

Policy Number	Policy Title	Revision Notes
CC.PHAR.10	Preferred Drug List NHHF Addendum	4Q 2026 annual review: no significant changes; references reviewed and updated.
CC.PHAR.13	Pharmacy and Therapeutics Committee NHHF Addendum	4Q 2026 annual review: no significant changes; references reviewed and updated.
CC.PHAR.14	Generic Drug Additions to PDL NHHF Addendum	4Q 2026 annual review: no significant changes; references reviewed and updated.
CC.PHAR.19	Vacation Overrides NHHF Addendum	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.05	Hyaluronate derivatives	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.130	Avatrombopag (Doptelet, Doptelet Sprinkle)	4Q 2026 annual review: no significant changes; added BTK inhibitor for concurrent prescribing exclusion for all indications; references reviewed and updated.
CP.PHAR.132	Nitisinone (Orfadin, Nityr, Harliku)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.136	Elagolix (Orilissa), elagolix-estradiol-norethindrone (Oriahnn)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.139	Mogamulizumab-kpkc (Poteligeo)	4Q 2026 annual review: for ATLL initial therapy, removed "prescribed as a single agent" and added option for use in combination with CHOP per NCCN; references reviewed and updated.
CP.PHAR.141	Ribavirin	4Q 2026 annual review: no significant changes; removed discontinued Viekira from list of combination use drugs; references reviewed and updated.
CP.PHAR.142	Adefovir	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.143	Betaine (Cystadane)	4Q 2026 annual review: no significant changes; consolidated 12-month auth durations for all lines of business into one statement; references reviewed and updated.
CP.PHAR.151	Levoleucovorin (Khapzory)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.164	Miglustat (Zavesca)	Updated NPC diagnostic criterion to require confirmation by biallelic pathogenic variants in NPC1 or NPC2 gene per updated international consensus guidelines.
CP.PHAR.175	Triptorelin pamoate (Trelstar, Triptodur)	4Q 2026 annual review: for breast cancer, salivary gland tumors, and uterine sarcoma added requirement for age ≥ 18 years; per NCCN compendium for breast cancer added requirement that member is premenopausal or male and prescribed in combination with endocrine therapy; references reviewed and updated.
CP.PHAR.201	Belatacept (Nulojix)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.313	Pralatrexate (Folotyng)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.328	Asfotase Alfa (Strensiq)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.332	Pasireotide (Signifor, Signifor LAR)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.385	Corticosteroids for Ophthalmic Injection (Dextenza, Iluvien, Ozurdex, Retisert, Xipere, Yutiq)	Added step through of intravitreal steroid injections back to all indications as Triescence is now available for macular edema and DME.
CP.PHAR.389	Pegvisomant (Somavert)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.390	Cholic Acid (Cholbam)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.391	Lanreotide (Somatuline Depot)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.393	Leucovorin Injection	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.403	Fremanezumab-vfrm (Ajovy)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.404	Galcanezumab-gnlm (Emgality)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.434	Bremelanotide (Vyleesi)	4Q 2026 annual review: for continued therapy, added requirement for no concurrent use with Addyi, mirroring initial therapy requirement; references reviewed and updated.
CP.PHAR.438	Trientine (Syprine, Cuvrior)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.442	Fedratinib (Inrebic)	4Q 2026 annual review: for myeloid/lymphoid neoplasms with eosinophilia removed redirection to Jakafi per NCCN and specialist feedback; references reviewed and updated.
CP.PHAR.461	Nadofaragene firadenovec-vncg (Adstiladrin)	4Q 2026 annual review: increased initial and continued therapy approval duration to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.506	Antithymocyte Globulin (Atgam, Thymoglobulin)	4Q 2026 annual review: for Atgam, added option to be prescribed for GVHD prophylaxis per NCCN; references reviewed and updated.
CP.PHAR.509	Triheptanoin (Dojovi)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.510	Arimoclomol (Miplyffa)	4Q 2026 annual review: updated NPC diagnostic criterion to require confirmation by biallelic pathogenic variants in NPC1 or NPC2 gene per updated international consensus guidelines; references reviewed and updated.
CP.PHAR.513	Plasminogen (Ryplazim)	4Q 2026 annual review: revised diagnostic criteria to clarify "PLG mutation" as "biallelic mutations in the PLG gene," to require signs/symptoms of C-PGLD, and to meet either the plasminogen activity level ≤ 45% or the biallelic mutations in PLG gene as a diagnostic criterion; references reviewed and updated.
CP.PHAR.536	Ophthalmic Riboflavin (Photrexa, Photrexa Viscous, Epiox HD, Epioxa)	Added Epioxa HD and Epioxa to criteria per local market request.
CP.PHAR.551	Anifrolumab-fnia (Saphnelo)	4Q 2026 annual review: no significant changes; added HCPCS codes; references reviewed and updated.
CP.PHAR.552	Belumosudil (Rezurock)	4Q 2026 annual review: clarified systemic immunosuppressant as non-steroidal; references updated.
CP.PHAR.553	Belzutifan (Welireg)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.556	Elivaldogene autotemcel (Skysona)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.558	Mitapivat (Pyrukyny, Aqvesme)	4Q 2026 annual review: for PK deficiency, revised initial approval duration to 12 months; references reviewed and updated.
CP.PHAR.559	Mobocertinib (Exkivity)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.567	Cipaglucosidase alfa-atga--miglustat (Pombiliti-Opfolda)	Updated NPC diagnostic criterion to require confirmation by biallelic pathogenic variants in NPC1 or NPC2 gene per updated international consensus guidelines;
CP.PHAR.591	Tofersen (Qalsody)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.594	Donanemab-azbt (Kisunla)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.596	Lecanemab-irmb (Leqembi, Leqembi Iqlik)	4Q 2026 annual review: added the new indication for Leqembi Iqlik for treatment initiation; references reviewed and updated.
CP.PHAR.597	Leniolisib (Joenja)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.598	Lifileucel (Amtagvi)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.641	Avacincaptad pegol (Izervay)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.643	Fidanacogene Elaparvovec-dzkt (Beqvez)	4Q 2026 annual review: no significant changes to criteria; removed requirement for body weight; references reviewed and updated.
CP.PHAR.647	Resmetromir (Rezdiffra)	4Q 2026 annual review: revised exclusion for concurrent prescribing with Wegovy to concurrent initiation with Wegovy for initial criteria per updated guidelines; revised failure of ≥ 6-month trial of Wegovy to "Inadequate response to ≥ 12-month of Wegovy" per updated guidelines; removed concurrent prescribing exclusion from continued therapy criteria; added that member has not progressed to cirrhosis for continued therapy; references reviewed and updated.
CP.PHAR.648	Rozanolixizumab-noli (Rystiggo)	4Q 2026 annual review: for gMG, added Imaavy and Uplizna to the list of therapies that Rystiggo should not be prescribed concurrently with; references reviewed and updated.
CP.PHAR.651	DaxibotulinumtoxinA-lanm (Daxxify)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.654	Momelotinib (Ojjaara)	4Q 2026 annual review: added off-label criteria for myeloid or lymphoid neoplasm with eosinophilia and Janus kinase 2 arrangement per NCCN category 2A recommendation; references updated.
CP.PHAR.655	Motixafortide (Aphexda)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.667	Repotrectinib (Augtyro)	4Q 2026 annual review: for NTRK fusion-positive cancer, added option for use in unresectable disease and simplified criteria by removal of requirement that disease has progressed following treatment with no satisfactory alternative therapy; clarified solid tumors examples Appendix D per NCCN compendium; references reviewed and updated.
CP.PHAR.678	Afamitresgene Autoleucel (Tecelra)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.682	Levacetylleucine (Aqueursa)	4Q 2026 annual review: updated NPC diagnostic criterion to require confirmation by biallelic pathogenic variants in NPC1 or NPC2 gene per updated international consensus guidelines; references reviewed and updated.
CP.PHAR.691	Axatilimab-csfr (Niktinvo)	4Q 2026 annual review: added 9 mg/0.9 mL and 22 mg/2.2 mL dosage strengths; references reviewed and updated.
CP.PHAR.692	Crinicerfont (Crenessity)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.696	Palopecteriparatide (Yorvipath)	4Q 2026 annual review: added requirement that member does not have acute post-surgical hypoparathyroidism; references reviewed and updated.
CP.PHAR.697	Revakinagene tarorectel-lwey (Encelto)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.698	Seladelpar (Livdelzi)	4Q 2026 annual review: added requirement that Livdelzi is not prescribed concurrently with Iqirvo to initial and continued therapy to prevent duplicate therapy; added requirement that member does not have decompensated cirrhosis (e.g., ascites, variceal bleeding, hepatic encephalopathy) per prescribing information; references reviewed and updated.

CP.PHAR.700	Vanzacaftor-tezacaftor-deutivacaftor (Alyftrek)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.701	Diazoxide Choline (Vykat XR)	4Q 2026 annual review: for diagnosis of PWS added that genetic testing indicates mutation on chromosome 15; references reviewed and updated.
CP.PHAR.702	Inavolisib (Itovebi)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.703	Nemolizumab-ilo (Nemluvio)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.704	Lebrikizumab (Ebglyss)	4Q 2026 annual review: for initial and continued therapy, added option for every 8-week maintenance dosing per PI; added Nemluvio as an example of biologic medication for which
CP.PHAR.705	Zolbetuximab-clzb (Vyloy)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.730	Zopapogene Imadenovec (Papzimeos)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.744	Delgocitinib (Anzupgo)	4Q 2026 annual review: no significant changes; added Ebglyss and Nelumvio as examples of biologic medications with which concurrent use is excluded; extended initial approval duration from 6 to 12 months for this maintenance medication for a chronic condition; references reviewed and updated.
CP.PHAR.751	Rilzabrutinib (Wayrilz)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.753	Gemcitabine Intravesical System (Inlexzo)	4Q 2026 annual review: added option for use in NMBIC with Ta or T1 papillary tumors per NCCN; references reviewed and updated.
CP.PHAR.754	Imlunestrant (Inluriyo)	4Q 2026 annual review: added recurrent unresectable as additional qualifier option and added option for use in combination with Verzenio per NCCN; references reviewed and updated.
CP.PHAR.755	Palusotide (Palsonify)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PHAR.756	Remibrutinib (Rhapsido)	4Q 2026 annual review: for antihistamine trials, revised required dose from maximum "indicated" to "tolerated" to allow for up to 4-fold standard dosing per practice guidelines; references updated.
CP.PHAR.805	Atacicept-vymj (Trutakna)	Policy created
CP.PHAR.807	Enlicitide (Lipfendra)	Policy created
CP.PHAR.810	Oveporexton (Orzeyful)	Policy created
CP.PHAR.93	Bevacizumab (Alymsys, Avastin, Avzivi, Jobevne, Lytenava, Mvasi, Vegzelma, Zirabev)	4Q 2026 annual review: updated Appendix E with revised language for Tennessee; for RCC, added option for use in combination with interferon alfa per FDA label; for the following oncology indications, revised the following per NCCN: added use in appendiceal neoplasms and cancers, clarified glioblastoma includes gliosarcoma, added use in NF2-related schwannomas, removed prescribed by in combination with IROX for CRC, for epithelial ovarian, fallopian tube, and primary peritoneal cancer, added use in combination with paclitaxel for small cell carcinoma (hypercalcemic type) recurrence therapy, added use in combination with FOLFIRI for platinum-resistant disease, added use in combination with paclitaxel and Keytruda for platinum-resistant disease; for ophthalmology uses, revised maximum dose for off-label uses to 1.25 mg per AAO guidelines and Clinical Pharmacology; RT4: added newly approved intravitreal formulation Lytenava for nAMD; separated FDA approved indication sections into oncology indications and ophthalmology indications; for oncology indications, added criterion that request is for Avastin, Alymsys, Avzivi, Jobevne, Mvasi, Vegzelma, or Zirabev; references reviewed and updated.
CP.PMN.109	Suvorexant (Belsomra)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.112	Naldemedine (Symproic)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.116	L-glutamine (Endari)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.142	Lubiprostone (Amitiza)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.143	Isotretinoin (Claravis Absorica Absorica LD Myorisan Zenatane Amnesteem)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.153	Alosetron (Lotronex)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.161	Methadone	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.165	Fluorouracil Cream (Tolak)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.167	Neomycin-fluocinolone cream (Neo-Synalar)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.168	Ospemifene (Osphena)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.169	Methylnaltrexone Bromide (Relistor)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.17	Droxidopa (Nothera)	4Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PMN.170	Eluxadoline (Viberzi)	Policy created
CP.PMN.171	Naloxegol (Movantik)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.172	Zolpidem (Eduar), Zolpidem Sublingual Tablet	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.173	Ramelteon (Rozerem)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.174	Perindopril-Amlodipine (Prestalia)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.175	Doxepin (Silenor)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.176	Amlodipine-Atorvastatin (Caduet)	4Q 2026 annual review: for initial therapy, removed the requirement to demonstrate failure to achieve National Cholesterol Education Program (NCEP) goals following treatment with a statin and statin/cetizimibe, as the NCEP targets are outdated and no longer align with current standard of care or the 2026 ACC/AHA Dyslipidemia Guidelines; references reviewed and updated.
CP.PMN.177	Glycopyrronium (Qbrexza)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.179	Megestrol Acetate Oral Suspension	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.180	Halobetasol Propionate Lotion (Bryhali, Lexette, Ultravate)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.181	Calcipotriene-Betamethasone Dipropionate Foam (Enstilar)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.182	Betamethasone dipropionate (Sernivo)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.184	Stiripentol (Diacomit)	4Q 2026 annual review: no significant changes; consolidated the 12-month Initial and Continued Approval durations for multiple lines of business into one statement; references reviewed and updated.
CP.PMN.185	Baloxavir Marboxil (Xofluza)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.210	Acyclovir buccal tab (Sitavig)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.213	Ferrie maltol (Accrufer)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.214	Continuous Glucose Monitors	4Q 2026 annual review: added requirement that age is in line with the FDA-approved age for the requested product; for continued therapy requests for a new receiver, modified
CP.PMN.215	Non-preferred blood glucose monitors and test strips	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.216	Diazepam (Libervant, Valtoco)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.244	Tazarotene (Arazlo, Fabior, Tazorac)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.249	Ciprofloxacin-Fluocinolone (Otovel)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.250	Colesevelam (Welchol)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.251	Lactic acid-citric acid-potassium bitartrate (Phexxi)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.252	Metoclopramide (Gimoti)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.255	No Coverage Criteria, Recent Label Changes Pending Clinical Policy Update	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.256	Nifurtimox (Lampit)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.266	Finerenone (Kerendia)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.267	Levodopa Inhalation Powder (Inbrija)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.268	Tenofovir Alafenamide Fumarate (Vemlidy)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.270	Pilocarpine (Vuity, Qloxi)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.282	Ketorolac nasal spray (Sprix)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.283	Tapinarof (Viama)	4Q 2026 annual review: no significant changes; references reviewed and updated.

CP.PMN.284	Dextromethorphan-bupropion (Auvelity)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.291	Lotilaner (Xdemvy)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.297	Brivaracetam (Briviact)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.302	Aceclidine (Vizz)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.303	Brensocatib (Brinsupri)	4Q 2026 annual review: for diagnosis, added clarification that member does not have cystic fibrosis; references reviewed and updated.
CP.PMN.312	Centanafadine (Simtriyo)	Policy created
CP.PMN.313	Tebipenem pivoxil (Utebzi)	Policy created
CP.PMN.47	Rifaximin (Xifaxan)	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.53	Off-Label Use	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.54	Clobazam (Onfi, Sympazan)	4Q 2026 annual review: no significant changes; separated the generic redirection for Onfi from the generic redirection for Sympazan since the Onfi redirection is to a generic equivalent (and thus not subject to the state-specific ST bypass); consolidated the 12-month Initial and Continued Approval durations for multiple lines of business into one statement; references reviewed and updated.
CP.PMN.59	Quantity Limit Override and Dose Optimization	4Q 2026 annual review: no significant changes; references reviewed and updated.
CP.PMN.71	Linacotide (Linzess)	4Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PHAR.128	Erenumab-aooe (Aimovig)	4Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PHAR.149	Baclofen (Fleqsuvy, Gablofen, Lioresal, Lyvispah, Ozobax)	4Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PHAR.173	Leuprolide Acetate (Lupron, Eligard, Lupaneta Pack, Fensolvi, Camcevi, Vabrinty)	4Q 2026 annual review: added requirement for age ≥ 18 years for salivary gland tumors and uterine sarcoma; per NCCN compendium for breast cancer added requirement that member is premenopausal or male and prescribed in combination with endocrine therapy; references reviewed and updated.
NH.PHAR.20	Medication Therapy Management Program	4Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PHAR.476	Ubrogapant (Ubrvelvy)	4Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PHAR.489	Eptinezumab (Vyepiti)	4Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PHAR.490	Rimegepant (Nurtec ODT)	4Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PHAR.566	Atogepant (Qulipta)	4Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PHAR.630	Zavegepant (Zavzpret)	4Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PMN.101	Rivastigmine (Exelon)	4Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PMN.121	Lisdexamfetamine (Vyvanse)	4Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PMN.16	Med Necess for Drug not PDL	4Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PMN.194	Prucalopride (Motegrity)	4Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PMN.226	Pancrelipase (Creon, Pancreaze, Pertzye, Viokace, Zenpep)	4Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PMN.281	Topiramate Extended-Release (Qudexy XR, Trokendi XR)	4Q 2026 annual review: no significant changes; references reviewed and updated.
NH.PMN.87	Plecanatide (Trulance)	4Q 2026 annual review: no significant changes; references reviewed and updated.