26Q4 HIM Criteria Summary Table - Evote

Policy Number	Policy Title	Revision Notes
CP.PHAR.355	Abemaciclib (Verzenio)	4Q 2026 annual review: for breast cancer, added use in combination with Inluriyo after disease progression on endocrine therapy for advanced, recurrent, or metastatic disease supported by NCCN; added if disease is ESR1 mutated, prescribed in combination with Etcamah per Etcamah's FDA labeled indication; for endometrial carcinoma, added option to be prescribed in combination with fulvestrant per NCCN; added off-label criteria for meningiomas per NCCN; added ICHRA line of business; references reviewed and updated.
CP.PCH.57	Abrocitinib (Cibinqo)	4Q 2026 annual review: no significant changes; added Ebglyss and Nemluvio as examples of biologic medications for which concurrent use is excluded; references reviewed and updated.
CP.PMN.302	Aceclidine (Vizz)	4Q 2026 annual review: added ICHRA line of business; references reviewed and updated.
CP.PMN.210	Acyclovir buccal tab (Sitavig)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.142	Adefovir	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.678	Afamitresgene Autoleucel (Tecelra)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
HIM.PA.177	Age Limit Override	4Q 2026 annual review: no significant changes; added Appendices D, E, and F in support of existing criteria; added ICHRA line of business; references reviewed and updated.
CP.PHAR.551	Anifrolumab-fnia (Saphnelo)	4Q 2026 annual review: no significant changes; added ICHRA line of business; added HCPCS codes; references reviewed and updated.
CP.PHAR.506	Antithymocyte Globulin (Atgam, Thymoglobulin)	4Q 2026 annual review: added ICHRA line of business; for Atgam, added option to be prescribed for GVHD prophylaxis per NCCN; references reviewed and updated.
CP.PHAR.510	Arimoclomol (Miplyffa)	4Q 2026 annual review: updated NPC diagnostic criterion to require confirmation by biallelic pathogenic variants in NPC1 or NPC2 gene per updated international consensus guidelines; added ICHRA line of business; references reviewed and updated.
CP.PHAR.328	Asfotase Alfa (Strensiq)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.805	Atacicept-vymj (Trutakna)	Policy created
CP.PHAR.566	Atogepant (Qulipta)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.641	Avacincaptad pegol (Izervay)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.130	Avatrombopag (Doptelet, Doptelet Sprinkle)	4Q 2026 annual review: no significant changes; added BTK inhibitor for concurrent prescribing exclusion for all indications; added ICHRA line of business; references reviewed and updated.
CP.PHAR.691	Axatilimab-csfr (Niktimvo)	4Q 2026 annual review: added ICHRA line of business; added 9 mg/0.9 mL and 22 mg/2.2 mL dosage strengths; references reviewed and updated.

Policy Number	Policy Title	Revision Notes
CP.PHAR.387	Azacitidine (Vidaza, Onureg)	4Q 2026 annual review: for myelodysplastic syndromes and myeloproliferative neoplasms, clarified that requests for generic azacitidine should be for the SC/IV formulation; for peripheral T-cell lymphomas, added progressive as an additional disease qualifier option per NCCN; added off-label criteria for Onureg for T-cell acute lymphoblastic leukemia per NCCN; added ICHRA line of business; updated Appendix E with revised language for Tennessee; references reviewed and updated.
HIM.PA.119	Azelaic Acid (Finacea foam)	4Q 2026 annual review: added ICHRA line of business; removed Finacea topical gel dosage form per discontinuation of brand Finacea gel; removed redirection to oral minocycline per non-formulary status; references reviewed and updated.
CP.PHAR.149	Baclofen (Fleqsuvy, Gablofen, Lioresal, Lyvispah, Ozobax)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.185	Baloxavir Marboxil (Xofluza)	4Q 2026 annual review: no significant changes; added ICHRA line of business references reviewed and updated.
CP.PHAR.201	Belatacept (Nulojix)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.311	Belinostat (Beleodaq)	4Q 2026 annual review: added ICHRA line of business; references reviewed and updated.
CP.PHAR.552	Belumosudil (Rezurock)	4Q 2026 annual review: clarified systemic immunosuppressant as non-steroidal; added step therapy bypass for IL HIM per IL HB 5395; added ICHRA line of business; references reviewed and updated.
CP.PHAR.553	Belzutifan (Welireg)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.307	Bendamustine (Belrapzo, Bendeka, Treanda, Vivimusta)	4Q 2026 annual review: added ICHRA line of business; for DLBCL and high-grade B-cell lymphomas, removed specification for intention to proceed to transplant; for pediatric HL, removed “as re-induction or subsequent therapy” per NCCN; references reviewed and updated.
CP.PHAR.143	Betaine (Cystadane)	4Q 2026 annual review: no significant changes; consolidated 12-month auth durations for all lines of business into one statement; added ICHRA line of business; references reviewed and updated.
CP.PMN.182	Betamethasone dipropionate (Sernivo)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.

Policy Number	Policy Title	Revision Notes
CP.PHAR.93	Bevacizumab (Alymsys, Avastin, Avzivi, Jobevne, Lytenava, Mvasi, Vegzelma, Zirabev)	4Q 2026 annual review: added ICHRA line of business; updated Appendix E with revised language for Tennessee; for RCC, added option for use in combination with interferon alfa per FDA label; for the following oncology indications, revised the following per NCCN: added use in appendiceal neoplasms and cancers, clarified glioblastoma includes gliosarcoma, added use in NF2-related schwannomas, removed prescribed by in combination with IROX for CRC, for epithelial ovarian, fallopian tube, and primary peritoneal cancer, added use in combination with paclitaxel for small cell carcinoma (hypercalcemic type) recurrence therapy, added use in combination with FOLFIRI for platinum-resistant disease, added use in combination with paclitaxel and Keytruda for platinum-resistant disease; for ophthalmology uses, revised maximum dose for off-label uses to 1.25 mg per AAO guidelines and Clinical Pharmacology; RT4: added newly approved intravitreal formulation Lytenava for nAMD; separated FDA approved indication sections into oncology indications and ophthalmology indications; for oncology indications, added criterion that request is for Avastin, Alymsys, Avzivi, Jobevne, Mvasi, Vegzelma, or Zirabev; references reviewed and updated.
CP.PHAR.758_PEPP	Bitopertin_PEPP	4Q 2026 annual review: added ICHRA line of business; no significant changes as drug is not yet FDA-approved; references reviewed and updated.
HIM.PA.103	Brand Name Override and Non-Formulary Medications	4Q 2026 annual review: no significant changes; added Nevada to Appendix E; updated Appendix F with revised language for Tennessee; added ICHRA line of business; references reviewed and updated.
CP.PMN.303	Brensocatib (Brinsupri)	4Q 2026 annual review: for diagnosis, added clarification that member does not have cystic fibrosis; added ICHRA line of business; references reviewed and updated.
CP.PMN.297	Brivaracetam (Briviact)	4Q 2026 annual review: no significant changes; in Appendix D removed the Medicaid wording on the NV-specific bypass such that the bypass now applies to all NV lines of business; added ICHRA line of business; references reviewed and updated.
CP.PMN.181	Calcipotriene-Betamethasone Dipropionate Foam (Enstilar)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.806	Camizestrant (Etcamah)	Policy created
CP.PHAR.309	Carfilzomib (Kyprolis)	4Q 2026 annual review: added ICHRA line of business; for WM/LPL, added option to be prescribed for previously treated disease per NCCN; references reviewed and updated.
CP.PHAR.397	Cemiplimab-rwlc (Libtayo)	4Q 2026 annual review: for off-label uses, added additional use as neoadjuvant therapy for small bowel adenocarcinoma, clarified that use in rectal and colon cancer should be in those with no previous treatment with checkpoint inhibitor/immunotherapy, added use in appendiceal cancer, and added additional use for combination or single agent therapy for anal carcinoma per NCCN; added ICHRA line of business; references reviewed and updated.
CP.PMN.312	Centanafadine (Simtriyo)	Policy created

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CP.PHAR.317	Cetuximab (Erbitux)	4Q 2026 annual review: per NCCN – for CRC, clarified that use as a single agent or in combination with FOLFIRI, FOLFOX, CapeOX or irinotecan is only for KRAS/NRAS/BRAF wild-type disease, added options for use in combination with Braftovi with or without FOLFIRI or CapeOx for BRAF V600E mutation positive disease, allowed use as initial therapy in combination with Lumakras or Krazati for KRAS G12C mutation positive disease, limited to left-sided cancer only for initial therapy requests for KRAS/NRAS/BRAF wild-type colon cancer, and clarified that disease is either dMMR/MSI-H/POLE/POLD1 or pMMR/MSS; added off-label criteria for appendiceal cancers and small bowel adenocarcinoma; added ICHRA line of business; references reviewed and updated.
CP.PHAR.554	Chlorambucil (Leukeran)	4Q 2026 annual review: removed off-label use in marginal zone lymphomas as this is no longer NCCN supported; revised “classic” follicular lymphoma to “giant” follicular lymphoma to align with FDA labeling as this use is no longer NCCN supported; added use in malignant lymphomas including lymphosarcoma in line with FDA labeling; added ICHRA line of business; references reviewed and updated.
CP.PHAR.390	Cholic Acid (Cholbam)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.567	Cipaglucosidase alfa-atga--miglustat (Pombiliti-Opfolda)	Updated NPC diagnostic criterion to require confirmation by biallelic pathogenic variants in NPC1 or NPC2 gene per updated international consensus guidelines; added ICHRA line of business.
CP.PMN.249	Ciprofloxacin-Fluocinolone (Otovel)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.54	Clobazam (Onfi, Sympazan)	4Q 2026 annual review: no significant changes; separated the generic redirection for Onfi from the generic redirection for Sympazan since the Onfi redirection is to a generic equivalent (and thus not subject to the state-specific ST bypass); in Appendix D removed the Medicaid wording on the NV-specific bypass such that the bypass now applies to all NV lines of business; added ICHRA line of business; consolidated the 12-month Initial and Continued Approval durations for multiple lines of business into one statement; references reviewed and updated.
CP.PMN.250	Colesevelam (Welchol)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PCH.43	Colonoscopy Preparation Products	4Q 2026 annual review: no significant changes; incorporated existing quantity limit from approval duration directly into criteria; references reviewed and updated.
CP.PMN.214	Continuous Glucose Monitors	4Q 2026 annual review: added requirement that age is in line with the FDA-approved age for the requested product; for continued therapy requests for a new receiver, modified reasonable/useful lifetime from 5 to 3 years per various CGM user guides; incorporated existing quantity limit for receivers from approval duration into criteria; references reviewed and updated.
CP.PHAR.385	Corticosteroids for Ophthalmic Injection (Dextenza, Iluvien, Ozurdex, Retisert, Xipere, Yutiq)	Added step through of intravitreal steroid injections back to all indications as Triesence is now available for macular edema and DME.

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CP.PHAR.692	Crinecerfont (Crenessity)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.399	Dacomitinib (Vizimpro)	4Q 2026 annual review: added ICHRA line of business; references reviewed and updated.
CP.PCH.32	Dapsone (Aczone Gel)	4Q 2026 annual review: added ICHRA line of business; references reviewed and updated.
CP.PHAR.435	Darolutamide (Nubeqa)	4Q 2026 annual review: added ICHRA line of business; references reviewed and updated.
CP.PHAR.642_PEPP	Dasiglucagon (ZP4207)_PEPP	4Q 2026 annual review: no significant changes as drug is still not FDA approved; added ICHRA line of business; references reviewed and updated.
CP.PHAR.352	Daunorubicin-cytarabine (Vyxeos)	4Q 2026 annual review: added ICHRA line of business; references reviewed and updated.
CP.PHAR.651	DaxibotulinumtoxinA-lanm (Daxxify)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.170	Degarelix (Firmagon)	4Q 2026 annual review: added ICHRA line of business; references reviewed and updated.
CP.PHAR.744	Delgocitinib (Anzupgo)	4Q 2026 annual review: no significant changes; added Ebglyss and Nelumvio as examples of biologic medications with which concurrent use is excluded; extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; added ICHRA line of business; references reviewed and updated.
CP.PHAR.799_PEPP	Delpacibart Zotadirsen (AOC 1044)_PEPP	Policy created pre-emptively
CP.PHAR.693	Denileukin Diftitox-cxdl (Lymphir)	4Q 2026 annual review: no significant changes; for Commercial approval duration, added injectable standard language of “6 months or to the member’s renewal date, whichever is longer”; added ICHRA line of business; references reviewed and updated.
CP.PHAR.800_PEPP	Deucrictibant (PHVS416)_PEPP	Policy created pre-emptively
CP.PMN.284	Dextromethorphan-bupropion (Auvelity)	4Q 2026 annual review: added ICHRA line of business; references reviewed and updated.
CP.PMN.216	Diazepam (Libervant, Valtoco)	4Q 2026 annual review: no significant changes; in Appendix E removed the Medicaid wording on the NV-specific bypass such that the bypass now applies to all NV lines of business; added ICHRA line of business; references reviewed and updated.
CP.PHAR.701	Diazoxide Choline (Vykat XR)	4Q 2026 annual review: added ICHRA line of business; for diagnosis of PWS added that genetic testing indicates mutation on chromosome 15; references reviewed and updated.
CP.PCH.28	Diclofenac (Cambia, Flector, Licart, Pennsaid, Zipsor, Zorvolex)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.594	Donanemab-azbt (Kisunla)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.745	Dordaviprone (Modeyso)	4Q 2026 annual review: added option for use in high-grade glioma and added recurrent as an additional disease qualifier per NCCN; added ICHRA line of business; references reviewed and updated.
HIM.PA.147	Doxepin (Silenor, Prudoxin, Zonalon)	4Q 2026 annual review: added ICHRA line of business; references reviewed and updated.
CP.PHAR.400	Duvelisib (Copiktra)	4Q 2026 annual review: added ICHRA line of business; added off-label indication for mycosis fungoides/Sezary syndrome per NCCN; references reviewed and updated.
CP.PHAR.136	Elagolix (Orilissa), elagolix-estradiol-norethindrone (Oriahnn)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.556	Elivaldogene autotemcel (Skysona)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.308	Elotuzumab (Empliciti)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.

Policy Number	Policy Title	Revision Notes
CP.PHAR.652	Elranatamab-bcmm (Elrexfio)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.170	Eluxadoline (Viberzi)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.363	Enasidenib (Idhifa)	4Q 2026 annual review: for AML, added induction, post-induction, or consolidation therapy use; added monotherapy use requirement for relapsed/refractory AML per NCCN; added MDS indication criteria per NCCN; for continued therapy, revised "AML" to "a covered indication;" revised continued therapy authorization duration for Commercial line of business from "12 months or duration of request, whichever is less" to "12 months;" added ICHRA line of business; references reviewed and updated.
CP.PHAR.801_PEPP	Encaleret (CLTX-305)_PEPP	Policy created pre-emptively
CP.PHAR.807	Enlicitide (Lipfendra)	Policy created
CP.PHAR.441	Entrectinib (Rozlytrek)	4Q 2026 annual review: added ICHRA line of business; for NTRK Fusion-Positive Cancer, clarified NTRK 1/2/3-gene fusion; clarified solid tumors examples in Appendix D per NCCN compendium; references reviewed and updated.
HIM.PA.SP64	Eptinezumab (Vyepti)	4Q 2026 annual review: no significant changes; references reviewed and updated.
HIM.PA.SP65	Erenumab-aooe (Aimovig)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.318	Eribulin mesylate (Halaven)	4Q 2026 annual review: for STS, added borderline/malignant phyllodes tumor of breast subtype and added subsequent therapy bypass for liposarcoma and epithelioid hemangioendothelioma subtype per NCCN; added ICHRA line of business; references reviewed and updated.
CP.PHAR.442	Fedratinib (Inrebic)	4Q 2026 annual review: for myeloid/lymphoid neoplasms with eosinophilia removed redirection to Jakafi per NCCN and specialist feedback; references reviewed and updated.
CP.PMN.213	Ferric maltol (Accrufer)	4Q 2026 annual review: no significant changes; ICHRA line of business added; references reviewed and updated.
CP.PHAR.643	Fidanacogene Elaparvovec-dzkt (Beqvez)	4Q 2026 annual review: no significant changes to criteria; removed requirement for body weight; added ICHRA line of business; references reviewed and updated.
CP.PMN.266	Finerenone (Kerendia)	4Q 2026 annual review: no significant changes; added HIM IL bypass for CKD indication; added ICHRA line of business; references reviewed and updated.
CP.PMN.165	Fluorouracil Cream (Tolak)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
HIM.PA.SP66	Fremanezumab-vfrm (Ajovy)	4Q 2026 annual review: no significant changes; references reviewed and updated.
HIM.PA.SP67	Galcanezumab-gnlm (Emgality)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.808	Gedatolisib (Revtorpyk)	Policy created
CP.PHAR.753	Gemcitabine Intravesical System (Inlexzo)	4Q 2026 annual review: added ICHRA line of business; added option for use in NMBIC with Ta or T1 papillary tumors per NCCN; references reviewed and updated.
CP.PHAR.358	Gemtuzumab (Mylotarg)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.694_PEPP	Glepaglutide (ZP1848)_PEPP	4Q 2026 annual review: no significant changes as drug is still not FDA approved; added ICHRA line of business; references reviewed and updated.

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HIM.PA.53_PEPP	GLP-1 receptor agonists_PEPP	4Q 2026 annual review: converted Rybelsus pre-emptive criteria to reflect FDA approval for reduction of major adverse cardiovascular events in diabetic patients at high risk; no changes to Ozempic pre-emptive criteria as it has not yet been FDA-approved for PAD; updated policy to align with currently active GLP-1 criteria; added ICHRA line of business; references reviewed and updated.
CP.PHAR.171	Goserelin Acetate (Zoladex)	4Q 2026 annual review: added ICHRA line of business; for ovarian cancer, salivary gland tumors, and uterine sarcoma added requirement for age ≥ 18 years; per NCCN compendium for ovarian cancer added requirement prescribed as a single agent; per NCCN compendium for salivary gland tumors added requirement prescribed as a single agent or in combination with abiraterone and prednisone; references reviewed and updated.
HIM.PA.20	Halcinonide (Halog)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.180	Halobetasol Propionate Lotion (Bryhali, Lexette, Ultravate)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.05	Hyaluronate derivatives	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.809	Iberdomide (Zenbexus)	Policy created
CP.PHAR.752_PEPP	Idebenone_PEPP	4Q 2026 annual review: no significant changes as the drug is not yet FDA-approved; added ICHRA line of business; references reviewed and updated.
CP.PHAR.133	Idelalisib (Zydelig)	4Q 2026 annual review: added ICHRA line of business; references reviewed and updated.
CP.PHAR.754	Imlunestrant (Inluriyo)	4Q 2026 annual review: added recurrent unresectable as additional qualifier option and added option for use in combination with Verzenio per NCCN; added ICHRA line of business; references reviewed and updated.
CP.PHAR.702	Inavolisib (Itovebi)	4Q 2026 annual review: added ICHRA line of business; references reviewed and updated.
CP.PHAR.131	Infertility and Fertility Preservation	4Q 2026 annual review: added ICHRA line of business; removed each states specific evidence of coverage language (EOC) and instead added language to refer to plan specific EOC document for benefit coverage; for female infertility and fertility preservation, added criterion that member is premenopausal; added off-label criteria for steroid-refractory acute graft-versus-host disease as supported by NCCN; references reviewed and updated,
CP.PHAR.359	Inotuzumab Ozogamicin (Besponsa)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
HIM.PA.171	Insulin detemir (Levemir)	4Q 2026 annual review: no significant changes; references reviewed and updated.
HIM.PA.09	Insulin glargine (Basaglar, Lantus, Rezvoglar, Toujeo)	4Q 2026 annual review: no significant changes; removed all references to unbranded Lantus as it is no longer available; references reviewed and updated.
CP.PHAR.304	Irinotecan Liposome (Onivyde)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.143	Isotretinoin (Claravis Absorica Absorica LD Myorisan Zenatane Amnesteem)	4Q 2026 annual review: no significant changes; references reviewed and updated.

Policy Number	Policy Title	Revision Notes
CP.PHAR.137	Ivosidenib (Tibsovo)	4Q 2026 annual review: for MDS, revised “disease progression, no response, or intolerance to prior systemic treatment” to “Prescribed as subsequent therapy,” added requirement for lower-risk MDS to apply to this revision, and added requirement for either clinically relevant thrombocytopenia/neutropenia or symptomatic anemia per NCCN; for cholangiocarcinoma, added option for unresectable disease per NCCN; for chondrosarcoma, added option for metastatic chondrosarcoma and monotherapy use requirement per NCCN; for gliomas, added option for other high-grade glioma per NCCN; added ICHRA line of business; references reviewed and updated.
CP.PMN.282	Ketorolac nasal spray (Sprix)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.391	Lanreotide (Somatuline Depot)	4Q 2026 annual review: no significant changes; added ICHRA line of business; updated Appendix E with revised language for Tennessee, references reviewed and updated.
CP.PHAR.79	Lapatinib (Tykerb)	4Q 2026 annual review: removed off-label criteria for colorectal cancer as Tykerb was removed as a treatment option in NCCN guidelines Colon Cancer version 1.2026; added off-label criteria for sellar tumors, intracranial and spinal ependymoma (excluding subependymoma),and NF2-related progressive or symptomatic vestibular schwannoma (central nervous system cancers) per NCCN; added lapatinib to medically necessary statement as generic requires prior authorization; added ICHRA line of business; references reviewed and updated.
CP.PHAR.414	Larotrectinib (Vitrakvi)	4Q 2026 annual review: added ICHRA line of business; clarified policy applies to generic Larotrectinib; removed requirement that request does not exceed health-plan approved quantity limit; updated Appendix E with revised language for Tennessee; references reviewed and updated.
CP.PHAR.695	Lazertinib (Lazcluze)	4Q 2026 annual review: added options for Lazcluze monotherapy and for combination Lazcluze+Rybrevant as subsequent therapy following Tagrisso-based therapy per NCCN; added ICHRA line of business; references reviewed and updated.
CP.PCH.58	Lebrikizumab (Ebglyss)	4Q 2026 annual review: for initial and continued therapy, added option for every 8-week maintenance dosing per PI; added Nemluvio as an example of biologic medication for which concurrent use is excluded; references reviewed and updated.
CP.PHAR.596	Lecanemab-irmb (Leqembi, Leqembi Iqlik)	4Q 2026 annual review: added the new indication for Leqembi Iqlik for treatment initiation; references reviewed and updated.
CP.PHAR.597	Leniolisib (Joenja)	4Q 2026 annual review: added ICHRA line of business; references reviewed and updated.
CP.PHAR.138	Lenvatinib (Lenvima)	4Q 2026 annual review: added ICHRA line of business; for DTC, added option for use in locoregionally invasive disease and after thyroidectomy; for RCC, added option for use as a single agent as subsequent therapy if RCC histology is clear cell per NCCN; references reviewed and updated.

Policy Number	Policy Title	Revision Notes
CP.PCH.53	Leuprolide Acetate (Lupron Eligard Lupaneta Pack Fensolvi Camcevi Vabrinity)	4Q 2026 annual review: added requirement for age ≥ 18 years for salivary gland tumors and uterine sarcoma; per NCCN compendium for breast cancer added requirement that member is premenopausal or male and prescribed in combination with endocrine therapy; for infertility/fertility preservation coverage added the following clarification: 'HIM line of business: pharmacy benefit coverage restrictions by state. Please refer to plan specific evidence of coverage (EOC) document for benefit coverage.'; added S9560 HCPCS code; references reviewed and updated.
CP.PHAR.682	Levacetylleucine (Aqneursa)	4Q 2026 annual review: updated NPC diagnostic criterion to require confirmation by biallelic pathogenic variants in NPC1 or NPC2 gene per updated international consensus guidelines; references reviewed and updated.
CP.PMN.267	Levodopa Inhalation Powder (Inbrija)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.151	Levoleucovorin (Khapzory)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.116	L-glutamine (Endari)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.598	Lifileucel (Amtagvi)	4Q 2026 annual review: added ICHRA line of business; references reviewed and updated.
CP.PHAR.507	Lomustine (Gleostine)	4Q 2026 annual review: added ICHRA line of business; clarified policy/criteria applies to generic lomustine; for all indications, clarified member must use generic lomustine for brand Gleostine requests; references reviewed and updated.
CP.PMN.291	Lotilaner (Xdemvy)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.142	Lubiprostone (Amitiza)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.802_PEPP	Medoretgene parvec (AAV-AIPL1)_PEPP	Policy created pre-emptively
CP.PMN.179	Megestrol Acetate Oral Suspension	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.653	Melphalan for Hepatic Delivery (Hepzato)	4Q 2026 annual review: added ICHRA line of business; references reviewed and updated.
CP.PHAR.134	Methotrexate (Otrexup, Rasuvo, Xatmep, Reditrex, Jylamvo)	4Q 2026 annual review: no significant changes; added ICHRA line of business; updated boxed warning for Xatmep and Jylamvo per PI; references reviewed and updated.
HIM.PA.17	Methoxsalen (Uvadex)	4Q 2026 annual review: added ICHRA line of business; references reviewed and updated.
CP.PMN.169	Methylnaltrexone Bromide (Relistor)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.252	Metoclopramide (Gimoti)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.164	Miglustat (Zavesca)	Updated NPC diagnostic criterion to require confirmation by biallelic pathogenic variants in NPC1 or NPC2 gene per updated international consensus guidelines.
CP.PHAR.558	Mitapivat (Pyrukynd, Aqvesme)	4Q 2026 annual review: for PK deficiency, revised initial approval duration to 12 months; added ICHRA line of business; references reviewed and updated.
CP.PHAR.559	Mobocertinib (Exkivity)	4Q 2026 annual review: added ICHRA line of business; references reviewed and updated.

Policy Number	Policy Title	Revision Notes
CP.PHAR.139	Mogamulizumab-kpkc (Poteligeo)	4Q 2026 annual review: for ATLL initial therapy, removed “prescribed as a single agent” and added option for use in combination with CHOP per NCCN; added ICHRA line of business; references reviewed and updated.
CP.PHAR.654	Momelotinib (Ojjaara)	4Q 2026 annual review: added ICHRA line of business; added off-label criteria for myeloid or lymphoid neoplasm with eosinophilia and Janus kinase 2 arrangement per NCCN category 2A recommendation; references reviewed and updated.
CP.PHAR.655	Motixafortide (Aphexda)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.461	Nadofaragene firadenovec-vncg (Adstiladrin)	4Q 2026 annual review: increased initial and continued therapy approval duration to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PMN.112	Naldemedine (Symproic)	4Q 2026 annual review: no significant changes; references reviewed and updated.
HIM.PA.167	Naloxegol (Movantik)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
HIM.PA.130	Naproxen oral suspension (Naprosyn)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.320	Necitumumab (Portrazza)	4Q 2026 annual review: added Commercial and ICHRA lines of business; references reviewed and updated.
CP.PCH.59	Nemolizumab-ilto (Nemluvio)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.167	Neomycin-fluocinolone cream (Neo-Synalar)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.365	Neratinib (Nerlynx)	4Q 2026 annual review: for breast cancer, added off-label criteria for HER2-negative disease per NCCN; added ICHRA line of business; references reviewed and updated.
CP.PMN.256	Nifurtimox (Lampit)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.645	Niraparib and Abiraterone (Akeega)	4Q 2026 annual review: added ICHRA line of business; references reviewed and updated.
HIM.PA.152	Nitazoxanide (Alinia)	4Q 2026 annual review: added ICHRA line of business; added option for extended off-label dosing requests for the treatment of cryptosporidiosis in an immunocompromised patient per IDSA/CDC/NIH guidelines; references reviewed and updated.
CP.PHAR.132	Nitisinone (Orfadin, Nityr, Harliku)	4Q 2026 annual review: no significant changes; added ICHRA LOB; references reviewed and updated.
HIM.PA.33	No Coverage Criteria	4Q 2026 annual review: for FDA-approved doses, added requirement that request does not exceed health plan-approved quantity limit per CDPA request; updated Appendix E with revised language for Tennessee; added Nevada to Appendix F; added ICHRA line of business; references reviewed and updated.
CP.PHAR.684	Nogapendekin alfa inbakicept-pmln (Anktiva)	4Q 2026 annual review: extended initial approval duration from 6 months to 12 months for this chronic condition; references reviewed and updated.

Policy Number	Policy Title	Revision Notes
CP.PHAR.305	Obinutuzumab (Gazyva)	4Q 2026 annual review: separated FL criteria from "B-Cell Lymphomas and Tumors with B-Cell Predominance" and renamed existing criteria "Additional NCCN Recommended Uses (off-label);" for CLL/SLL, added treatment option combinations for first-line therapy and histologic (Richter) transformation per NCCN; for FL, added NCCN-supported regimens for second-line and subsequent therapy; added indication of Waldenstrom macroglobulinemia/lymphoplasmacytic lymphoma per NCCN; for mantle cell lymphoma, added option for use as a substitute for rituximab at provider's discretion per NCCN; added ICHRA line of business; references reviewed and updated.
HIM.PA.154	Off-label Policy	4Q 2026 annual review: updated Appendix E with revised language for Tennessee; added Nevada to Appendix H; added ICHRA line of business; references reviewed and updated.
HIM.PA.03	Ophthalmic corticosteroids (Lotemax, Durezol, Alrex, Pred Mild, FML Forte, Maxidex)	4Q 2026 annual review: added ICHRA line of business; references reviewed and updated.
CP.PHAR.536	Ophthalmic Riboflavin (Photrexa, Photrexa Viscous, Epioxa HD, Epioxa)	Added Epioxa HD and Epioxa to criteria per local market request.
CP.PMN.168	Ospemifene (Osphena)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.810	Oveporexton (Orzeyful)	Policy created
HIM.PA.173	Palbociclib (Ibrance)	4Q 2026 annual review: for breast cancer, added option for combination use with fulvestrant and Revtorpyk per NCCN; added bypass to Kisqali and Verzenio redirection for combination use with Revtorpyk; added option for combination use with Etcamah if disease is ESR1 mutated per Etcamah's FDA labeled indication; added off-label criteria for uterine neoplasms per NCCN; references reviewed and updated.
CP.PHAR.696	Palopegteriparatide (Yorvipath)	4Q 2026 annual review: added requirement that member does not have acute post-surgical hypoparathyroidism; added ICHRA line of business; references reviewed and updated.
CP.PHAR.755	Paltusotide (Palsonify)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PCH.44	Pancrelipase (Creon, Pancreaze, Pertyze, Viokace, Zenpep)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.321	Panitumumab (Vectibix)	4Q 2026 annual review: added ICHRA line of business; added off-label small bowel adenocarcinoma and appendiceal neoplasms and cancers per NCCN; for CRC per NCCN, removed specification for BRAF V600E mutation positive disease for use in combination with Braftovi, removed specification for KRAS G12C positive disease for use in combination with Lumakras or Krazati; references reviewed and updated.
CP.PHAR.332	Pasireotide (Signifor, Signifor LAR)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.353	Pegaspargase (Oncaspar), Calaspargase pegol-mknl (Asparlas)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.389	Pegvisomant (Somavert)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.

Policy Number	Policy Title	Revision Notes
CP.PCH.09	Pencillamine (Cuprimine)	4Q 2026 annual review: no significant changes; added ICHRA line of business; for cystinuria, removed IL HIM step therapy bypass for redirection to urinary alkalinizing agent; references reviewed and updated.
CP.PHAR.436	Pexidartinib (Turalio)	4Q 2026 annual review: added ICHRA line of business; references reviewed and updated.
CP.PMN.270	Pilocarpine (Vuity, Qlosi)	4Q 2026 annual review: added ICHRA line of business; references reviewed and updated.
CP.PHAR.513	Plasminogen (Ryplazim)	4Q 2026 annual review: revised diagnostic criteria to clarify “PLG mutation” as “biallelic mutations in the PLG gene,” to require signs/symptoms of C-PGLD, and to meet either the plasminogen activity level ≤ 45% or the biallelic mutations in PLG gene as a diagnostic criterion; added ICHRA line of business; references reviewed and updated.
CP.PHAR.803_PEPP	Povetacicept (ALPN-303)_PEPP	Policy created pre-emptively
CP.PHAR.313	Pralatrexate (Folotyn)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
HIM.PA.159	Prucalopride (Motegrity)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.59	Quantity Limit Override and Dose Optimization	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.646	Quizartinib (Vanflyta)	4Q 2026 annual review: added single agent therapy requirement for relapsed/refractory AML per NCCN; for continued therapy, revised “AML” to “a covered indication;” added ICHRA line of business; references reviewed and updated.
CP.PHAR.756	Remibrutinib (Rhapsido)	4Q 2026 annual review: for antihistamine trials, revised required dose from maximum “indicated” to “tolerated” to allow for up to 4-fold standard dosing per practice guidelines; added ICHRA line of business; references reviewed and updated.
CP.PHAR.667	Repotrectinib (Augtyro)	4Q 2026 annual review: added ICHRA line of business; for NTRK fusion-positive cancer, added option for use in unresectable disease and simplified criteria by removal of requirement that disease has progressed following treatment with no satisfactory alternative therapy; clarified solid tumors examples Appendix D per NCCN compendium; references reviewed and updated.
CP.PHAR.647	Resmetirom (Rezdiffra)	4Q 2026 annual review: revised exclusion for concurrent prescribing with Wegovy to concurrent initiation with Wegovy for initial criteria per updated guidelines; revised failure of ≥ 6-month trial of Wegovy to “Inadequate response to ≥ 12-month of Wegovy” per updated guidelines; removed concurrent prescribing exclusion from continued therapy criteria; added that member has not progressed to cirrhosis for continued therapy; added ICHRA line of business; references reviewed and updated.
CP.PHAR.697	Revakinagene taroretcel-lwey (Encelto)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.141	Ribavirin	4Q 2026 annual review: no significant changes; removed discontinued Viekira from list of combination use drugs; added ICHRA line of business; references reviewed and updated.
CP.PHAR.334	Ribociclib (Kisqali, Kisqali Femara)	4Q 2026 annual review: for breast cancer, added option to be prescribed in combination with Etcamah if disease is ESR1 mutated per Etcamah’s FDA labeled indication; added ICHRA line of business; references reviewed and updated.

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CP.PMN.47	Rifaximin (Xifaxan)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.751	Rilzabrutinib (Wayrilz)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.490	Rimegepant (Nurtec ODT)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.314	Romidepsin (Istodax)	4Q 2026 annual review: for initial therapy, added bypass of failure of one prior systemic therapy for subcutaneous panniculitis-like T-cell lymphoma per NCCN; added ICHRA line of business; references reviewed and updated.
CP.PHAR.648	Rozanolixizumab-noli (Rystiggo)	4Q 2026 annual review: for gMG, added Imaavy and Uplizna to the list of therapies that Rystiggo should not be prescribed concurrently with; added ICHRA line of business; references reviewed and updated.
CP.PHAR.698	Seladelpar (Livdelzi)	4Q 2026 annual review: added ICHRA line of business; added requirement that Livdelzi is not prescribed concurrently with Iqirvo to initial and continued therapy to prevent duplicate therapy; added requirement that member does not have decompensated cirrhosis (e.g., ascites, variceal bleeding, hepatic encephalopathy) per prescribing information; references reviewed and updated.
CP.PHAR.760_PEPP	Sirolimus-Pegadricase (NASP)_PEPP	4Q 2026 annual review: no significant changes as the drug is not yet FDA-approved; added ICHRA line of business; references reviewed and updated.
CP.PHAR.749_PEPP	Sonpiretigene Isteparvovec (MCO 010)_PEPP	4Q 2026 annual review: no significant changes as drug is still not FDA approved; added ICHRA line of business; references reviewed and updated.
CP.PMN.184	Stiripentol (Diacomit)	4Q 2026 annual review: no significant changes; added ICHRA line of business; consolidated the 12-month Initial and Continued Approval durations for multiple lines of business into one statement; references reviewed and updated.
CP.PMN.109	Suvorexant (Belsomra)	4Q 2026 annual review: added ICHRA line of business; references reviewed and updated.
CP.PHAR.747_PEPP	Tabelecleucel (Tab-cel)_PEPP	4Q 2026 annual review: 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; no significant changes as the drug is not yet FDA-approved; references reviewed and updated.
CP.PHAR.508	Tafasitamab-cxix (Monjuvi)	4Q 2026 annual review: no significant changes; for Commercial approval duration, added injectable standard language of “6 months or to the member’s renewal date, whichever is longer”; added ICHRA line of business; references reviewed and updated.
CP.PHAR.649	Talquetamab-tgvs (Talvey)	4Q 2026 annual review: added ICHRA line of business; added option to be prescribed as bridge to BCMA CAR-T therapy per NCCN; references reviewed and updated.
CP.PMN.283	Tapinarof (Vtama)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.244	Tazarotene (Arazlo, Fabior, Tazorac)	4Q 2026 annual review: added ICHRA line of business; references reviewed and updated.
CP.PMN.313	Tebipenem pivoxil (Utebzi)	Policy created
CP.PHAR.324	Temsirolimus (Torisel)	4Q 2026 annual review: for soft tissue sarcoma, added option for pediatric rhabdomyosarcoma indication per NCCN; added age bypass for pediatric rhabdomyosarcoma; added ICHRA line of business; references reviewed and updated.

Policy Number	Policy Title	Revision Notes
CP.PMN.268	Tenofovir Alafenamide Fumarate (Vemlidy)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
HIM.PA.87	Testosterone (Androderm)	4Q 2026 annual review: added ICHRA line of business; references reviewed and updated.
CP.PHAR.354	Testosterone (Testopel, testosterone undecanoate)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.437	Thioguanine (Tabloid)	4Q 2026 annual review: no significant changes; consolidated all indications in one section for continued therapy; added ICHRA line of business; references reviewed and updated.
CP.PHAR.561	Tisotumab vedotin-tftv (Tivdak)	4Q 2026 annual review: removed monotherapy requirement from continued therapy; added ICHRA line of business; references reviewed and updated.
CP.PHAR.591	Tofersen (Qalsody)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
HIM.PA.71	Topical Acne Treatment	4Q 2026 annual review: added ICHRA line of business; references reviewed and updated.
CP.PHAR.438	Trientine (Syprine, Cuvrior)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.509	Triheptanoin (Dojolvi)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.175	Triptorelin pamoate (Trelstar, Triptodur)	4Q 2026 annual review: added ICHRA line of business; for breast cancer, salivary gland tumors, and uterine sarcoma added requirement for age ≥ 18 years; per NCCN compendium for breast cancer added requirement that member is premenopausal or male and prescribed in combination with endocrine therapy; references reviewed and updated.
CP.PHAR.557_PEPP	Udenafil_PEPP	4Q 2026 annual review: added ICHRA line of business; no significant changes as the drug is not yet FDA-approved; references reviewed and updated.
HIM.PA.SP55	Uridine triacetate (Vistogard)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.439	Valrubicin (Valstar)	4Q 2026 annual review: added ICHRA line of business; removed specification of CIS disease; added option for use as subsequent treatment for muscle invasive disease in combination with TURBT per NCCN; added option for use in CIS, Ta, or T1 local recurrence or persistent disease in a preserved bladder for disease treated with curative intent per NCCN; references reviewed and updated.
CP.PHAR.700	Vanzacaftor-tezacaftor-deutivacaftor (Alyftrek)	4Q 2026 annual review: no significant changes; references reviewed and updated.

Policy Number	Policy Title	Revision Notes
CP.PHAR.129	Venetoclax (Venclexta)	4Q 2026 annual review: for CLL/SLL, added Brukinsa as first-line therapy option, removed requirement for absence of del(17p)/TP53 mutation, added both Brukinsa and Calquence as subsequent therapy combination options, and added additional treatment options for histologic (Richter) transformation per NCCN; for mantle cell lymphoma that is positive for TP53 mutation, replaced combination therapy Gazyva + Imbruvica with combination therapy Gazyva + Brukinsa per NCCN; for AML, expanded therapy options for inclusion of Inqovi and for relapsed/refractory disease, therapy-related AML, and poor-risk AML per NCCN; for BPDCN, removed option for palliative intent of systemic disease and added option for Venclexta prescribed as treatment induction per NCCN; for systemic light chain amyloidosis, added requirement for t(11;14) translocation per NCCN; for MDS, expanded combination therapy options to include Inqovi per NCCN; for Philadelphia chromosome negative B-cell ALL, added option for relapsed/refractory disease per NCCN; for ALL, added indication option for Philadelphia chromosome-positive B-cell ALL per NCCN; for continued therapy for AML, replaced named combination therapy agents with “combination therapy;” added ICHRA line of business; references reviewed and updated.
CP.PHAR.699	Vorasidenib (Voranigo)	4Q 2026 annual review: added monotherapy requirement to continued therapy; added ICHRA line of business; references reviewed and updated.
CP.PHAR.630	Zavegepant (Zavzpret)	4Q 2026 annual review: no significant changes; added bypass for IL HIM per IL HB 5395 for requests of monthly quantities > 1 box of 6 nasal spray devices per month; references reviewed and updated.
CP.PHAR.804_PEPP	Zeleciment rostudirsen (DYNE-251)_PEPP	Policy created pre-emptively
CP.PHAR.811	Zidesamtinib (Jideytro)	Policy created
CP.PHAR.325	Ziv-aflibercept (Zaltrap)	4Q 2026 annual review: added ICHRA line of business; references reviewed and updated.
CP.PHAR.705	Zolbetuximab-clzb (Vyloy)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.750	Zongertinib (Hernexeos)	4Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.730	Zopapogene Imadenovec (Papzimeos)	4Q 2026 annual review: added ICHRA line of business; references reviewed and updated.