Policy Number	Policy/Criteria	RevisionNotes
CP.PHAR.232	OnabotulinumtoxinA (Botox)	For pediatric limb spasticity, added maximum recommended dose for the treatment of both lower limbs per prescribing information.
CP.PHAR.260	Rituximab (RItuxan, Truxima, Riabni, Zimrixby, Ruxience, Rituxan Hycela)	RT4: added newly FDA approved biosimilar Zimrixby to criteria; updated Appendix E with revised language for Tennessee.
CP.PHAR.524	Pegcetacoplan (Empaveli, Syfovre)	RT4: for Empaveli, updated FDA Approved Indication(s) section to include additional kidney function language for C3G/primary IC-MPGN.
CP.PHAR.565	Asciminib (Scemblix)	For CML, changed use for TKI-experienced patients from those in CP to those in AP since Scemblix is FDA-approved as first-line therapy for CP-CML and since, per NCCN guidelines, Scemblix is considered “Useful in certain circumstances” for off-label AP-CML; added ICHRA line of business.
CP.PHAR.568	Inclisiran (Leqvio)	RT4: added MACE statement to FDA Approved Indications per PI.
CP.PHAR.582	Lutetium Lu 177 vipivotide tetraxetan (Pluvicto)	RT4: added new indication for mAPMN/S prostate cancer and added updated nomenclature for mCRPC to mAPMR prostate cancer per Prescribing Information.
CP.PHAR.605	Adagrasib (Krazati)	RT4: for CRC, removed FDA approved accelerated indication per updated PI and changed to off-label as use is still supported by NCCN; updated Appendix E with revised language for Tennessee.
CP.PHAR.674	Marstacimab-hncq (Hympavzi)	RT4: added the indications of hemophilia A and B with inhibitors, updated indication to include pediatric patients 6-11 years of age, and added new 75 mg/0.5 mL strengths of prefilled dose and pen; added bypassing agent prophylaxis option to hemophilia severity requirement for members who are new to Hympavzi; added option to bypass failure of prophylaxis agents with ≥ 6 acute bleeding episodes in the previous 6 months treated with a bypassing agent, FVIII, or FIX product; added option of failure with bypassing agent prophylaxis in addition to either a FVIII or FIX product; removed requirement for no documented history of inhibitors; added ICHRA line of business.
CP.PHAR.720	Nipocalimab-aahu (Imaavy)	RT4: added criteria for the newly approved indication of wAIHA; for gMG, added Uplizna to the list of therapies Imaavy should not be prescribed concurrently with.
CP.PHAR.768	Lerodalcibep-liga (Lerochol)	RT4: added new autoinjector dosage form.
CP.PHAR.774	Vusolimogene Oderparepvec-wtpg (Tudriqev)	policy created pre-emptively. Revised criterion to disease has progressed following treatment with an anti-PD-1-containing regimen to align with the IGNYTE inclusion criteria; added ICHRA line of business.
CP.PHAR.794	Daraxonrasib (Rasonque)	RT4: Drug is now FDA approved - criteria updated per FDA labeling: revised “pancreatic ductal adenocarcinoma” to “pancreatic adenocarcinoma”; added bypass of required prior therapy if provider attests that member is not a candidate for multiagent systemic therapy; removed requirement that member has an Eastern Cooperative Oncology Group performance status score of 0 or 1; removed requirement that member does not have known central nervous system metastases; updated dosing requirements; references reviewed and updated.
NH.PMN.183	GLP-1 receptor agonists	RT4: updated criteria to reflect Mounjaro’s new FDA indication for reduction of major adverse cardiovascular events in diabetic patients at high risk.