Number	Title	Revision Log
CC.PHAR.07	Pharmaceutical Management	Annual review. Policy reviewed. No changes deemed necessary.
CC.PHAR.21	Precision Drug Action Committee	Annual review. Upated Committee membership to committee chair Centene Pharmacy Services Drug Information Senior Manager Formulary Development. Updated the reference link to the new SharePoint site. Added ICHRA under product. Merged attachment B and E.
CC.PHAR.23	Clinical Pharmacy Policy Web Posting	Annual review. Updated references to reflect consolidation of CC.COMP.22.01 (Creating and Maintaining P&P) into CC.COMP.22.
CP.PHAR.103	Immune Globulins	2Q 2026 annual review: for CAR-T cell-related toxicities, added use for AIDP-type picture or bilateral facial palsy per NCCN; added off-label indications for immune checkpoint inhibitor-related toxicities, LCHI/ND, HIT, and pediatric ALL per NCCN; added HCPCS code [J1553]; references reviewed and updated.
CP.PHAR.135	Baricitinib (Olumiant)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.140	Pegvaliase-pqpz (Palynziq)	2Q 2026 annual review: bringing forward to align with the annual review cycle for Kuvan; added adherence to Phe-restricted diet per plan feedback and align with Sephience criteria; references reviewed and updated
CP.PHAR.152	Laronidase (Aldurazyme)	2Q 2026 annual review: no significant changes; updated initial approval duration from 6 months to 12 months; for Continued Therapy added examples of positive treatment response that were already outlined in Appendix D and previously referred to within the criteria; references reviewed and updated.
CP.PHAR.153	Eliglustat (Cerdelga)	2Q 2026 annual review: no significant changes; updated initial approval duration from 6 months to 12 months; references reviewed and updated.
CP.PHAR.154	Imiglucerase (Cerezyme)	2Q 2026 annual review: removed the age restriction for ≥ 2 years old based on the age group included in the analysis of the International Collaborative Gaucher Group Gaucher Registry which led to the FDA approval of Cerezyme for GD3 but which also included patients with GD1; updated initial approval duration from 6 months to 12 months; references reviewed and updated. RT4: updated the FDA Approved Indications section to reflect the recently FDA-approved status of the GD3 indication.
CP.PHAR.155	Cysteamine oral (Cystagon, Procysbi)	2Q 2026 annual review: no significant changes; for initial therapy revised approval duration from 6 to 12 months; references reviewed and updated.
CP.PHAR.156	Idursulfase (Elaprase)	2Q 2026 annual review: no significant changes; updated initial approval duration from 6 months to 12 months; for Continued Therapy added examples of positive treatment response that were already outlined in Appendix D and previously referred to within the criteria; references reviewed and updated.
CP.PHAR.157	Taliglucerase Alfa (Elelyso)	2Q 2026 annual review: no significant changes; updated initial approval duration from 6 months to 12 months; references reviewed and updated.
CP.PHAR.158	Agalsidase Beta (Fabrazyme)	2Q 2026 annual review: no significant changes; updated initial approval duration from 6 months to 12 months; for Continued Therapy added examples of positive treatment response that were already outlined in Appendix D and previously referred to within the criteria; references reviewed and updated.
CP.PHAR.159	Sebelipase Alfa (Kanuma)	2Q 2026 annual review: no significant changes; updated initial approval duration from 6 months to 12 months; references reviewed and updated.
CP.PHAR.16	Palivizumab (Synagis)	2Q 2026 annual review: no significant changes; added statement that Sobi, the manufacturer of Synagis, has discontinued Synagis as of 12/31/25 and it will no longer be available; references reviewed and updated.
CP.PHAR.161	Galsulfase (Naglazyme)	2Q 2026 annual review: no significant changes; updated initial approval duration from 6 months to 12 months; for Continued Therapy added examples of positive treatment response that were already outlined in Appendix D and previously referred to within the criteria; references reviewed and updated.
CP.PHAR.162	Elosulfase Alfa (Vimizim)	2Q 2026 annual review: no significant changes; updated initial approval duration from 6 months to 12 months; for Continued Therapy added examples of positive treatment response that were already outlined in Appendix D and previously referred to within the criteria; references reviewed and updated.
CP.PHAR.163	Velaglucerase Alfa (VPRIV)	2Q 2026 annual review: no significant changes; updated initial approval duration from 6 months to 12 months; references reviewed and updated.
CP.PHAR.164	Miglustat (Zavesca)	2Q 2026 annual review: no significant changes; updated initial approval duration from 6 months to 12 months; references reviewed and updated.
CP.PHAR.168	Repository Corticotropin Injection (Acthar Gel, Purified Cortrophin Gel)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.172	Histrelin Acetate (Vantas, Supprelin LA)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.174	Nafarelin Acetate (Synarel)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.188	Teriparatide (Forteo, Bonsity)	Per March SDC: removed HIM and Commercial line of business; removed redirection to Tymlos or Prolia.
CP.PHAR.230	AbobotulinumtoxinA (Dysport)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.231	IncobotulinumtoxinA (Xeomin)	2Q 2026 annual review: extended Medicaid and HIM approval durations to 12 months; references reviewed and updated.
CP.PHAR.232	OnabotulinumtoxinA (Botox)	2Q 2026 annual review: for primary axillary hyperhidrosis, removed step therapy bypass for IL HIM disclaimer for class alignment; references reviewed and updated. Per March SDC for chronic migraine, simplified criteria for concurrent use with CGRP to member has had a reduction in the overall migraine headache days per month with CGRP monotherapy and provider attestation of a significant number of migraine headache days despite CGRP monotherapy.
CP.PHAR.233	RimabotulinumtoxinB (Myobloc)	2Q 2026 annual review: extended Medicaid and HIM approval durations to 12 months; references reviewed and updated.
CP.PHAR.236	Darbepoetin Alfa (Aranesp)	2Q 2026 annual review: for continuation of therapy request for anemia associated with CKD, modified current hemoglobin requirement from ≤ 12 g/dL to ≤ 11.5 g/dL; for anemia associated with CKD, added requirement that requested product is not prescribed concurrently with a hypoxia-inducible factor prolyl hydroxylase (HIF PH) inhibitor; references reviewed and updated.
CP.PHAR.238	Methoxy Polyethylene Glycol-Epoetin Beta (Mircera)	2Q 2026 annual review: for continuation of therapy request modified current hemoglobin requirement from ≤ 12 g/dL to ≤ 11.5 g/dL; added requirement that requested product is not prescribed concurrently with a hypoxia-inducible factor prolyl hydroxylase (HIF PH) inhibitor; references reviewed and updated.
CP.PHAR.243	Alemtuzumab (Lemtrada)	2Q 2026 annual review: no significant changes; incorporated existing treatment course limitation from approval duration into criteria; added CIS to section III to align with MS agents with similar labeled limitations of use; references reviewed and updated.
CP.PHAR.245	Apremilast (Otezla, Otezla XR)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.246	Canakinumab (Ilaris)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.248	Dalfampridine (Ampyra)	2Q 2026 annual review: no significant changes; for Medicaid and HIM, extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.249	Dimethyl Fumarate (Tecfidera), Diroximel Fumarate (Vumerity), Monomethyl Fumarate (Bafiertam)	2Q 2026 annual review: no significant changes; extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.251	Fingolimod (Gilenya, Tascenso ODT)	2Q 2026 annual review: no significant changes; extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.257	Ixekizumab (Taltz)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.260	Rituximab (Rituxan), Rituximab-arrx (Riabni), Rituximab-pvvr (Ruxience), Rituximab-abbs (Truxima), Rituximab/Hyaluronidase (Rituxan Hycela)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.262	Teriflunomide (Aubagio)	2Q 2026 annual review: no significant changes; extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.263	Tocilizumab (Actemra), Tocilizumab-anoh (Avtozma), Tocilizumab-bavi (Tofidence), Tocilizumab-aazg (Tyenne)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.266	Rilonacept (Arcalyst)	2Q 2026 annual review: Extended initial approval durations to 12 months for Medicaid and HIM; references reviewed and updated.
CP.PHAR.28	Immunization coverage	2Q 2026 annual review: clarified that the requested immunization may be given in accordance with recommendations made by ACIP in 2025 prior to September 2025; references reviewed and updated.
CP.PHAR.335	Ocrelizumab (Ocrevus), Ocrelizumab/Hyaluronidase-ocsq (Ocrevus Zunovo)	2Q 2026 annual review: no significant changes; for Medicaid and HIM, extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.336	Dupilumab (Dupixent)	RT4: added new indication for AFRS per updated prescribing information.
CP.PHAR.345	Abaloparatide (Tymlos)	Per March SDC: removed HIM and Commercial line of business; added redirection to generic teriparatide.
CP.PHAR.374	Vestronidase Alfa-vjbk (Mepsevii)	2Q 2026 annual review: no significant changes; updated initial and continued approval durations from 6 months to 12 months; for Continued Therapy added examples of positive treatment response that were already outlined in Appendix D and previously referred to within the criteria; references reviewed and updated.
CP.PHAR.375	Brodalumab (Siliq)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.378	Ibalizumab-uiyk (Trogarzo)	2Q 2026 annual review: extended Medicaid and HIM initial approval duration from 6 months to 12 months for this maintenance medication for a chronic condition; for initial and continued therapy, extended Commercial approval duration from 6 months to "6 months or to the member's renewal date, whichever is longer"; references reviewed and updated.
CP.PHAR.394	Migalastat (Galafold)	2Q 2026 annual review: no significant changes; updated initial approval duration from 6 months to 12 months; for Continued Therapy added examples of positive treatment response that were already outlined in Appendix F and previously referred to within the criteria; references reviewed and updated.
CP.PHAR.395	Patisiran (Onpattro)	2Q 2026 annual review: no significant changes; removed Tegsedi from criteria as agent is discontinued; for Medicaid/HIM revised initial approval duration from 6 to 12 months; references reviewed and updated.
CP.PHAR.405	Inotersen (Tegsedi)	2Q 2026 annual review: no significant changes; for Medicaid/HIM revised initial approval duration from 6 to 12 months; references reviewed and updated.
CP.PHAR.416	Caplacizumab-yhdp (Cablivi)	2Q 2026 annual review: for continued criteria for new treatment cycle requests, added diagnostic requirement for confirmation of relapse; references reviewed and updated.
CP.PHAR.417	Brexanolone (Zulresso)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.419	Elapegademase-lvlr (Revcovi)	2Q 2026 annual review: no significant changes; moved examples of positive response to therapy from Appendix D into Continued Therapy criteria section; revised initial approval duration for Medicaid/HIM to 12 months; references reviewed and updated.

CP.PHAR.421	Onasemnogene Abeparvovec (Zolgensma)	2Q 2026 annual review: revised prior treatment response monitoring duration from 3 to 6 months to at least 6 months per the 2025 AAN update; added C9399, J3590 for Itvisma; references reviewed and updated.
CP.PHAR.422	Cladribine (Mavenclad)	2Q 2026 annual review: no significant changes; incorporated existing treatment course limitations from approval duration into criteria; added primary progressive MS to section III to align with other MS agents; references reviewed and updated
CP.PHAR.43	Sapropterin Dihydrochloride (Kuvan, Javygtor)	2Q 2026 annual review: no significant changes; added requirement for a redirection from Zelvysia (another branded generic) to unbranded generic sapropterin; added endocrinologist as a possible specialist to align with the Palynziq and Sephience criteria; added adherence to Phe-restricted diet per plan feedback and align with Sephience criteria; references reviewed and updated.
CP.PHAR.447	Mercaptopurine (Purixan)	2Q 2026 annual review: added criteria set for NCCN compendium supported off-label use in histiocytic neoplasms; revised initial approval duration for Medicaid/HIM from 6 to 12 months; references reviewed and updated.
CP.PHAR.461	Nadofaragene firadenovec-vncg (Adstiladrin)	Removed lifetime dose requirement, clarified frequency does not exceed every 3 months, removed specification of "a single dose."
CP.PHAR.468	Aducanumab-avwa (Aduhelm)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.471	Fosdenopterin (Nulibry)	2Q 2026 annual review: no significant changes; for initial approval duration for genetically confirmed diagnosis, revised Medicaid/HIM to 12 months; for all approval durations for Commercial, revised to "6 months or to the member's renewal date, whichever is longer;" references reviewed and updated.
CP.PHAR.474	Remestemcel-L-rknd (Ryoncil)	2Q 2026 annual review: moved total number of doses allowed from approval duration into criteria; references reviewed and updated.
CP.PHAR.477	Risdiplam (Evrysdi)	2Q 2026 annual review: no significant changes; clarified "at least" 6 months of trial prior to treatment change per 2025 AAN SMA update; added Itvisma, a newly approved one-time intrathecal version of Zolgensma, as another example for no concurrent use; added HFMSE as an alternative option for demonstrating prior treatment response; references reviewed and updated.2Q 2026 annual review:
CP.PHAR.479	Decitabine/Cedazuridine (Inqovi)	2Q 2026 annual review: extended Medicaid and HIM initial approval duration from 6 months to 12 months for this maintenance medication for a chronic condition; updated Appendix D with revised language and exception for Tennessee; references reviewed and updated.
CP.PHAR.480	Ferric Derisomaltose (Monoferric)	2Q 2026 annual review: no significant changes; revised approval durations for anemia associated with CKD and cancer/chemotherapy for Medicaid/HIM to 12 months and for Commercial to "6 months or to the member's renewal date, whichever is longer;" references reviewed and updated.
CP.PHAR.481	Idecabtagene Vicleucel (Abecma)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.482	Isatuximab-irfc (Sarclisa)	2Q 2026 annual review: extended Medicaid and HIM initial approval duration from 6 months to 12 months for this maintenance medication for a chronic condition; extended Commercial approval duration from 6 months to "6 months or to the member's renewal date, whichever is longer"; added off-label indication for primary therapy in combination with lenalidomide and dexamethasone per NCCN; references reviewed and updated.
CP.PHAR.483	Lisocabtagene Maraleucel (Breyanzi)	2Q 2026 annual review: no significant changes; RT4: for FL in FDA approved indications removed reference to footnote designating approval under accelerated approval per updated prescribing information; references reviewed and updated.
CP.PHAR.486	Bimatoprost Implant (Durysta)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.503	Sutimlimab-jome (Enjaymo)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.504	Voclosporin (Lupkynis)	2Q 2026 annual review: no significant changes; revised initial approval duration from 6 to 12 months; added Gazyva as an example of a biologic that is excluded for concurrent use; references reviewed and updated.
CP.PHAR.512	Pegunigalsidase Alfa-iwxj (Elfabrio)	2Q 2026 annual review: no significant changes; updated initial approval duration from 6 months to 12 months for Medicaid/HIM and added the standard auth duration language for Commercial; for Continued Therapy added examples of positive treatment response that were already outlined in Appendix D and previously referred to within the criteria; references reviewed and updated.
CP.PHAR.516	Fostemsavir (Rukobia)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.526	Fibrinogen Concentrate [Human] (Fibryga, RiaSTAP)	2Q 2026 annual review: no significant changes; RT4: added new Fibryga 2 gm/100 mL dosage strength; references reviewed and updated.
CP.PHAR.527	Narsoplimab (Yartemlea)	2Q 2026 annual review: no significant changes; in initial therapy, added criterion that maximum duration of therapy doesn't exceed 16 weeks for review of new members already started on Yartemlea therapy; added HCPCS code C9399; references reviewed and updated.
CP.PHAR.528	Odevixibat (Bylvay)	2Q 2026 annual review: no significant changes; revised initial approval durations for both PFIC and ALGS to 12 months; references reviewed and updated.
CP.PHAR.529	Relugolix (Orgovyx), Relugolix/Estradiol/Norethinedrone (Myfembree)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.533	Ciltacabtagene Autoleucel (Carvykti)	2Q 2026 annual review: per NCCN added additional approval pathway after ≥ 3 prior lines of therapy that also includes one anti-CD38 antibody; references reviewed and updated.
CP.PHAR.534	Insulin Delivery Systems (V-Go, Omnipod, InPen)	2Q 2026 annual review: revised insulin administration method criterion to require duration only for multiple daily insulin injections; for V-Go and Omnipod Pods, revised initial approval duration for Medicaid and HIM from 6 to 12 months; added exception to prescriber requirement for Oregon requests per health plan request due to endocrinologist shortage; references reviewed and updated. Per March SDC, reduced duration requirement for insulin administration method for multiple daily insulin injections from 6 months to 3 months, reduced duration requirement for blood glucose monitoring from 6 months to 2 months.
CP.PHAR.536	Ophthalmic Riboflavin (Photrexa, Photrexa Viscous)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.537	Ponesimod (Ponvory)	2Q 2026 annual review: no significant changes; extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.538	Tivozanib (Fotivda)	2Q 2026 annual review: revised "at least 2 prior systemic therapies" to "prior systemic therapy" per NCCN; for Medicaid and HIM, extended initial approval duration from 6 to 12 months; references reviewed and updated.
CP.PHAR.550	Vutrisiran (Amvuttra)	2Q 2026 annual review: for diagnosis by cardiac uptake, specified radionucleotide scan should be SPECT (Single Photon Emission Computed Exercise Tomography) per updated 2025 ACC Clinical Guidance; removed Tegsedi from criteria as agent is discontinued; for Medicaid/HIM revised initial approval duration from 6 to 12 months; references reviewed and updated.
CP.PHAR.558	Mitapivat (Pyrukynd, Aqvesme)	Per March SDC: for beta thalassemia and Hemoglobin E/beta thalassemia, added redirection to Reblozyl for members that received ≥ 6 RBC units in the last 6 months
CP.PHAR.577	Tralokinumab-ldrm (Adbry)	2Q 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.PHAR.582	Lutetium Lu 177 vipivotide tetraxetan (Pluvicto)	2Q 2026 annual review: added Erleada and Nubeqa as additional examples of androgen receptor pathway inhibitors that would qualify to satisfy prior therapy requirements; for continuation of therapy added requirement that member continues to use a GnRH analog concurrently or has had a bilateral orchiectomy; references reviewed and updated.
CP.PHAR.583	Pacritinib (Vonjo)	2Q 2026 annual review: for NCCN compendium indications per NCCN 2A recommendation, added criteria for myeloid/lymphoid neoplasms with eosinophilia and JAK2 rearrangement, added criteria for MPN; for all indications, extended initial approval duration from 6 months to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.584	Sodium Phenylbutyrate/Taurursodiol (Relyvrio)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.590	Omaveloxolone (Skyclarys)	2Q 2026 annual review: extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.594	Donanemab-azbt (Kisunla)	Removed the requirement for follow-up MRIs in the Continued Therapy section; added Leqembi Iqlik as a recently FDA-approved alternative formulation of Leqembi that should not be used concomitantly with Kisunla; extended initial and continued approval durations to 6 and 12 months, respectively for Medicaid/HIM, with 6 months or renewal date for Commercial reauthorizations.
CP.PHAR.596	Lecanemab-irmb (Leqembi)	Removed the requirement for follow-up MRIs in the Continued Therapy section; added Leqembi Iqlik as a recently FDA-approved alternative formulation of Leqembi that should not be used concomitantly with Kisunla; extended initial and continued approval durations to 6 and 12 months, respectively for Medicaid/HIM, with 6 months or renewal date for Commercial reauthorizations.
CP.PHAR.600	Trofinetide (Daybue)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.601	Velmanase Alfa-tycv (Lamzede)	2Q 2026 annual review: no significant changes; updated initial and continued approval durations from 6 months to 12 months for Medicaid/HIM and added the standard auth duration language for Commercial; for Initial Approval added examples of CNS manifestations of AM that were already outlined in Appendix D and previously referred to within the criteria; for Continued Therapy added examples of positive treatment response that were already outlined in Appendix D and previously referred to within the criteria; references reviewed and updated.
CP.PHAR.606	Spesolimab-sbzo (Spevigo)	2Q 2026 annual review: no significant changes; extended initial approval duration from 6 to 12 months for HIM/Medicaid; references reviewed and updated.
CP.PHAR.607	Deucravacitinib (Sotyktu)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.609	Prademagene Zamikeracel (Zevaskyn)	Added criteria "on the same target wound" to clarify Zevaskyn is not used concurrently on the same wound as Vyjuvek and Filsuvez.
CP.PHAR.616	Zilucoplan (Zilbrysq)	Per March SDC, added redirection to Ultomiris.
CP.PHAR.625	Concizumab-mtci (Alhemo)	2Q 2026 annual review: removed requirements for documentation and provider attestations of Concizumab ELISA; for hemophilia A or B without inhibitors, added clarification that hemophilia severity associated with factor level is taken at baseline prior to use of factor products for routine prophylaxis; modified initial approval durations for Medicaid/HIM to 12 months and for Commercial to "6 months or to the member's renewal date, whichever is longer" as this is a maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.626	Pozelimab-bbfg (Veopoz)	2Q 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.629	Retifanlimab-dlwr (Zynyz)	2Q 2026 annual review: added off-label criteria for appendiceal neoplasms and cancers per NCCN; simplified NCCN off-label uses under section "NCCN Recommended Uses (off-label)"; references reviewed and updated.
CP.PHAR.631	Sparsentan (Filspari)	2Q 2026 annual review: revised criterion for proteinuria ≥ 0.5 g/day per updated KDIGO 2025 guidance; references reviewed and updated.
CP.PHAR.633	Eplontersen (Wainua)	2Q 2026 annual review: no significant changes; for Medicaid/HIM revised initial approval duration from 6 to 12 months; references reviewed and updated.
CP.PHAR.650	Zuranolone (Zurzuvae)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.660	Bimekizumab-bkzx (Bimzelx)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.661	Etrasimod (Velsipity)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.662	Mirikizumab-mrkz (Omvoh)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.669	Birch Triterpenes (Filsuvez)	For initial approval criteria and continued therapy, added "on the same target wound" to clarify Filsuvez is not used concurrently on the same wound as Zevaskyn and Vyjuvek; added no concurrent use with Zevaskyn.
CP.PHAR.673	Garadacimab-gxii (Andembry)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.676	Aprocitentan (Tryvio)	2Q 2026 annual review: for initial approval criteria, revised BP threshold from ≥ 140/90 mmHg to ≥ 130/80 mmHg per 2025 ACC/AHA guideline, added pathway for use in BP < 130/80 mmHg if adherent to and prescribed concurrently with four or more antihypertensive drug classes; extended initial approval duration from 6 months to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.677	Vadadustat (Vafseo)	2Q 2026 annual review: for continuation of therapy request modified current hemoglobin requirement from ≤ 12 g/dL to ≤ 11.5 g/dL; added requirement that Vafseo should not be prescribed concurrently with ESAs; references reviewed and updated.

CP.PHAR.679	Mavorixafor (Xolremdi)	2Q 2026 annual review: no significant changes; added dermatologist as an additional prescriber specialty; references reviewed and updated.
CP.PHAR.689	Olezarsen (Tryngolza)	2Q 2026 annual review: added option to be prescribed by gastroenterologist or pancreatologist; added requirement that Tryngola is not prescribed concurrently with Redemplo to prevent duplicative therapy; references reviewed and updated.
CP.PHAR.708	Sepiapterin (Sephience)	2Q 2026 annual review: bringing forward to align with the annual review cycle for Kuvan and Palynziq; references reviewed and updated.
CP.PHAR.714	Copper Histidinate (Zycubo)	Drug is now FDA-approved – criteria updated per FDA labeling; added upper age limit of 17 years; added requirement for documentation of baseline (within the last 30 days) serum copper and ceruloplasmin levels; added requirement that member does not have occipital horn syndrome; for continued therapy positive response, added serum levels or neurologic symptom parameters.
CP.PHAR.717	Donidalorsen (Dawnzera)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.718	Mirdametinib(Gomekli)	2Q 2026 annual review: no significant changes; for Medicaid/HIM, extended initial approval duration from 6 to 12 months; references reviewed and updated.
CP.PHAR.720	Nipocalimab-aahu (Imaavy)	2Q 2026 annual review: clarified that the required immunosuppressive therapy should be non-steroidal; modified initial approval duration from 6 months to 12 months for MED/HIM and 6 months or to the member's renewal date for COM as gMG is a chronic condition; references reviewed and updated.
CP.PHAR.721	Plozasiran (Redemplo)	2Q 2026 annual review: added option to be prescribed by gastroenterologist or pancreatologist; in continued therapy, added Redemplo is not prescribed concurrently with Tryngolza; references reviewed and updated.
CP.PHAR.723	Sebetralstat (Ekterly)	2Q 2026 annual review: extended initial approval duration from 6 months to 12 months for a chronic condition; references reviewed and updated.
CP.PHAR.725	Tiopronin Delayed-Release (Thiola EC)	2Q 2026 annual review: no significant changes; added Venxxiva as another brand formulation of Thiola EC that would require redirection to a non-brand generic equivalent; for Continued Therapy added the same requirement for concomitant use with conventional therapies as exists in the Initial Approval section and as stated in the FDA-labeled indication; references reviewed and updated.
CP.PHAR.727	Atrasentan (Vanrafia)	2Q 2026 annual review: revised proteinuria criterion from 1 g/day to 0.5 g/day per updated 2025 KDIGO guidelines; extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
NH.PHAR.759	Nerandomilast (Jascayd)	Policy created
CP.PHAR.775	Sibeprenlimab-szsi (Voyxact)	Policy created
CP.PHAR.78	Thalidomide (Thalomid)	2Q 2026 annual review: for MCD, removed option as use in active idiopathic MCD without organ failure per NCCN; for MM, ENL and off-label NCCN compendium indications, extended initial approval durations from 6 months to 12 months for this maintenance medication for a chronic condition; revised continued therapy duration for aphthous stomatitis or ulcers to 6 months; references reviewed and updated.
CP.PHAR.88	Belimumab (Benlysta)	2Q 2026 annual review: no significant changes; added Gazyva as an example of a biologic that is excluded for concurrent use; references reviewed and updated.
CP.PHAR.92	Tetrabenazine (Xenazine)	2Q 2026 annual review: no significant changes; added Ingrezza Sprinkle to the concurrent use exclusion; revised initial approval durations from 6 to 12 months for Medicaid/HIM; references reviewed and updated.
CP.PMN.117	Naproxen/Esomeprazole (Vimovo)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.119	Ozenoxacin (Xepi)	2Q 2026 annual review: clarified maximum dose in initial and continued therapy; references reviewed and updated.
CP.PMN.120	Ibuprofen/Famotidine (Duexis)	2Q 2026 annual review: extended initial approval duration from 6 to 12 months; references reviewed and updated.
CP.PMN.122	Celecoxib (Celebrex, Elyxyb)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.125	Milnacipran (Savella)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.128	Dutasteride (Avodart), Dutasteride/Tamsulosin (Jalyn)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.130	Cysteamine Ophthalmic (Cystaran, Cystadrops)	2Q 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.PMN.136	Mecamylamine (Vecamyl)	2Q 2026 annual review: extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PMN.137	Carbamazepine ER (Equetro)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.138	Age Limit Override (Codeine, Tramadol, Hydrocodone)	2Q 2026 annual review: updated Appendix D with revised language and exception for Tennessee; references reviewed and updated.
CP.PMN.154	Isavuconazonium (Cresemba)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.191	Age Limit for Topical Tretinoin	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.192	Brimonidine Tartrate (Mirvaso)	2Q 2026 annual review: no significant changes; standardized approval duration language for Commercial to align with Medicaid/HIM; added that plan-approved quantity limit may apply; references reviewed and updated.
CP.PMN.193	Hydroxyurea (Siklos, Xromi)	2Q 2026 annual review: for oncology off-label indications, added specialist requirement for an oncologist or hematologist; references reviewed and updated.
CP.PMN.196	Rifamycin (Aemcolo)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.197	Clomipramine (Anafranil)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.209	Solriamfetol (Sunosi)	2Q 2026 annual review: added requirement for OSA that Sunosi is prescribed concurrently with continued use of positive airway pressure therapy; revised CPAP requirement to allow any positive airway pressure therapy (e.g., BiPAP); for continued therapy added improvement in reported daytime wakefulness as an example of positive response to therapy; references reviewed and updated.
CP.PMN.221	Pitolisant (Wakix)	2Q 2026 annual review: RT4: for narcolepsy with cataplexy, revised age and dosing to allow use in patients 6 years of age and older per updated prescribing information; references reviewed and updated.
CP.PMN.234	Early and Periodic Screening, Diagnostic, and Treatment Benefit for Pediatric Members	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.235	Emtricitabine/Tenofovir Alafenamide (Descovy)	2Q 2026 annual review: for PrEP, added requirement that Descovy is not prescribed concurrently with any other antiretroviral medications for PrEP; references reviewed and updated.
CP.PMN.262	Quinine Sulfate (Qualaquin)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.264	Viloxazine (Qelbree)	2Q 2026 annual review: no significant changes; revised initial approval duration from 6 months to 12 months; references reviewed and updated.
CP.PMN.275	Levoketoconazole (Recorlev)	2Q 2026 annual review: no significant changes; extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PMN.276	Pentosan Polysulfate Sodium (Elmiron)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.277	Ulcer Therapy Products	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.278	Ganaxolone (Ztalmy)	2Q 2026 annual review: extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PMN.287	Nabumetone Double-Strength (Relafen DS)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.293	Berdazimer (Zelsuvmi)	2Q 2026 annual review: no significant changes; incorporated existing approval duration into criteria by adding requirement that requested duration of treatment does not exceed 12 weeks; references reviewed and updated.
CP.PMN.294	Budesonide (Eohilia, Uceris)	2Q 2026 annual review: no significant changes; for EoE, revised quantity limit from 20 mL to 2 packets to better reflect product availability and incorporated existing approval duration into criteria by adding requirement that requested duration of treatment does not exceed 12 weeks; references reviewed and updated.
CP.PMN.305	GLP-1 RA Weight Management Benefit for Pediatric Members	2Q 2026 annual review: no significant changes; updated MDRP table in Appendix D with IL-specific policies to use for IL Meridian and Youthcare Medicaid per health plan request; references reviewed and updated.
CP.PMN.307	Tradipitant (Nereus)	Policy created.
CP.PMN.33	Pregabalin (Lyrica*, Lyrica CR)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.35	Armodafinil (Nuvigil)	2Q 2026 annual review: added requirement for OSA that armodafinil (Nuvigil) is prescribed concurrently with continued use of positive airway pressure therapy; revised CPAP requirement to allow any positive airway pressure therapy (e.g., BiPAP); references reviewed and updated.
CP.PMN.39	Modafinil (Provigil)	2Q 2026 annual review: added requirement for OSA that modafinil (Provigil) is prescribed concurrently with continued use of positive airway pressure therapy; revised CPAP requirement to allow any positive airway pressure therapy (e.g., BiPAP); references reviewed and updated.
CP.PMN.42	Sodium Oxybate (Xyrem, Lumryz) and Calcium, Magnesium, Potassium, and Sodium Oxybate (Xywav)	2Q 2026 annual review: for continued therapy added requirement for brand Xyrem requests, member must use sodium oxybate (generic Xyrem); references reviewed and updated.
CP.PMN.58	Propranolol HCl Oral Solution (Hemangeol)	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.61	ACEI and ARB Duplicate Therapy	2Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.79	Doxycycline Hyclate (Acticlate, Doryx), Doxycycline (Oracea)	2Q 2026 annual review: no significant changes; added references to doxycycline hyclate (generic Acticlate); references reviewed and updated.
CP.PMN.80	Minocycline ER (Emrosi, Solodyn, Ximino, Minolira), Microspheres (Arestin), Foam (Zilxi)	2Q 2026 annual review: no significant changes; removed references to Ximino as product is discontinued; references reviewed and updated.
CP.PMN.86	Oxymetazoline (Rhofade, Upneeq)	2Q 2026 annual review: no significant changes; standardized approval duration language for Commercial to align with Medicaid/HIM; added that plan-approved quantity limit may apply; references reviewed and updated.
NH.PHAR.14	Pharmacy Lock-In Program	Annual review, no changes
NH.PHAR.15	Continuity of Care	Annual review, no changes
NH.PHAR.237	Epoetin Alfa (Epogen, Procrit), Epoetin Alfa-epbx (Retacrit)	2Q 2026 annual review: for continuation of therapy request for anemia associated with CKD, modified current hemoglobin requirement from ≤ 12 g/dL to ≤ 11.5 g/dL; for anemia associated with CKD, added requirement that requested product is not prescribed concurrently with a hypoxia-inducible factor prolyl hydroxylase (HIF PH) inhibitor; references reviewed and updated.
NH.PHAR.241	Abatacept (Orencia)	2Q 2026 annual review: no significant changes; references reviewed and updated.

NH.PHAR.242	Adalimumab (Humira), Adalimumab-afzb (Abrilada), Adalimumab-atto (Amjevita), Adalimumab-adbm (Cyltezo), Adalimumab-bwwd (Hadlima), Adalimumab-fkjp (Hulio), Adalimumab-adaz (Hyrimoz), Adalimumab-aacf (Idacio), Adalimumab-ryvk (Simlandi), Adalimumab-aaty (Yuflyma), Adalimumab-aqvh (Yusimry)	2Q 2026 annual review: RT4: applied Idacio's pediatric age extensions for HS and UV; no other significant changes; references reviewed and updated.2Q 2026 annual review:
NH.PHAR.244	Anakinra (Kineret)	2Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PHAR.247	Certolizumab (Cimzia)	2Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PHAR.250	Etanercept (Enbrel)	2Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PHAR.252	Glatiramer Acetate (Copaxone, Glatopa)	2Q 2026 annual review: no significant changes; extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
NH.PHAR.253	Golimumab (Simponi, Simponi Aria)	2Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PHAR.254	Infliximab (Remicade), Infliximab-axxq (Avsola), Infliximab-dyyb (Inflectra, Zymfentra), and Infliximab-abda (Renflexis)	2Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PHAR.255	Interferon Beta-1a (Avonex, Rebif)	2Q 2026 annual review: no significant changes; extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated
NH.PHAR.256	Interferon Beta-1b (Betaseron, Extavia)	2Q 2026 annual review: no significant changes; extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
NH.PHAR.259	Natalizumab (Tysabri), Natalizumab-sztn (Tyruko)	2Q 2026 annual review: no significant changes; for MS, extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
NH.PHAR.261	Secukinumab (Cosentyx)	2Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PHAR.264	Ustekinumab (Stelara) and Ustekinumab Biosimilars	No significant changes; references reviewed and updated.
NH.PHAR.265	Vedolizumab (Entyvio)	2Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PHAR.267	Tofacitinib (Xeljanz, Xeljanz XR)	2Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PHAR.271	Peginterferon Beta-1a (Plegridy)	2Q 2026 annual review: no significant changes; extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
NH.PHAR.297	Filgrastim (Neupogen, Zarxio, Granix, Nivestym, Releuko)	2Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PHAR.327	Nusinersen (Spinraza)	2Q 2026 annual review: no significant changes; clarified "at least" 6 months of trial prior to treatment change per 2025 AAN SMA update; added Itvisma, a newly approved one-time intrathecal version of Zolgensma, as another example for no concurrent use; added HFMSE as an alternative option for demonstrating prior treatment response; references reviewed and updated.
NH.PHAR.340	Valbenazine (Ingrezza, Ingrezza Sprinkle)	2Q 2026 annual review: no significant changes; revised initial approval durations from 6 to 12 months; references reviewed and updated.
NH.PHAR.341	Deutetrabenazine (Austedo, Austedo XR)	2Q 2026 annual review: no significant changes; added Ingrezza Sprinkle to the concurrent use exclusion; revised initial approval durations from 6 to 12 months; references reviewed and updated.
NH.PHAR.343	Edaravone (Radicava, Radivaca ORS)	2Q 2026 annual review: no significant changes; revised approval durations to 12 months; references reviewed and updated.
NH.PHAR.346	Sarilumab (Kevzara)	2Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PHAR.364	Guselkumab (Tremfya)	2Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PHAR.386	Tildrakizumab-asmn (Ilumya)	2Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PHAR.426	Risankizumab-rzaa (Skyrizi)	2Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PHAR.427	Siponimod (Mayzent)	2Q 2026 annual review: no significant changes; extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
NH.PHAR.443	Upadacitinib (Rinvoq, Rinvoq LQ)	2Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PHAR.462	Ozanimod (Zeposia)	2Q 2026 annual review: no significant changes; extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
NH.PHAR.55	Human Growth Hormone (Somapacitan, Somatropin)	2Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PHAR.566	Atogepant (Qulipta)	Removed oral generic trial requirement
NH.PHAR.592	Beremagene Geperpavec (Vyjuvek)	Policy created
NH.PHAR.593	Delandistrogene moxeparvovec-rokl (Elevidys)	2Q 2026 Added ambulatory requirement and updated approved indications section of policy.
NH.PHAR.621	Ublituximab-xiiy (Briumvi)	2Q 2026 annual review: no significant changes; extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
NH.PHAR.622	Lenacapavir (Sunlenca, Yeztugo)	2Q 2026 annual review: for HIV-1 infection, extended initial approval duration from 7 months to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
NH.PMN.110	Crisaborole (Eucrisa)	2Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PMN.124	Itraconazole (Sporanox, Tolsura)	2Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PMN.16	Medically Necessary Guide for Drug not on PDL	No significant changes; references reviewed and updated.
NH.PMN.183	GLP-1 Receptor Agonists	Added clarifying criteria under type 2 Diabetes initial criteria that trial and failures were for age 18 and older as specific medication categories are not appropriate for pediatric populations. Added Mounjaro to the age bracket of ≥10 years of age or older
NH.PMN.198	Overactive Bladder Agents	2Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PMN.199	Esketamine (Spravato)	2Q 2026 annual review: no significant changes; revised TRD initial approval duration to 3 months and up to 48 nasal spray devices; references reviewed and updated.
NH.PMN.226	Pancrelipase (Pertzye, Viokace, Pancreaze)	2Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PMN.259	Inhaled Asthma and COPD Agents	Annual review, no changes
NH.PMN.295	Semaglutide (Wegovy)	2Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PMN.298	Tirzepatide (Zepbound)	2Q 2026 annual review: 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 drug class; for OSA continued therapy, clarified "physician directed" weight loss program; RT4: added new multi-dose vial dosage form and new KwikPen dosage form; references reviewed and updated.
NH.PMN.48	Cyclosporine (Cequa, Restasis, Verkazia, Vevye, Klarity-C)	2Q 2026 annual review: for all indications, extended initial and continued therapy approval duration from 6 months to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
NH.PMN.49	Dabigatran (Pradaxa)	2Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PMN.56	Atypical Antipsychotics	Removed numerous agents from the policy as they no longer require PA
NH.PMN.87	Plecanatide (Trulance)	Annual review, no changes
NH.PMN.97	Opioid Analgesics*	2Q 2026 annual review: removed disclaimers directing to CP.PMN.127 for fentanyl IR products due to policy retirement; references reviewed and updated.