12 months for chronic therapy; added ICHRA line of business; references reviewed and updated.
CP.PMN.269	Ivermectin (Stromectol, Sklice)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.302	Ixazomib (Ninlaro)	3Q 2026 annual review: no significant changes; modified initial approval duration from 6 to 12 months for Medicaid/HIM; references reviewed and updated. Added ICHRA line of business.
CP.PMN.296	Ketamine (Ketalar)	3Q 2026 annual review: no significant changes; for product availability, added 10 mg/mL multi-dose vial; added ICHRA line of business; references reviewed and updated.
HIM.PA.172	Lanadelumab-fylo (Takhzyro)	3Q 2026 annual review: extended initial approval duration from 6 months to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
HIM.PA.SP3	Ledipasvir/Sofosbuvir (Harvoni)	3Q 2026 annual review: no significant changes; expanded maximum dosing criteria to be weight-specific per PI; references reviewed and updated.
CP.PMN.219	Lefamulin (Xenleta)	3Q 2026 annual review: no significant changes; references reviewed and updated. Added ICHRA line of business.

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Number	Title	Revision Log
CP.PHAR.768	Lerodalcibep-liga (Lerochol)	3Q26 annual review: Per 2026 guideline update: added ICHRA line of business; for all indications, modified moderate or low intensity statin requirement therapy from requiring previous use of one high intensity statin and LDL remained ≥ 70 mg/dL to LDL goal was not achieved to reflect differing LDL goals based on specific indication; modified recent LDL requirements to ≥ 55 mg/dL for history of ASCVD regardless of very high risk status; for increased risk for CV events, added diabetes, 10-year estimated risk for ASCVD ≥ 10%, and CAC score ≥ 100 to 299 AU as examples of increased risk for CV events, added CAC score ≥ 300 AU as example of history of ASCVD, added recent LDL requirement ≥ 70 mg/dL separate from history of ASCVD; for HeFH, simplified baseline LDL to at least 160 mg/dL for all ages, revised recent LDL requirement to ≥ 70 mg/dL; for primary hypercholesterolemia, added recent LDL requirement of ≥ 70 mg/dL for severe primary hypercholesterolemia with ASCVD risk factors with corresponding Appendix H, clarified recent LDL requirement of ≥ 100 mg/dL is for without ASCVD risk factors.
CP.PCH.53	Leuprolide Acetate, Leuprolide Mesylate	Added off-label use for female infertility per plan request.
CP.PHAR.682	Levacetylleucine (Aqneursa)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
HIM.PA.125	Levomilnacipran (Fetzima)	3Q 2026 annual review: added ICHRA line of business; removed “applies to HIM request only” from Appendix D for TX; references reviewed and updated.
CP.PMN.08	Lidocaine Transdermal (Lidoderm, ZTlido)	3Q 2026 annual review: added ICHRA line of business; extended initial approval duration from 6 months to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.784	Linerixibat (Lynavoy)	Policy created
CP.PMN.27	Linezolid (Zyvox)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.

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Number	Title	Revision Log
CP.PHAR.743	Linvoseltamab-gcpt (Lynozyfic)	3Q 2026 annual review: no significant changes; added ICHRA line of business; removed HCPCS code J9999; references reviewed and updated.
CP.PMN.152	Lofexidine (Lucemyra)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.539	Loncastuximab Tesirine-lpyl (Zynlonta)	3Q 2026 annual review: no significant changes; added ICHRA line of business; revised initial approval durations from 6 months to 12 months; references reviewed and updated.
CP.PMN.279	Long-term Antibiotic Treatment for Tick-borne Diseases	3Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.789_PEPP	Lonvoguran Ziclumeran (Lonvo-z)_PEPP	Policy created preemptively.
CP.PHAR.213	Lumacaftor/Ivacaftor (Orkambi)	3Q 2026 annual review: no significant changes; for initial therapy, updated approval duration from 6 months to 12 months for chronic therapy; added ICHRA line of business; references reviewed and updated.
CP.PMN.232	Lumateperone (Caplyta)	3Q 2026 annual review: added ICHRA line of business; removed all line of bussiness-specific distinctions from Appendix D; references reviewed and updated.
CP.PHAR.500	Lurbinectedin (Zepzelca)	3Q 2026 annual review: for continued therapy, removed single-agent requirement; added ICHRA line of business; references reviewed and updated.
CP.PHAR.384	Lutetium Lu 177 Dotatate (Lutathera)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.518	Mannitol (Bronchitol)	3Q 2026 annual review: for initial approval criteria, added prescribed by or in consultation with an expert in treatment of cystic fibrosis; for initial therapy, updated approval duration from 6 months to 12 months for chronic therapy; references reviewed and updated.
CP.PHAR.543	Maralixibat (Livmarli)	3Q 2026 annual review: no significant changes; revised initial approval durations for 6 months to 12 months; added ICHRA line of business; references reviewed and updated.

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Number	Title	Revision Log
CP.PHAR.599	Marnetegragene Autotemcel (Kresladi)	RT1: clarified that ITGB2 gene mutation should be biallelic and added age requirement < 18 years per prescribing information; added additional options for severe disease (genetic testing, delayed umbilical cord separation, omphalitis, LAD-I-related clinical events) per 2026 international Delphi consensus; references reviewed and updated.
CP.PMN.272	Mavacamten (Camzyos)	3Q 2026 annual review: for initial and continued therapy, added requirement against concurrent use with Myqorzo; for continued therapy, added requirement for LVEF ≥ 50% per prescribing information and as supported by practice guidelines; added ICHRA line of business; extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.150	Mecasermin (Increlex)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.381	Mechlorethamine Gel (Valchlor)	3Q 2026 annual review: added stage IVA1 or IVA2 for Sezary syndrome diagnosis criteria per NCCN compendium; for Medicaid and HIM, updated approval durations from 6 months to 12 months for chronic therapy; added ICHRA line of business; references reviewed and updated.
CP.PCH.30	Memantine ER (Namenda XR), Memantine/Donepezil ER (Namzaric)	3Q 2026 annual review: added ICHRA line of business; added step therapy bypass for IL HIM per IL HB 5395; references reviewed and updated.
HIM.PA.175	Mepolizumab (Nucala)	Per June SDC, added redirection to Fasenra for HES. Added ICHRA line of business.
CP.PHAR.425	Metreleptin (Myalept)	3Q 2026 annual review: added ICHRA line of business; extended Medicaid and HIM initial approval duration from 6 months to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.

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Number	Title	Revision Log
CP.PMN.211	Midazolam (Nayzilam)	3Q 2026 annual review: no significant changes; increased the duration of the Initial Approval authorization from 6 months to 12 months; added ICHRA line of business; references reviewed and updated.
CP.PHAR.495	Mitomycin Instillation Solution (Jelmyto, Zusduri)	3Q 2026 annual review: for NMIBC, removed requirement for low-grade disease and TURBT and added option for high risk disease per NCCN; added off-label indication of MIBC per NCCN; added ICHRA line of business; references reviewed and updated.
CP.PHAR.782_PEPP	Molgramostim (Molbreevi)_PEPP	Policy created preemptively.
CP.PHAR.448	Mometasone Furoate (Sinuva)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.638	Nalmefene (Opvee, Zurnai)	3Q 2026 annual review: no significant changes; added HCPCS code [C9399, J3490]; ICHRA line of business added; references reviewed and updated.
CP.PHAR.746	Navepegritide (Yuviwel)	Per June SDC, added requirement that member will not have limb-lengthening surgery during treatment and added redirection to Voxzogo.
CP.PHAR.759	Nerandomilast (Jascayd)	3Q 2026 annual review: per SDC, revised “Ofev” redirection to “generic nintendanib”; for PPF, added rheumatologist as a prescriber option; removed health plan-approved quantity limit criterion; added ICHRA line of business; references reviewed and updated.
CP.PMN.158	Netupitant and Palonosetron (Akynzeo), Fosnetupitant and Palonosetron (Akynzeo IV)	3Q 2026 annual review: no significant changes; references reviewed and updated. Added ICHRA line of business.

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Number	Title	Revision Log
CP.PHAR.285	Nintedanib (Ofev)	3Q 2026 annual review: revised policy/criteria section to also include generic nintedanib; for all indications, added redirection to generic nintedanib for brand Ofev requests and extended initial approval durations from 6 to 12 months for this maintenance medication for a chronic condition; for chronic fibrosing ILDs, added rheumatologist as a prescriber option; references reviewed and updated. Per June SDC, added Commercial and HIM/ICHRA line of business (retire CP.PCH.54).
CP.PCH.54	Nintedanib (Ofev)	Retire, combined with CP.PHAR.285 Nintedanib (Ofev) for all lines of business per June SDC
CP.PMN.288	Nirmatrelvir and Ritonavir (Paxlovid)	3Q 2026 annual review: no significant changes; updated the list of the CDC's risk factors for progression to severe disease in Appendix D; added ICHRA line of business; references reviewed and updated.
CP.PHAR.614	Nirsevimab (Beyfortus)	3Q 2026 annual review: for all indications other than preterm, late preterm or term infant, clarified exclusion for prior use of other RSV monoclonal antibody (e.g., Enflonsia); removed references to prior Synagis use as product is discontinued; added ICHRA line of business; references reviewed and updated.
CP.PHAR.588	Nivolumab and Relatlimab-rmbw (Opdualag)	3Q 2026 annual review: added ICHRA line of business; extended initial approval duration from 6 months to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.

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Number	Title	Revision Log
CP.PHAR.684	Nogapendekin Alfa Inbakicept-pmln (Anktiva)	3Q 2026 annual review: added ICHRA line of business; added off-label indication for Ta/T1 high-grade disease without CIS per NCCN; added option to be prescribed by or in consultation with an urologist; added requirement that member is not a candidate for cystectomy per NCCN; references reviewed and updated. Per June SDC, added requirement for provider attestation that Adstiladrin therapy has been considered and not recommended with clinical rationale supporting Anktiva over Adstiladrin.
CP.PHAR.287	Obeticholic Acid (Ocaliva)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.292	Olanzapine Long-Acting Injection (Zyprexa Relprevv)	3Q 2026 annual review: no significant changes; added ICHRA line of business; revised initial approval duration from 6 months to 12 months for this chronic disease; references reviewed and updated.
CP.PMN.265	Olanzapine/Samidorphan (Lybalvi)	3Q 2026 annual review: added ICHRA line of business; removed all line of business-specific distinctions" from Appendix D; references reviewed and updated.
CP.PHAR.689	Olezarsen (Tryngolza)	3Q 2026 annual review: Per 2026 guideline updates: revised fasting triglyceride requirement to ≥ 1000 mg/dL; revised clinically suggestive FCS requirement to inconclusive genetic test results and NAFCS score > 45; added trial and failure of fibrate therapy or omega-3 fatty acids; references reviewed and updated.
CP.PHAR.586	Olipudase Alfa-rpcp (Xenpozyme)	3Q 2026 annual review: no significant changes; updated Initial Approval and Continued Therapy authorization durations from 6 months to 12 months; added ICHRA line of business; references reviewed and updated.
CP.PMN.188	Omadacycline (Nuzyra)	3Q 2026 annual review: no significant changes; references reviewed and updated. Added ICHRA line of business.

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Number	Title	Revision Log
CP.PMN.245	Opicapone (Ongentys)	3Q 2026 annual review: no significant changes; added ICHRA line of business; revised initial approval duration from 6 months to 12 months for this chronic disease; references reviewed and updated.
CP.PHAR.487	Osilodrostat (Isturisa)	3Q 2026 annual review: added ICHRA line of business; extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.291	Paliperidone Long-Acting Injections (Invega Hafyera, Invega Sustenna, Invega Trinza)	3Q 2026 annual review: no significant changes; added ICHRA line of business; revised initial approval duration from 6 months to 12 months for this chronic disease; references reviewed and updated.
CP.PHAR.548	Palovarotene (Sohonos)	3Q 2026 annual review: no significant changes; for initial therapy, updated approval duration from 6 months to 12 months for chronic therapy; added ICHRA line of business; references reviewed and updated.
CP.PHAR.270	Paricalcitol Injection (Zemplar)	3Q 2026 annual review: no significant changes; for Medicaid/HIM revised initial approval duration from 6 to 12 months; references reviewed and updated. Added ICHRA line of business.
CP.PMN.205	Patiromer (Veltassa)	3Q 2026 annual review: no significant changes; for initial therapy, updated Medicaid and HIM approval duration from 6 months to 12 months for chronic therapy; references reviewed and updated.

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Number	Title	Revision Log
CP.PHAR.81	Pazopanib (Votrient)	3Q 2026 annual review: per NCCN – for STS, added coverage of pediatric rhabdomyosarcoma, added bypass of ineligibility or prior therapy requirements for dedifferentiated liposarcoma with or without concurrent well-differentiated liposarcoma, specified tumor should be imatinib-sensitive KIT or PDGFRA mutant if not SDH-deficient, and added additional qualifiers or gross residual (R2 resection) or preoperative/intraoperative tumor rupture for adult disease; for chondrosarcoma, added option for dedifferentiated disease; for Merkel cell carcinoma, added option for in-transit regional node-positive disease; added ICHRA line of business; for all indications, extended initial approval duration for Medicaid and HIM from 6 to 12 months; references reviewed and updated.
CP.PMN.220	Peanut Allergen Powder-dnfp (Palforzia)	3Q 2026 annual review: added ICHRA line of business; extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.524	Pegcetacoplan (Empaveli, Syfovre)	3Q 2026 annual review: added ICHRA line of business; for PNH and C3G/primary IC-MPGN, revised all approval durations to “6 months or to the member’s renewal date, whichever is longer” for Commercial and initial approval durations from 6 to 12 months for Medicaid and HIM; references reviewed and updated.
CP.PHAR.296	Pegfilgrastim (Neulasta, Neulasta Onpro), Pegfilgrastim-jmdb (Fulphila), Pegfilgrastim-pbbk (Fylnetra), Pegfilgrastim-apgf (Nyvepria), Eflapegrastim-xnst (Rolvedon), Efbemalenograstim alfa-vuxw (Ryzneuta), Pegfilgrastim-fpgk (Stimufend), Pegfilgrastim-cbq	3Q 2026 annual review: no significant changes; added HCPCS code [Q5169]; RT4: added new biosimilar Ennumo; updated Nyvepria prescribing information reference that reflects use in patients aged newborn and older for chemotherapy-induced neutropenia; references reviewed and updated.

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Number	Title	Revision Log
CP.PHAR.89	Peginterferon Alfa-2a (Pegasys)	3Q 2026 annual review: no significant changes; added ICHRA line of business; for CHB, added clarifying criterion that total treatment period does not exceed 48 weeks to align with existing approval duration; for continued therapy, added clarifying criteria for total treatment durations of CHB and melanoma to align with existing approval durations of 48 weeks and 5 years, respectively; revised initial approval duration for NCCN-Recommended Off-Label Indications for non-Commercial lines of business from 6 months to 12 months; revised CHB initial approval duration and all non-CHC approval durations for Commercial line of business to be “6 months or to the member’s renewal date, whichever is longer”; references reviewed and updated.
CP.PHAR.587	Pegzilarginase (AEB1102)	3Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.587_PEPP	Pegzilarginase (AEB1102)_PEPP	Retire, drug is now FDA approved, refer to CP.PHAR.587

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Number	Title	Revision Log
CP.PHAR.322	Pembrolizumab, Pembrolizumab/Berahyaluronidase Alfa-pmph (Keytruda, Keytruda Qlex)	3Q 2026 annual review: added ICHRA line of business; for urothelial carcinoma and MPM, removed requirement for locally advanced, relapsed, or metastatic disease; for NSCLC, added option to be prescribed as single-agent for those who have received previous adjuvant chemotherapy or neoadjuvant chemotherapy with pembrolizumab; for MSI-H/dMMR, added option for neoadjuvant systemic therapy for gallbladder cancer, gastric cancer, adenocarcinoma GEJ, and small bowel adenocarcinoma; for off-label anal carcinoma and vulvar cancer, added option to be prescribed in combination with paclitaxel and cisplatin/carboplatin; for off-label soft tissue sarcoma subtypes, added option to be prescribed as single-agent for cutaneous angiosarcoma or dedifferentiated liposarcoma and as neoadjuvant or adjuvant therapy for UPS related sarcomas; for off-label vaginal cancer, added requirement for unresectable, metastatic or recurrent PD-L1-positive (CPS ≥ 1) disease; added the following off-label indications per NCCN: appendiceal neoplasms and cancers, recurrent conventional chordoma (including chondroid), dedifferentiated chondrosarcoma; CLL/SLL with histologic (Richter) transformation, and malignant histiocytic neoplasm; references reviewed and updated. Per June SDC, added redirection to Imfinzi for BTC.
CP.PHAR.496	Pemigatinib (Pemazyre)	3Q 2026 annual review: for cholangiocarcinoma, add option for gross residual disease (R2 resection) per NCCN; added ICHRA line of business; revised initial approval duration from 6 months to 12 months for Medicaid, HIM and ICHRA line of business; references reviewed and updated.

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Number	Title	Revision Log
CP.PHAR.732	Penpulimab-kcqx	3Q 2026 annual review: modified initial approval duration for Medicaid/HIM from 6 to 12 months; added criteria for NCCN Compendium supported uses in anal carcinoma, appendiceal cancer, small bowel adenocarcinoma, colon cancer, and rectal cancer; added ICHRA line of business; references reviewed and updated.
CP.PMN.156	Perampanel (Fycompa)	3Q 2026 annual review: no significant changes; for Initial Approval Criteria, moved the placement of the redirection from Fycompa oral suspension to generic perampanel tablet such that the Nevada Medicaid redirection bypass would also apply to this redirection; added the requirement that the "Request does not exceed health plan-approved quantity limit, if applicable" since there are strength-differentiated quantity limits on this drug in HIM; added ICHRA line of business; references reviewed and updated.
CP.PMN.290	Perfluorohexyloctane (Miebo)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.501	Pertuzumab/Trastuzumab/Hyaluronidase-zzxf (Phesgo)	3Q 2026 annual review: no significant changes; revised initial approval duration for non-Commercial lines of business from 6 months to 12 months; added ICHRA line of business; references reviewed and updated.
CP.PMN.140	Pimavanserin (Nuplazid)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.286	Pirfenidone (Esbriet)	3Q 2026 annual review: added ICHRA line of business; extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.785	Pivekimab Sunirine-pvzy (Decnupaz)	Policy created
CP.PHAR.323	Plerixafor (Mozobil)	3Q 2026 annual review: no significant changes; references reviewed and updated. Added ICHRA line of business.

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Number	Title	Revision Log
CP.PHAR.721	Plozasiran (Redemplo)	Per 2026 guideline updates: revised fasting triglyceride requirement to ≥ 1000 mg/dL; revised clinically suggestive FCS requirement to inconclusive genetic test results and NAFCS score > 45; added trial and failure of fibrate therapy or omega-3 fatty acids.
CP.PHAR.433	Polatuzumab Vedotin-piiq (Polivy)	3Q 2026 annual review: added off-label coverage for mantle cell lymphoma and Burkitt lymphoma per NCCN; for other lymphomas, added option for combination use with Columvi or with GemOx and rituximab for non-transplant/CAR T-cell candidates per NCCN; incorporated existing cycle limitations from approval duration into criteria; added ICHRA line of business; for Medicaid/HIM, revised initial approval duration from 6 to 12 months; for Commercial, revised initial/continued approval durations from 6/12 months to "6 months or to the member's renewal date, whichever is longer"; references reviewed and updated
CP.PMN.310_PEPP	Potassium citrate-potassium bicarbonate (ADV7013)_PEPP	Policy created preemptively.
CP.PHAR.609	Prademagene Zamikeracel (Zevaskyn)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.243	Progesterone (Crinone, Endometrin)	3Q 2026 annual review: no significant changes; removed each states specific evidence of coverage language and instead added language to refer to plan specific evidence of coverage (EOC) document for benefit coverage; added ICHRA line of business; references reviewed and updated.
CP.PMN.44	Pyrimethamine (Daraprim)	3Q 2026 annual review: no significant changes; references reviewed and updated. Added ICHRA line of business.
HIM.PA.89	Rasagiline (Azilect)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.

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Number	Title	Revision Log
CP.PHAR.415	Ravulizumab-cwvz (Ultomiris)	3Q 2026 annual review: for gMG, added Imaavy and Uplizna to the list of therapies that Ultomiris should not be prescribed concurrently with; added ICHRA line of business; for all indications, extended initial approval durations for Medicaid/HIM from 6 to 12 months and revised all approval durations for Commercial to "6 months or to the member's renewal date, whichever is longer" for this maintenance medication for a chronic condition; removed 300 mg/30 mL IV vial and SC injection dosage form per prescribing information and updated dosing requirements accordingly in criteria; references reviewed and updated.
CP.PHAR.736_PEPP	Relacorilant_PEPP	3Q 2026 annual review: no significant changes as drug is not yet FDA-approved for Cushing's syndrome; added ICHRA line of business; extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.783_PEPP	Relutrigine (PRAX-562)_PEPP	Policy created preemptively.
CP.PHAR.502	Ripretinib (Qinlock)	3Q 2026 annual review: for GIST, specified that disease should be imatinib-sensitive KIT or PDGFRA mutant for requests for use as a third-line therapy per NCCN; added ICHRA line of business; for all indications, extended initial approval durations for Medicaid and HIM from 6 to 12 months; references reviewed and updated.
CP.PHAR.293	Risperidone Long-Acting Injection (Perseris, Risperdal Consta, Rykindo, Uzedy)	3Q 2026 annual review: no significant changes; added ICHRA line of business; revised initial approval duration from 6 months to 12 months for this chronic disease; references reviewed and updated.
CP.PMN.46	Roflumilast (Daliresp, Zoryve)	3Q 2026 annual review: no significant changes; for atopic dermatitis, simplified corticosteroid trial requirement (no change to the existing intent) to align with Eucrisa; added ICHRA line of business; references reviewed and updated.

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Number	Title	Revision Log
CP.PMN.102	Rolapitant (Varubi)	3Q 2026 annual review: no significant changes; references reviewed and updated. Added ICHRA line of business.
CP.PMN.157	Rufinamide (Banzel)	3Q 2026 annual review: no significant changes; moved the sub-bullet for the generic redirection for brand Banzel out into its own bullet to clarify that the generic redirection is not subject to the redirection bypass for Nevada Medicaid requests; added the requirement that the "Request does not exceed health plan-approved quantity limit, if applicable" since there are strength-differentiated quantity limits on this drug in HIM; added ICHRA line of business; references reviewed and updated.
CP.PHAR.295	Sargramostim (Leukine)	3Q 2026 annual review: no significant changes; modified all approval durations for Medicaid/HIM from 6 to 12 months; references reviewed and updated.
CP.PHAR.463	Satralizumab-mwge (Enspryng)	3Q 2026 annual review: added ICHRA line of business; extended initial approval durations for Medicaid/HIM from 6 to 12 months and revised all approval durations for Commercial to "6 months or to the member's renewal date, whichever is longer" for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.723	Sebetralstat (Ekterly)	3Q 2026 annual review: added quantity limit; references reviewed and updated.
CP.PHAR.431	Selinexor (Xpovio)	3Q 2026 annual review: RT4: removed DLBCL as an FDA approved indication (retained criteria as this use is still supported by NCCN at this time); for MM, added options for treatment of POEMS, MIDD, MGRS, and MM with CNS system disease per NCCN; added ICHRA line of business; references reviewed and updated.

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Number	Title	Revision Log
CP.PMN.295_PEPP	Semaglutide (Wegovy)_PEPP	3Q 2026 annual review: drug is still not FDA approved for HFpEF - revised language for members with concurrent T2DM language from “failure” to “member has received optimal diabetic standard of care therapy as evidenced by a trial” to align with verbiage in other indications, added Rybelsus as option for members with concurrent T2DM to reflect it’s new FDA indication for reduction of major adverse cardiovascular events in diabetic patients at high risk; Wegovy tablets now FDA approved - new formulation added to policy; added new Wegovy HD injection 7.2 mg formulation for weight management; added ICHRA line of business; references reviewed and updated. RT4: added new formulation Wegovy pre-filled syringe to policy.
CP.PHAR.491	Setmelanotide (Imcivree)	RT4: drug is now FDA-approved for acquired HO – acquired HO criteria updated per FDA labeling: modified requirement for diagnosis of acquired HO to allow option of assessment by MRI or documented history of hypothalamic injury for brain tumors affecting the hypothalamic region; added requirement for rapid, persistent weight gain occurring during the first 12 months following onset of hypothalamic damage per expert guidance; added additional prescriber options of neurologist or metabolic disease specialist; revised initial approval duration from 12 to 6 months to assess for positive response after 6 months rather than 12 months; for all indications, corrected creatinine clearance to eGFR; added ICHRA line of business; references reviewed and updated.
CP.PMN.83	Short Ragweed Pollen Allergen Extract (Ragwitek)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.775	Sibeprenlimab-szsi (Voyxact)	3Q 2026 annual review: added ICHRA line of business; revised proteinuria criterion from 1 g/day to 0.5g/day per 2025 KDIGO guidelines; added 12 week trial requirement to SGLT2 inhibitor trial and failure requirement; references reviewed and updated.

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Number	Title	Revision Log
CP.PMN.163	Sodium Zirconium Cyclosilicate (Lokelma)	3Q 2026 annual review: no significant changes; for initial therapy, updated Medicaid and HIM approval duration from 6 months to 12 months for chronic therapy; added ICHRA line of business; references reviewed and updated.
HIM.PA.SP2	Sofosbuvir (Sovaldi)	3Q 2026 annual review: no significant changes; references reviewed and updated.
HIM.PA.SP1	Sofosbuvir/Velpatasvir (Epclusa)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
HIM.PA.SP63	Sofosbuvir/Velpatasvir/Voxilaprevir (Vosevi)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.786	Sonrotoclax (Beqalzi)	Policy created
CP.PHAR.549	Sotorasib (Lumakras)	3Q 2026 annual review: for colorectal cancer, added “or as a less intensive agent” for monotherapy per NCCN; for NCCN recommended uses (off-label), added appendiceal neoplasms and cancers as an option per NCCN and removed “prescribed as monotherapy” as sotorasib can be used as combination therapy; for continued therapy, added For Lumakras requests, member must use generic sotorasib; added ICHRA line of business; revised initial approval duration for HIM/Medicaid from 6 months to 12 months; references reviewed and updated.
CP.PMN.143	sotretinoin (Absorica, Absorica LD, Amnesteem, Claravis, Zenatane)	Added ICHRA line of business; added off-label criteria for acne fulminans per local market request.
CP.PHAR.631	Sparsentan (Filspari)	3Q 2026 annual review: added redirection to SGLT2i per KDIGO guideline; extended initial approval duration from 6 months to 12 months for this maintenance medication for a chronic condition; RT4: added criteria for newly approved FSGS indication; references reviewed and updated.
HIM.PA.134	Spinosad (Natroba)	3Q 2026 annual review: no significant changes; added generic Spinosad to medically necessary statement; added ICHRA line of business; references reviewed and updated.
HIM.PA.109	Step Therapy	Per June SDC: added Corlanor requiring step through two beta-blockers recommended for heart failure.

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Number	Title	Revision Log
CP.PHAR.742	Sunvozertinib (Zegfrovy)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.85	Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue Grass Mixed Pollens Allergen Extract (Oralair)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.132	Tadalafil BPH - ED (Cialis, Chewtadzy)	3Q 2026 annual review: no significant changes; added to continued therapy contraindicated concurrent use restrictions to align with language for initial therapy requests; added ICHRA line of business; references reviewed and updated.
CP.PHAR.432	Tafamidis (Vyndaqel, Vyndamax)	3Q 2026 annual review: for diagnosis by cardiac uptake, specified radionucleotide scan should be SPECT per updated 2025 ACC Clinical Guidance; in initial approval criteria, added examples of heart failure from Appendix D; revised initial approval duration from 6 to 12 months; added ICHRA line of business; references reviewed and updated.
CP.PHAR.740	Taletrectinib (Ibtrozi)	3Q 2026 annual review: added ICHRA line of business; extended initial approval duration from 6 to 12 months; references reviewed and updated.
CP.PHAR.542	Talimogene laherepvec (Imlygic)	3Q 2026 annual review: added ICHRA line of business; for all indications, extended initial approval duration from 6 months to 12 months for this maintenance medication for a chronic condition; for MCC, added requirement for disease progression following treatment with anti-PD-1/PD-L1 therapy unless contraindication per NCCN compendium; references reviewed and updated.
CP.PHAR.685	Tarlatamab-dlle (Imdelltra)	3Q 2026 annual review: added ICHRA line of business; in continued therapy, added criteria for “Other diagnoses/indications” per template; references reviewed and updated.
CP.PMN.62	Tedizolid (Sivextro)	3Q 2026 annual review: no significant changes; references reviewed and updated. Added ICHRA line of business.

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Number	Title	Revision Log
CP.PHAR.733	Telisotuzumab Vedotin-tllv (Emrelis)	3Q 2026 annual review: no significant changes; for initial approval duration, modified per template to allow 12 months for Medicaid/HIM and 6 months or to the member's renewal date, whichever is longer for Commercial; references reviewed and updated. Added ICHRA line of business.
HIM.PA.174	Tenapanor (Ibsrela, Xphozah)	Policy recreated as HIM and Medicaid line of business strategy no longer align due to regulations (HIM line of business removed from CP.PMN.224) added ICHRA line of business; added step therapy bypass for IL HIM per IL HB 5395.
CP.PHAR.109	Tesamorelin (Egrifta SV, Egrifta WR)	3Q 2026 annual review: added ICHRA line of business; extended Medicaid and HIM initial approval duration from 6 months to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.377	Tezacaftor/Ivacaftor; Ivacaftor (Symdeko)	3Q 2026 annual review: no significant changes; for initial therapy, updated approval duration from 6 months to 12 months for chronic therapy; added ICHRA line of business; references reviewed and updated.
CP.PHAR.95	Thyrotropin Alfa (Thyrogen)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.84	Timothy Grass Pollen Allergen Extract (Grastek)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.790_PEPP	Tiratricol (Emcitate)_ PEPP	Policy created preemptively.
CP.PMN.298	Tirzepatide (Zepbound)	Per June SDC: for initial and continued therapy, added requirement if request is for Zepbound Pre-filled Single-Use Pen formulation, member must use Zepbound KwikPen formulation.

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Number	Title	Revision Log
CP.PHAR.687	Tislelizumab-jsgr (Tevimbra)	3Q 2026 annual review: added ICHRA line of business; revised the following off-label indications per NCCN: for anal carcinoma, added option to be prescribed in combination with paclitaxel and carboplatin, added uterine neoplasms, appendiceal neoplasms, and Hodgkin lymphoma, removed criterion requirements for CLL or SLL; revised initial approval duration from 6 months to 12 months for Medicaid, HIM, and ICHRA line of business; added standard approval duration of "6 months or to the member's renewal date, whichever is longer" for Commercial line of business; references reviewed and updated.
CP.PHAR.211	Tobramycin (Bethkis, Kitabis Pak, TOBI, TOBI Podhaler)	3Q 2026 annual review: no significant changes; for initial therapy, updated Medicaid and HIM approval duration from 6 months to 12 months for chronic therapy; added ICHRA line of business; references reviewed and updated.
CP.PHAR.27	Tolvaptan (Jynarque, Samsca)	3Q 2026 annual review: for hyponatremia, added option for acute care physician prescriber since Samsca is initiated in a hospital setting; added ICHRA line of business; references reviewed and updated.
CP.PMN.281	Topiramate Extended-Release (Qudexy XR, Trokendi XR)	3Q 2026 annual review: no significant changes; moved the sub-bullet for the generic redirection for brand Qudexy XR/Trokendi XR out into its own bullet to clarify that the generic redirection is not subject to the redirection bypass for Nevada Medicaid requests; added ICHRA line of business; references reviewed and updated.
CP.PHAR.686	Tovorafenib (Ojemda)	3Q 2026 annual review: added off-label criteria for adult glioma and adult Langerhans cell histiocytosis as supported by NCCN; added oral oncology generic redirection for brand Ojemda requests; added ICHRA line of business; references reviewed and updated.
CP.PMN.207	Triclabendazole (Egaten)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.

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Number	Title	Revision Log
CP.PHAR.383	Trifluridine/Tipiracil (Lonsurf)	3Q 2026 annual review: added ICHRA line of business; for appendiceal carcinoma, moved out of CRC criteria to its own criteria set to reflect additional disease-specific recommendations for use; revised initial approval duration from 6 months to 12 months for Medicaid, HIM, and ICHRA line of business; references reviewed and updated.
CP.PHAR.497	Tucatinib (Tukysa)	3Q 2026 annual review: for breast cancer, removed "confirmation of" from HER2 positive disease requirement and added HER2 negative disease option per NCCN; for colorectal cancer and appendiceal carcinoma, added requirement for BRAF wild-type disease per NCCN; added small bowel adenocarcinoma indication per NCCN; moved appendiceal carcinoma from colorectal cancer section to Additional NCCN Recommended Uses (off-label) section; revised initial approval durations for non-Commercial lines of business from 6 months to 12 months; added ICHRA line of business; references reviewed and updated.
CP.PHAR.700	Vanzacaftor/Tezacaftor/Deutivacaftor (Alyftrek)	3Q 2026 annual review: RT4: updated FDA approved indication to patients who have at least one variant in the CFTR gene that is either responsive based on clinical and/or in vitro data or results in the production of CFTR protein; updated Appendix E with list of CFTR gene variants that are responsive to Alyftrek per prescribing information; added ICHRA line of business; references reviewed and updated.
CP.PHAR.787	Vepdegestrant (Veppanu)	Policy created

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Number	Title	Revision Log
CP.PHAR.169	Vigabatrin (Sabril, Vigafyde)	3Q 2026 annual review: no significant changes; updated the Initial Approval duration for infantile spasms and refractory complex partial seizures from 3 months or 6 months, respectively, to 12 months (placing an upper age limit of 2 years for infantile spasms per the labeled indication and in alignment with the existing Continued Therapy approval duration); added Commercial line of business since PA is required on Tier 3 and Tier 4 Commercial formularies; added ICHRA line of business; references reviewed and updated.
CP.PHAR.83	Vorinostat (Zolinza)	3Q 2026 annual review: added ICHRA line of business; for all indications, extended initial approval duration for Medicaid and HIM from 6 to 12 months; references reviewed and updated.
CP.PMN.65	Vortioxetine (Trintellix)	3Q 2026 annual review: added ICHRA line of business; removed “applies to HIM request only” from Appendix D for TX; references reviewed and updated.
CP.PHAR.525	Vosoritide (Voxzogo)	Per June SDC, added requirement that member will not have limb-lengthening surgery during treatment; added ICHRA line of business.