Number	Title	Revision Log
CP.PHAR.109	Tesamorelin (Egrifta SV, Egrifta WR)	3Q 2026 annual review: added ICHRA line of business; extended Medicaid and HIM initial approval duration from 6 months to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.11	Burosumab-twza (Crysvita)	3Q 2026 annual review: no significant changes; for Medicaid/HIM revised initial approval duration from 6 to 12 months; modified maximum dosing in adults for XLH to 1 mg/kg, not to exceed 90 mg, administered every 2 weeks per updated prescribing information; references reviewed and updated. Added ICHRA line of business.
CP.PHAR.123	Evolocumab (Repatha)	Per 2026 guideline updates: for all indications, modified moderate or low intensity statin requirement therapy from requiring previous use of one high intensity statin and LDL remained ≥ 70 mg/dL to LDL goal was not achieved to reflect differing LDL goals based on specific indication; modified recent LDL requirements to ≥ 55 mg/dL for history of ASCVD regardless of very high risk status; for increased risk for CV events, added diabetes, 10-year estimated risk for ASCVD ≥ 10%, and CAC score ≥ 100 to 299 AU as examples of increased risk for CV events, added CAC score ≥ 300 AU as example of history of ASCVD, added recent LDL requirement ≥ 70 mg/dL separate from history of ASCVD; for HeFH, simplified baseline LDL to at least 160 mg/dL for all ages, revised recent LDL requirement to ≥ 70 mg/dL; for primary hypercholesterolemia, added recent LDL requirement of ≥ 70 mg/dL for severe primary hypercholesterolemia with ASCVD risk factors with corresponding Appendix H, clarified recent LDL requirement of ≥ 100 mg/dL is for without ASCVD risk factors, added requirement that treatment plan does not include coadministration with Lerochol to prevent duplicate therapy; for HoFH, revised LDL requirements to ≥ 100 mg/dL for pediatric population, removed 'very high risk' qualifier from adult LDL requirement, removed ezetimibe trial criteria for pediatric population.
CP.PHAR.124	Alirocumab (Praluent)	Per 2026 guideline updates: for all indications, modified moderate or low intensity statin requirement therapy from requiring previous use of one high intensity statin and LDL remained ≥ 70 mg/dL to LDL goal was not achieved to reflect differing LDL goals based on specific indication; modified recent LDL requirements to ≥ 55 mg/dL for history of ASCVD regardless of very high risk status; for increased risk for CV events, added diabetes and 10-year estimated risk for ASCVD ≥ 10% as examples of increased risk for CV events, added CAC score ≥ 300 AU as example of history of ASCVD, added recent LDL requirement ≥ 70 mg/dL separate from history of ASCVD; for HeFH, simplified baseline LDL to at least 160 mg/dL for all ages, revised recent LDL requirement to ≥ 70 mg/dL; for primary hypercholesterolemia, added recent LDL requirement of ≥ 70 mg/dL for severe primary hypercholesterolemia with ASCVD risk factors with corresponding Appendix H, clarified recent LDL requirement of ≥ 100 mg/dL is for without ASCVD risk factors, added requirement that treatment plan does not include coadministration with Lerochol to prevent duplicate therapy, modified continued therapy quantity limit from LDL ≥ 70 mg/dL or LDL ≥ 110 mg/dL to LDL goal was not achieved; for HoFH, removed 'very high risk' qualifier from adult LDL requirement;
CP.PHAR.145	Deferasirox (Exjade, Jadenu)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.146	Deferoxamine (Desferal)	3Q 2026 annual review: added ICHRA line of business; revised approval continued therapy duration for Commercial from 12 months to standard injectable authorization of "6 months or to the member's renewal date, whichever is longer"; references reviewed and updated.
CP.PHAR.147	Deferiprone (Ferriprox)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.150	Mecasermin (Increlex)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.177	Ecallantide (Kalbitor)	3Q 2026 annual review: added ICHRA line of business; extended Medicaid and HIM initial approval duration from 6 months to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.178	Icatibant (Firazyr)	3Q 2026 annual review: added ICHRA line of business; extended Medicaid and HIM initial approval duration from 6 months to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.202	C1 Esterase Inhibitors (Berinert, Cinryze, Haegarda, Ruconest)	3Q 2026 annual review: extended Medicaid initial approval duration from 6 months to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.209	Aztreonam (Cayston)	3Q 2026 annual review: no significant changes; for initial therapy, updated approval duration from 6 months to 12 months for chronic therapy; references reviewed and updated.
CP.PHAR.210	Ivacaftor (Kalydeco)	3Q 2026 annual review: no significant changes; for initial therapy, updated approval duration from 6 months to 12 months for chronic therapy; added ICHRA line of business; references reviewed and updated.
CP.PHAR.212	Dornase Alfa (Pulmozyme)	3Q 2026 annual review: no significant changes; for initial therapy, updated approval duration from 6 months to 12 months for chronic therapy; added ICHRA line of business; references reviewed and updated.
CP.PHAR.213	Lumacaftor/Ivacaftor (Orkambi)	3Q 2026 annual review: no significant changes; for initial therapy, updated approval duration from 6 months to 12 months for chronic therapy; added ICHRA line of business; references reviewed and updated.
CP.PHAR.27	Tolvaptan (Jynarque, Samsca)	3Q 2026 annual review: for hyponatremia, added option for acute care physician prescriber since Samsca is initiated in a hospital setting; added ICHRA line of business; references reviewed and updated.
CP.PHAR.270	Paricalcitol Injection (Zemplar)	3Q 2026 annual review: no significant changes; for Medicaid/HIM revised initial approval duration from 6 to 12 months; references reviewed and updated. Added ICHRA line of business.
CP.PHAR.277	Cytomegalovirus Immune Globulin (CytoGam)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.283	Lomitapide (Juxtapid)	Per 2026 guideline updates: removed redundant age limit criterion; revised LDL requirements to ≥ 100 mg/dL for pediatric population ≥ 7 years; removed 'very high risk' qualifier from adult LDL requirement; modified moderate or low intensity statin requirement therapy from requiring previous use of one high intensity statin and LDL remained ≥ 70 mg/dL to LDL goal was not achieved to reflect differing LDL goals based on specific indication.
CP.PHAR.286	Pirfenidone (Esbriet)	3Q 2026 annual review: added ICHRA line of business; extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.287	Obeticholic Acid (Ocaliva)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.295	Sargramostim (Leukine)	3Q 2026 annual review: no significant changes; modified all approval durations for Medicaid/HIM from 6 to 12 months; references reviewed and updated.
CP.PHAR.338	Cerliponase Alfa (Brineura)	3Q 2026 annual review: no significant changes; updated Initial Approval and Continued Therapy authorization durations from 6 months to 12 months; added ICHRA line of business; references reviewed and updated.
CP.PHAR.351	Daptomycin (Cubicin, Cubicin RF, Dapzura RT)	3Q 2026 annual review: no significant changes; removed references to Cubicin RF as brand is discontinued; references reviewed and updated. Added ICHRA line of business.
CP.PHAR.354	Testosterone (Testopel, Jatenzo, Kyzatrex, Tlando)	Retiring NH.PHAR.354 as the only difference in the corporate and NH policies was the brand requirement for Androgel and that has been removed with recent PDL updates.
CP.PHAR.377	Tezacaftor/Ivacaftor; Ivacaftor (Symdeko)	3Q 2026 annual review: no significant changes; for initial therapy, updated approval duration from 6 months to 12 months for chronic therapy; added ICHRA line of business; references reviewed and updated.
CP.PHAR.379	Etelcalcetide (Parsabiv)	3Q 2026 annual review: no significant changes; revised initial approval duration for Medicaid/HIM from 6 to 12 months; references reviewed and updated. Added ICHRA line of business.
CP.PHAR.384	Lutetium Lu 177 Dotatate (Lutathera)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.

CP.PHAR.385	Corticosteroids for Ophthalmic Injection (Dextenza, Iluvien, Ozurdex, Retisert, Xipere, Yutiq)	3Q 2026 annual review: no significant changes; added ICHRA line of business; no significant changes; references reviewed and updated.
CP.PHAR.388	Chloramphenicol Sodium Succinate	3Q 2026 annual review: no significant changes; revised Medicaid/HIM continued approval duration from 12 to 6 months as extended use is not appropriate; added ICHRA line of business; references reviewed and updated.
CP.PHAR.396	Lanadelumab-flyo (Takhzyro)	3Q 2026 annual review: extended Medicaid initial approval duration from 6 months to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.401	Amikacin (Arikayce)	3Q 2026 annual review: no significant changes; references reviewed and updated. Added ICHRA line of business.
CP.PHAR.41	Enfuvirtide (Fuzeon)	3Q 2026 annual review: added ICHRA line of business; extended Medicaid and HIM initial approval duration from 6 months to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.415	Ravulizumab-cwvz (Ultomiris)	3Q 2026 annual review: for gMG, added Imaavy and Uplizna to the list of therapies that Ultomiris should not be prescribed concurrently with; added ICHRA line of business; for all indications, extended initial approval durations for Medicaid/HIM from 6 to 12 months and revised all approval durations for Commercial to "6 months or to the member's renewal date, whichever is longer" for this maintenance medication for a chronic condition; removed 300 mg/30 mL IV vial and SC injection dosage form per prescribing information and updated dosing requirements accordingly in criteria; references reviewed and updated.
CP.PHAR.425	Metreleptin (Myalept)	3Q 2026 annual review: added ICHRA line of business; extended Medicaid and HIM initial approval duration from 6 months to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.430	Alpelisib (Piqray, Vijoice)	3Q 2026 annual review: no significant changes; added ICHRA line of business; revised initial approval durations for PROS and for non-Commercial lines of business for breast cancer from 6 months to 12 months; references reviewed and updated.
CP.PHAR.432	Tafamidis (Vyndaqel, Vyndamax)	3Q 2026 annual review: for diagnosis by cardiac uptake, specified radionucleotide scan should be SPECT per updated 2025 ACC Clinical Guidance; in initial approval criteria, added examples of heart failure from Appendix D; revised initial approval duration from 6 to 12 months; added ICHRA line of business; references reviewed and updated.
CP.PHAR.440	Elexacaftor/Ivacaftor/Tezacaftor; Ivacaftor (Trikafta)	3Q 2026 annual review: RT4: updated FDA approved indication to patients who have at least one variant in the CFTR gene that is either responsive based on clinical and/or in vitro data or results in production of CFTR protein; updated Appendix E with list of CFTR gene variants that are responsive to Trikafta per prescribing information; added ICHRA line of business; for initial therapy, updated duration from 6 months to 12 months for chronic therapy; references reviewed and updated.
CP.PHAR.448	Mometasone Furoate (Sinuva)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.458	Inebilizumab-cdon (Uplizna)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.463	Satralizumab-mwge (Enspryng)	3Q 2026 annual review: added ICHRA line of business; extended initial approval durations for Medicaid/HIM from 6 to 12 months and revised all approval durations for Commercial to "6 months or to the member's renewal date, whichever is longer" for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.485	Berotralstat (Orladeyo)	3Q 2026 annual review: extended initial approval duration from 6 months to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.487	Osilodrostat (Isturisa)	3Q 2026 annual review: added ICHRA line of business; extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.488	Apomorphine (Apokyn, Apokyn NXT, Onapgo)	3Q 2026 annual review: no significant changes; added ICHRA line of business; revised initial approval duration from 6 months to 12 months for chronic disease maintenance; references reviewed and updated.
CP.PHAR.491	Setmelanotide (Imcivree)	RT4: drug is now FDA-approved for acquired HO – acquired HO criteria updated per FDA labeling: modified requirement for diagnosis of acquired HO to allow option of assessment by MRI or documented history of hypothalamic injury for brain tumors affecting the hypothalamic region; added requirement for rapid, persistent weight gain occurring during the first 12 months following onset of hypothalamic damage per expert guidance; added additional prescriber options of neurologist or metabolic disease specialist; revised initial approval duration from 12 to 6 months to assess for positive response after 6 months rather than 12 months; for all indications, corrected creatinine clearance to eGFR; added ICHRA line of business; references reviewed and updated.
CP.PHAR.494	Capmatinib (Tabrecta)	3Q 2026 annual review: no significant changes; for continued therapy, added for Tabrecta requests, member must use generic capmatinib; added ICHRA line of business; references reviewed and updated.
CP.PHAR.495	Mitomycin Instillation Solution (Jelmyto, Zusduri)	3Q 2026 annual review: for NMIBC, removed requirement for low-grade disease and TURBT and added option for high risk disease per NCCN; added off-label indication of MIBC per NCCN; added ICHRA line of business; references reviewed and updated.
CP.PHAR.497	Tucatinib (Tukysa)	3Q 2026 annual review: for breast cancer, removed "confirmation of" from HER2 positive disease requirement and added HER2 negative disease option per NCCN; for colorectal cancer and appendiceal carcinoma, added requirement for BRAF wild-type disease per NCCN; added small bowel adenocarcinoma indication per NCCN; moved appendiceal carcinoma from colorectal cancer section to Additional NCCN Recommended Uses (off-label) section; revised initial approval durations for non-Commercial lines of business from 6 months to 12 months; added ICHRA line of business; references reviewed and updated.
CP.PHAR.511	Evinacumab-dgnb (Evkeeza)	Per 2026 guideline updates: revised ezetimibe requirements to ages ≥ 10 years; revised statin requirement to ages ≥ 7 years; revised LDL requirements to ≥ 100 mg/dL for pediatric population ≥ 7 years; removed 'very high risk' qualifier from adult LDL requirement; modified moderate or low intensity statin requirement therapy from requiring previous use of one high intensity statin and LDL remained ≥ 70 mg/dL to LDL goal was not achieved to reflect differing LDL goals based on specific indication; revised Commercial initial and continued therapy approval duration from 12 months to standard duration for injectables, 6 months or to the member's renewal date, whichever is longer.
CP.PHAR.518	Mannitol (Bronchitol)	3Q 2026 annual review: for initial approval criteria, added prescribed by or in consultation with an expert in treatment of cystic fibrosis; for initial therapy, updated approval duration from 6 months to 12 months for chronic therapy; references reviewed and updated.
CP.PHAR.524	Pegcetacoplan (Empaveli, Syfovre)	3Q 2026 annual review: added ICHRA line of business; for PNH and C3G/primary IC-MPGN, revised all approval durations to "6 months or to the member's renewal date, whichever is longer" for Commercial and initial approval durations from 6 to 12 months for Medicaid and HIM; references reviewed and updated.
CP.PHAR.525	Vosoritide (Voxzogo)	Per June SDC, added requirement that member will not have limb-lengthening surgery during treatment; added ICHRA line of business.
CP.PHAR.543	Maralixibat (Livmarli)	3Q 2026 annual review: no significant changes; revised initial approval durations for 6 months to 12 months; added ICHRA line of business; references reviewed and updated.
CP.PHAR.545	Betibeglogene Autotemcel (Zynteglo)	3Q 2026 annual review: no significant changes; added ICHRA line of business; removed requirement for documentation of body weight; references reviewed and updated.
CP.PHAR.548	Palovarotene (Sohonos)	3Q 2026 annual review: no significant changes; for initial therapy, updated approval duration from 6 months to 12 months for chronic therapy; added ICHRA line of business; references reviewed and updated.
CP.PHAR.555	Efgartigimod Alfa-fcab, Efgartigimod/Hyaluronidase-qvfc (Vyvgart, Vyvgart Hytrulo)	For CIDP, added ≥ 3 months duration to immune globulin therapy criterion to ensure adequate trial prior to advancing treatment; added ICHRA line of business.
CP.PHAR.568	Inclisiran (Leqvio)	Per 2026 guideline updates: added ICHRA line of business; for all indications, modified moderate or low intensity statin requirement therapy from requiring previous use of one high intensity statin and LDL remained ≥ 70 mg/dL to LDL goal was not achieved to reflect differing LDL goals based on specific indication; modified recent LDL requirements to ≥ 55 mg/dL for history of ASCVD regardless of very high risk status; for HeFH, simplified baseline LDL to at least 160 mg/dL for all ages, revised recent LDL requirement to ≥ 70 mg/dL; for primary hypercholesterolemia, added recent LDL requirement of ≥ 70 mg/dL for severe primary hypercholesterolemia with ASCVD risk factors with corresponding Appendix H, clarified recent LDL requirement of ≥ 100 mg/dL is for without ASCVD risk factors, added requirement that treatment plan does not include coadministration with Lerochol to prevent duplicate therapy; for HoFH, revised LDL requirements to ≥ 100 mg/dL.
CP.PHAR.572	Budesonide (Tarpeyo)	3Q 2026 annual review: added ICHRA line of business; for initial approval criteria, clarified ACEi/ARB for 90 days to RAS inhibitor for 12 weeks, clarified confirmation requirement to documentation; for continued therapy, added reduction of proteinuria by lower total urine protein per day from baseline as evidence of positive response to therapy; references reviewed and updated.
CP.PHAR.578	Abrocitinib (Cibinqo)	3Q 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.58	Denosumab (Prolia, Xgeva and Biosimilars)	Per June SDC, removed Commercial and HIM line of business (separated to new policy CP.PCH.63); for osteoporosis and prostate cancer/breast cancer fracture prevention, added Bildyos and Enoby as preferred biosimilars; for all other indications, removed Osenvelt and Wyost as preferred biosimilars and added Xtrenbo as an additional preferred biosimilar.
CP.PHAR.586	Olipudase Alfa-rpcp (Xenpozyme)	3Q 2026 annual review: no significant changes; updated Initial Approval and Continued Therapy authorization durations from 6 months to 12 months; added ICHRA line of business; references reviewed and updated.
CP.PHAR.587	Pegzilarginase (AEB1102)	3Q 2026 annual review: no significant changes; references reviewed and updated.

CP.PHAR.589	Bulevirtide (Hepcludex)	3Q 2026 annual review: RT4: drug is now FDA approved – criteria updated per FDA labeling: revised requirement for detectable HDV RNA levels to be recent (within the last 60 days); revised elevated ALT requirement from ≥ 70 IU/L for men and ≥ 50 IU/L for women to > 35 IU/L for men and > 25 IU/L for women per clinical trial eligibility and guidelines; clarified Child-Pugh Class A status for those with cirrhosis present; added provider attestation that member is receiving appropriate HBV infection therapy; revised positive response criterion from "both" to "one" of the following: reduction in HDV RNA or ALT normalization; added ICHRA line of business; for Medicaid and HIM, revised initial approval duration from 6 months to 12 months for this chronic disease; references reviewed and updated.
CP.PHAR.599	Marnetegragene Autotemcel (Kresladi)	RT1: clarified that ITGB2 gene mutation should be biallelic and added age requirement < 18 years per prescribing information; added additional options for severe disease (genetic testing, delayed umbilical cord separation, omphalitis, LAD-I-related clinical events) per 2026 international Delphi consensus; references reviewed and updated.
CP.PHAR.607	Deucravacitinib (Sotyktu)	Per June SDC: removed criteria requiring use of Taltz.
CP.PHAR.609	Prademagene Zamikeracel (Zevaskyn)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.61	Cinacalcet (Sensipar)	3Q 2026 annual review: no significant changes; revised initial approval duration from 6 to 12 months; added ICHRA line of business; references reviewed and updated.
CP.PHAR.614	Nirsevimab (Beyfortus)	3Q 2026 annual review: for all indications other than preterm, late preterm or term infant, clarified exclusion for prior use of other RSV monoclonal antibody (e.g., Enflonsia); removed references to prior Synagis use as product is discontinued; added ICHRA line of business; references reviewed and updated.
CP.PHAR.631	Sparsentan (Filspari)	3Q 2026 annual review: added redirection to SGLT2i per KDIGO guideline; extended initial approval duration from 6 months to 12 months for this maintenance medication for a chronic condition; RT4: added criteria for newly approved FSGS indication; references reviewed and updated.
CP.PHAR.632	Fecal microbiota spores, live-brpk (Vowst)	3Q 2026 annual review: no significant changes; references reviewed and updated.Added ICHRA line of business.
CP.PHAR.638	Nalmefene (Opvee, Zurnai)	3Q 2026 annual review: no significant changes; added HCPCS code [C9399, J3490]; ICHRA line of business added; references reviewed and updated.
CP.PHAR.644	Givinostat (Duvyzat)	3Q 2026 annual review: added ICHRA line of business; revised initial approval duration from 6 months to 12 months for this chronic disease; references reviewed and updated.
CP.PHAR.656	Iptacopan (Fabhalta)	3Q 2026 annual review: for IgAN, revised criterion for proteinuria from ≥ 1 g/day to ≥ 0.5 g/day and added redirection to SGLT2 inhibitor per 2025 KDIGO IgAN guidelines; for C3G, added requirement that disease has not recurred after kidney transplant per prescribing information and added requirement against concurrent use with Empaveli; added ICHRA line of business; extended all initial approval durations from 6 to 12 months; references reviewed and updated.
CP.PHAR.664	Crovalimab-akkz (PiaSky)	3Q 2026 annual review: per SDC, revised redirection from Soliris or Ultomiris to only Ultomiris; added ICHRA line of business; extended initial approval duration for Medicaid/HIM from 6 to 12 months and revised all approval durations for Commercial to "6 months or to the member's renewal date, whichever is longer" for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.665	Danicopan (Voydeya)	3Q 2026 annual review: added ICHRA line of business; extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.673	Garadacimab (Andembry)	3Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.680	Elamipretide (Forzinity)	3Q 2026 annual review: added alternative tests for documentation of impaired muscle strength; references reviewed and updated.
CP.PHAR.682	Levacetylleucine (Aqneursa)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.683	Acoramidis (Attruby)	3Q26 annual review: for diagnosis by cardiac uptake, specified radionucleotide scan should be SPECT per updated 2025 ACC Clinical Guidance; added "Nutrition (e.g., body mass index)" as an option for positive response parameters to align with vutrisiran and tafamidis ATTR-CM continued therapy criteria; in initial approval criteria, added examples of heart failure from Appendix D; revised initial approval duration from 6 to 12 months; added ICHRA line of business; references reviewed and updated.
CP.PHAR.688	Elafibranor (Iqirvo)	3Q 2026 annual review: added ICHRA line of business; added requirement to initial therapy that member does not have decompensated cirrhosis; added requirement to initial and continued therapy that Iqirvo is not prescribed concurrently with Livdelzi to prevent duplicate therapy; references reviewed and updated.
CP.PHAR.689	Olezarsen (Tryngolza)	3Q 2026 annual review: Per 2026 guideline updates: revised fasting triglyceride requirement to ≥ 1000 mg/dL; revised clinically suggestive FCS requirement to inconclusive genetic test results and NAFCS score > 45; added trial and failure of fibrate therapy or omega-3 fatty acids; references reviewed and updated.
CP.PHAR.690	Imetelstat (Rytelo)	3Q 2026 annual review: no significant changes; updated initial approval criteria and continued therapy approval durations from 6 months to 12 months for HIM and Medicaid; references reviewed and updated.
CP.PHAR.700	Vanzacaftor/Tezacaftor/Deutivacaftor (Alyftrek)	3Q 2026 annual review: RT4: updated FDA approved indication to patients who have at least one variant in the CFTR gene that is either responsive based on clinical and/or in vitro data or results in the production of CFTR protein; updated Appendix E with list of CFTR gene variants that are responsive to Alyftrek per prescribing information; added ICHRA line of business; references reviewed and updated.
CP.PHAR.717	Donidalorsen (Dawnzera)	3Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.721	Plozasiran (Redemplo)	Per 2026 guideline updates: revised fasting triglyceride requirement to ≥ 1000 mg/dL; revised clinically suggestive FCS requirement to inconclusive genetic test results and NAFCS score > 45; added trial and failure of fibrate therapy or omega-3 fatty acids.
CP.PHAR.723	Sebetralstat (Ekterly)	3Q 2026 annual review: added quantity limit; references reviewed and updated.
CP.PHAR.727	Atrasentan (Vanrafia)	3Q 2026 annual review: added redirection to SGLT2i per updated 2025 KDIGO guidelines; references reviewed and updated.
CP.PHAR.739	Acoltremon (Tryptyr)	3Q 2026 annual review: no significant changes; added ICHRA line of business; no significant changes; references reviewed and updated.
CP.PHAR.740	Taletrectinib (Ibtrozi)	3Q 2026 annual review: added ICHRA line of business; extended initial approval duration from 6 to 12 months; references reviewed and updated.
CP.PHAR.741	Clesrovimab-cfor (Enflonsia)	3Q 2026 annual review: no significant changes; removed references to prior Synagis use as product is discontinued; references reviewed and updated. Added ICHRA line of business.
CP.PHAR.742	Sunvozertinib (Zegfrovy)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.743	Linvoseltamab-gcpt (Lynozyfic)	3Q 2026 annual review: no significant changes; added ICHRA line of business; removed HCPCS code J9999; references reviewed and updated.
CP.PHAR.746	Navepegritide (Yuviwel)	Per June SDC, added requirement that member will not have limb-lengthening surgery during treatment and added redirection to Voxzogo.
CP.PHAR.753	Gemcitabine Intravesical System (Inlexzo)	Per June SDC, added requirement for provider attestation that Adstiladrin therapy has been considered and not recommended with clinical rationale supporting Inlexzo over Adstiladrin. Added ICHRA line of business.
CP.PHAR.768	Lerodalcibep-liga (Lerochol)	3Q26 annual review: Per 2026 guideline update: added ICHRA line of business; for all indications, modified moderate or low intensity statin requirement therapy from requiring previous use of one high intensity statin and LDL remained ≥ 70 mg/dL to LDL goal was not achieved to reflect differing LDL goals based on specific indication; modified recent LDL requirements to ≥ 55 mg/dL for history of ASCVD regardless of very high risk status; for increased risk for CV events, added diabetes, 10-year estimated risk for ASCVD ≥ 10%, and CAC score ≥ 100 to 299 AU as examples of increased risk for CV events, added CAC score ≥ 300 AU as example of history of ASCVD, added recent LDL requirement ≥ 70 mg/dL separate from history of ASCVD; for HeFH, simplified baseline LDL to at least 160 mg/dL for all ages, revised recent LDL requirement to ≥ 70 mg/dL; for primary hypercholesterolemia, added recent LDL requirement of ≥ 70 mg/dL for severe primary hypercholesterolemia with ASCVD risk factors with corresponding Appendix H, clarified recent LDL requirement of ≥ 100 mg/dL is for without ASCVD risk factors.
CP.PHAR.775	Sibeprenlimab-szsi (Voyxact)	3Q 2026 annual review: added ICHRA line of business; revised proteinuria criterion from 1 g/day to 0.5g/day per 2025 KDIGO guidelines; added 12 week trial requirement to SGLT2 inhibitor trial and failure requirement; references reviewed and updated.
CP.PHAR.784	Linerixibat (Lynavoy)	Policy created
CP.PHAR.788	Icotrokinra (Icotyde)	Policy created.
CP.PHAR.792	Baxdrostat (Baxfendy)	Policy created.
CP.PHAR.82	Collagenase Clostridium Histolyticum (Xiaflex)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PHAR.89	Peginterferon Alfa-2a (Pegasys)	3Q 2026 annual review: no significant changes; added ICHRA line of business; for CHB, added clarifying criterion that total treatment period does not exceed 48 weeks to align with existing approval duration; for continued therapy, added clarifying criteria for total treatment durations of CHB and melanoma to align with existing approval durations of 48 weeks and 5 years, respectively; revised initial approval duration for NCCN-Recommended Off-Label Indications for non-Commercial lines of business from 6 months to 12 months; revised CHB initial approval duration and all non-CHC approval durations for Commercial line of business to be "6 months or to the member's renewal date, whichever is longer"; references reviewed and updated.
CP.PHAR.95	Thyrotropin Alfa (Thyrogen)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.

CP.PHAR.97	Eculizumab (Soliris), Eculizumab-aeeb (Bkemv), Eculizumab-aagh (Epysqli)	3Q 2026 annual review: for gMG, added Imaavy and Uplizna to the list of therapies that Soliris/Bkemv/Epysqli should not be prescribed concurrently with; added ICHRA line of business; for all indications, extended initial approval durations for Medicaid/HIM from 6 to 12 months and revised all approval durations for Commercial to "6 months or to the member's renewal date, whichever is longer" for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PMN.03	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	Per June SDC: added generic sitagliptin and generic sitagliptin/metformin as preferred products; for brand Januvia/Zituvio or Janumet/Janumet XR/Zituvimet/Zituvimet XR, added redirection to generic sitagliptin and generic sitagliptin/metformin.
CP.PMN.08	Lidocaine Transdermal (Lidoderm, ZTlido)	3Q 2026 annual review: added ICHRA line of business; extended initial approval duration from 6 months to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PMN.102	Rolapitant (Varubi)	3Q 2026 annual review: no significant changes; references reviewed and updated. Added ICHRA line of business.
CP.PMN.111	House Dust Mite Allergen Extract (Odactra)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.115	Delafloxacin (Baxdela)	3Q 2026 annual review: no significant changes; references reviewed and updated. Added ICHRA line of business.
CP.PMN.132	Tadalafil BPH - ED (Cialis, Chewtadzy)	3Q 2026 annual review: no significant changes; added to continued therapy contraindicated concurrent use restrictions to align with language for initial therapy requests; added ICHRA line of business; references reviewed and updated.
CP.PMN.14	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	Added off-label criteria for IgAN per 2025 KDIGO IgAN and IgAV guidelines; for CKD, removed eGFR, UACR, and maximally tolerated angiotensin converting enzyme inhibitor/angiotensin receptor blocker dose requirements as well as requirements derived from study exclusion criteria (type 1 diabetes, polycystic kidney disease, receipt of immunosuppressive therapy for kidney disease in the past 6 months) as SGLT2 inhibitors are a first-line therapy per 2024 KDIGO CKD guidelines.
CP.PMN.141	Dolasetron (Anzemet)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.143	sotretinoin (Absorica, Absorica LD, Amnesteem, Claravis, Zenatane)	Added ICHRA line of business; added off-label criteria for acne fulminans per local market request.
CP.PMN.145	Vilazodone (Viibryd)	3Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.15	Asenapine (Saphris, Secuado)	3Q 2026 annual review: added ICHRA line of business; removed all line of business-specific distinctions from Appendix D; references reviewed and updated.
CP.PMN.152	Lofexidine (Lucemyra)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.155	Lacosamide (Motpoly XR, Vimpat)	3Q 2026 annual review: no significant changes; moved the sub-bullet for the generic redirection for brand Vimpat out into its own bullet to clarify that the generic redirection is not subject to the redirection bypass for Nevada Medicaid requests; references reviewed and updated.
CP.PMN.156	Perampanel (Fycompa)	3Q 2026 annual review: no significant changes; for Initial Approval Criteria, moved the placement of the redirection from Fycompa oral suspension to generic perampanel tablet such that the Nevada Medicaid redirection bypass would also apply to this redirection; added the requirement that the "Request does not exceed health plan-approved quantity limit, if applicable" since there are strength-differentiated quantity limits on this drug in HIM; added ICHRA line of business; references reviewed and updated.
CP.PMN.157	Rufinamide (Banzel)	3Q 2026 annual review: no significant changes; moved the sub-bullet for the generic redirection for brand Banzel out into its own bullet to clarify that the generic redirection is not subject to the redirection bypass for Nevada Medicaid requests; added the requirement that the "Request does not exceed health plan-approved quantity limit, if applicable" since there are strength-differentiated quantity limits on this drug in HIM; added ICHRA line of business; references reviewed and updated.
CP.PMN.158	Netupitant and Palonosetron (Akynzeo), Fosnetupitant and Palonosetron (Akynzeo IV)	3Q 2026 annual review: no significant changes; references reviewed and updated. Added ICHRA line of business.
CP.PMN.159	Dronabinol (Marinol, Syndros)	3Q 2026 annual review: no significant changes; added HCPCS code J8597; extended initial approval duration for anorexia associated with AIDS from 6 to 12 months; references reviewed and updated.
CP.PMN.163	Sodium Zirconium Cyclosilicate (Lokelma)	3Q 2026 annual review: no significant changes; for initial therapy, updated Medicaid and HIM approval duration from 6 months to 12 months for chronic therapy; added ICHRA line of business; references reviewed and updated.
CP.PMN.164	Cannabidiol (Epidiolex)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.187	Icosapent Ethyl (Vascepa)	Per 2026 guideline updates: for hypertriglyceridemia without ASCVD, added 3 consecutive month trial for failure of omega-3-acid ethyl esters; for reduction of cardiovascular disease risk, modified moderate or low intensity statin requirement therapy from requiring previous use of one high intensity statin and LDL remained ≥ 70 mg/dL to LDL goal was not achieved to reflect differing LDL goals based on specific indication.
CP.PMN.188	Omadacycline (Nuzyra)	3Q 2026 annual review: no significant changes; references reviewed and updated. Added ICHRA line of business.
CP.PMN.19	Aprepitant (Aponvie, Emend, Cinvanti), Fosaprepitant (Emend for Injection, Focinvez)	3Q 2026 annual review: no significant changes; applied Medicaid approval durations to Commercial line of business; added ICHRA line of business; references reviewed and updated.
CP.PMN.205	Patiromer (Veltassa)	3Q 2026 annual review: no significant changes; for initial therapy, updated Medicaid and HIM approval duration from 6 months to 12 months for chronic therapy; references reviewed and updated.
CP.PMN.207	Triclabendazole (Egaten)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.208	Halobetasol Propionate/Tazarotene (Duobrii)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.211	Midazolam (Nayzilam)	3Q 2026 annual review: no significant changes; increased the duration of the Initial Approval authorization from 6 months to 12 months; added ICHRA line of business; references reviewed and updated.
CP.PMN.219	Lefamulin (Xenleta)	3Q 2026 annual review: no significant changes; references reviewed and updated. Added ICHRA line of business.
CP.PMN.220	Peanut Allergen Powder-dnfp (Palforzia)	3Q 2026 annual review: added ICHRA line of business; extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PMN.224	Tenapanor (Ibsrela, Xphozah)	Removed HIM and added Commercial line of business; for IBS-C removed redirection to Trulance due to Medicaid regulations (adapted from CP.CPA.362 that will be retired to align Medicaid with existing Commercial strategy).
CP.PMN.232	Lumateperone (Caplyta)	3Q 2026 annual review: added ICHRA line of business; removed all line of bussiness-specific distinctions from Appendix D; references reviewed and updated.
CP.PMN.236	Amisulpride (Barhemsys)	3Q 2026 annual review: no significant changes; references reviewed and updated. Added ICHRA line of business.
CP.PMN.237	Bempedoic Acid (Nexletol), Bempedoic Acid/Ezetimibe (Nexlizet)	Per 2026 guideline updates: added ICHRA line of business; added off-label HoFH indication; for all indications, modified moderate or low intensity statin requirement therapy from requiring previous use of one high intensity statin and LDL remained ≥ 70 mg/dL to LDL goal was not achieved to reflect differing LDL goals based on specific indication; modified recent LDL requirements to ≥ 55 mg/dL for history of ASCVD regardless of very high risk status; for increased risk for CV events, revised definition of high risk for a CVD event to diabetes or 10-year estimated risk for ASCVD ≥ 10%, added CAC score ≥ 300 AU as example of history of ASCVD, added recent LDL requirement ≥ 70 mg/dL separate from history of ASCVD; for HeFH, simplified baseline LDL to at least 160 mg/dL for all ages, revised recent LDL requirement to ≥ 70 mg/dL; for primary hypercholesterolemia, added recent LDL requirement of ≥ 70 mg/dL for severe primary hypercholesterolemia with ASCVD risk factors with corresponding Appendix H, clarified recent LDL requirement of ≥ 100 mg/dL is for without ASCVD risk factors.
CP.PMN.238	Carbidopa/Levodopa ER Capsules (Rytary), Enteral Suspension (Duopa), IR Tablets (Dhivy)	3Q 2026 annual review: added generic carbidopa-levodopa extended release to list of drugs criteria is applicable to; added to both initial and continued therapy criteria, member must use generic carbidopa-levodopa extended release (generic Rytary) and generic carbidopa-levodopa for Rytary and Dhivy requests, respectively; added ICHRA line of business; references reviewed and updated.
CP.PMN.239	Chenodiol (Chenodal, Ctexli)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.240	Gabapentin ER (Gralise, Horizant)	3Q 2026 annual review: added ICHRA line of business; removed "if available" from "member must use generic Gralise"; references reviewed and updated.
CP.PMN.242	Minocycline Micronized Foam (Amzeeq)	3Q 2026 annual review: no significant changes; references reviewed and updated.

CP.PMN.243	Progesterone (Crinone, Endometrin)	3Q 2026 annual review: no significant changes; removed each states specific evidence of coverage language and instead added language to refer to plan specific evidence of coverage (EOC) document for benefit coverage; added ICHRA line of business; references reviewed and updated.
CP.PMN.245	Opicapone (Ongentys)	3Q 2026 annual review: no significant changes; added ICHRA line of business; revised initial approval duration from 6 months to 12 months for this chronic disease; references reviewed and updated.
CP.PMN.246	Fenfluramine (Fintepla)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.263	Estradiol Vaginal Ring (Femring)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.269	Ivermectin (Stromectol, Sklice)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.27	Linezolid (Zyvox)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.272	Mavacamten (Camzyos)	3Q 2026 annual review: for initial and continued therapy, added requirement against concurrent use with Myqorzo; for continued therapy, added requirement for LVEF ≥ 50% per prescribing information and as supported by practice guidelines; added ICHRA line of business; extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PMN.278	Ganaxolone (Ztalmy)	Added trial and failure of two preferred anticonvulsants.
CP.PMN.280	Compounded Medications	3Q 2026 annual review: no significant changes; added ICHRA line of business.
CP.PMN.288	Nirmatrelvir and Ritonavir (Paxlovid)	3Q 2026 annual review: no significant changes; updated the list of the CDC's risk factors for progression to severe disease in Appendix D; added ICHRA line of business; references reviewed and updated.
CP.PMN.289	Fezolinetant (Veozah)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.296	Ketamine (Ketalar)	3Q 2026 annual review: no significant changes; for product availability, added 10 mg/mL multi-dose vial; added ICHRA line of business; references reviewed and updated.
CP.PMN.305	Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists Weight Management Benefit for Pediatric Members	Per June SDC: for initial approval criteria and continued therapy, added if request is for Zepbound Pre-filled Single-Use Pen formulation, member must use Zepbound KwikPen formulation.
CP.PMN.40	Acitretin (Soriatane)	3Q 2026 annual review: no significant changes; for initial approval criteria, updated approval duration from 6 months to 12 months for chronic condition; for Appendix B therapeutic alternatives, added SC option for methotrexate; references reviewed and updated.
CP.PMN.44	Pyrimethamine (Daraprim)	3Q 2026 annual review: no significant changes; references reviewed and updated. Added ICHRA line of business.
CP.PMN.46	Roflumilast (Daliresp, Zoryve)	3Q 2026 annual review: no significant changes; for atopic dermatitis, simplified corticosteroid trial requirement (no change to the existing intent) to align with Eucrisa; added ICHRA line of business; references reviewed and updated.
CP.PMN.60	SSRI/SNRI Duplicate Therapy	3Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.62	Tedizolid (Sivextro)	3Q 2026 annual review: no significant changes; references reviewed and updated. Added ICHRA line of business.
CP.PMN.65	Vortioxetine (Trintellix)	3Q 2026 annual review: added ICHRA line of business; removed "applies to HIM request only" from Appendix D for TX; references reviewed and updated.
CP.PMN.70	Ivabradine (Corlanor)	Per June SDC: removed HIM and Commercial line of business.
CP.PMN.74	Granisetron (Sancuso, Sustol)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.76	Calcifediol (Rayaldee)	3Q 2026 annual review: no significant changes; extended initial approval duration for Medicaid/HIM from 6 to 12 months; clarified for continued therapy member is responding positively to therapy as evidenced by a decrease in iPTH; added ICHRA line of business; references reviewed and updated.
CP.PMN.83	Short Ragweed Pollen Allergen Extract (Ragwitek)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.84	Timothy Grass Pollen Allergen Extract (Grastek)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.85	Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue Grass Mixed Pollens Allergen Extract (Oralair)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
CP.PMN.91	Cariprazine (Vraylar)	3Q 2026 annual review: added ICHRA line of business; removed all line of business-specific distinctions from Appendix D; references reviewed and updated.
CP.PMN.95	Fluticasone Propionate (Xhance)	3Q 2026 annual review: no significant changes; added ICHRA line of business; references reviewed and updated.
NH.PHAR.169	Vigabatrin (Sabril, Vigafyde)	Updated the Initial Approval duration for infantile spasms and refractory complex partial seizures from 3 months or 6 months, respectively, to 12 months
NH.PHAR.201	Mepolizumab (Nucala)	Policy created
NH.PHAR.207	Glycerol phenylbutyrate (Ravicti)	Added requirement for brand Ravicti due to PDL requirements
NH.PHAR.211	Tobramycin (Bethkis, Kitabis Pak, TOBI, TOBI Podhaler)	No significant changes; for initial therapy, updated Medicaid approval duration from 6 months to 12 months for chronic therapy
NH.PHAR.252	Glatiramer (Copaxone, Glatopa)	Added requirement for brand name Copaxone in line with PDL requirements
NH.PHAR.261	Secukinumab (Cosentyx)	Updated AS criteria with pediatric extension for ages 12 years and older per prescribing information.
NH.PHAR.264	Ustekinumab (Stelara)	For Stelara/ustekinumab, updated CD criteria with pediatric extension for ages 2 to 17 years per prescribing information; added HCPCS code Q5164. Per June SDC: for pediatric CD initial approval criteria, for brand Stelara requests, added criteria requiring use of preferred adalimumab products and unbranded ustekinumab; for continued therapy, for brand Stelara requests, added criteria requiring use of unbranded ustekinumab. Adjusted all trial and failure agents to align with PDL changes
NH.PHAR.285	Nintedanib (Ofev)	Extended initial approval durations from 6 to 12 months for this maintenance medication for a chronic condition; for chronic fibrosing ILDs, added rheumatologist as a prescriber option
NH.PHAR.296	Pegfilgrastim (Neulasta and biosimilars)	No significant changes; added HCPCS code [Q5169]; added new biosimilar Ennumo
NH.PHAR.297	Filgrastim (Neupogen), Filgrastim-sndz (Zarxio), Tbo-filgrastim (Granix), Filgrastim-aafi (Nivestym), Filgrastim-ayow (Releuko), Filgrastim-txid (Nypozi)	Added NCCN Compendium supported use for neutropenia following CAR T-cell therapy or lymphocyte engager-therapy; references reviewed and updated.
NH.PHAR.593	Delandistrogene Moxeparvovec-rokl (Elevidys)	3Q 2026 annual review: updated FDA approved indication with removal of non-ambulatory indication per updated PI; references reviewed and updated.
NH.PHAR.759	Nerandomilast (Jascayd)	For PPF, added rheumatologist as a prescriber option; removed health plan-approved quantity limit criterion
NH.PMN.04	Non-Calcium Phosphate Binders (Auryxia, Fosrenol, Renagel, Renvela, Velphoro)	Policy created to require brand name Fosrenol chewable tablet
NH.PMN.183	Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists	Adjusted appendix tables to add Ozempic oral tablets and updated references
NH.PMN.194	Prucalopride (Motegrity)	Policy created
NH.PMN.247	Rivaroxaban (Xarelto)	Policy created

NH.PMN.259	Inhaled asthma and COPD agents	Added brand requirement for Anoro Ellipta and removed AirDuo Respiclick brand requirement
NH.PMN.286	Glaucoma Agents	Policy created to require brand name for Alphagan P, Istalol, Azopt, Travatan Z and Combigan due to PDL requirements
NH.PMN.290	Perfluorohexyloctane (Miebo)	Policy created
NH.PMN.298	Tirzepatide (Zepbound)	Added requirement to use KwikPen formulation over single use
NH.PMN.56	Atypical Antipsychotics	Added milsaperidone (Bysanti) to policy