Summary of Select Upcoming Pharmacy Policy Changes

Policies noted in this document are in the process of having more stringent requirements added.
The updated restrictions summarized below will take effect on the respective dates noted.

Policy Reference Number	Title of Policy	Summary of Changes	Notification Originally Posted On or Before this Date	Effective Date
4738-A SGM P2026	**EMPAVELI**	**Complement 3 Glomerulopathy (C3G) or Primary Immune-Complex Membranoproliferative Glomerulonephritis (IC-MPGN):** 1) Added prescriber specialty requirement: Empaveli must be prescribed by or in consultation with a nephrologist. 2) Updated criteria for C3G to require that laboratory values (proteinuria or UPCR) be obtained within 3 months prior to the initiation of the requested medication.	2.15.2026	4.1.2026
5791-A SGM P2025	**FILSPARI**	**Primary Immunoglobulin A Nephropathy (IGAN):** 1) Updated the proteinuria marker criteria from 1g/day to 0.5 g/day per 2025 Kidney Disease: Improving Global Outcomes (KDIGO) guidelines. 2) Added prescriber specialties requirement: Filspari must be prescribed by or in consultation with a nephrologist. 3) Added coverage criteria excluding use of Filspari concomitantly with angiotensin II receptor blocker [ARB], endothelin receptor antagonists [ERA] or renin-angiotensin-aldosterone system [RAAS] (i.e., aliskiren) per FDA label. 4) Updated the documentation and coverage criteria requirements to require the laboratory values (proteinuria and urine protein-to-creatinine ratio) be obtained within the past three months prior to initiation of therapy.	2.15.2026	4.1.2026

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1974-A SGM P2025	**STRENSIQ**	**Perinatal/Infantile – and Juvenile-Onset Hypophosphatasia (HPP):** 1) Added prescriber specialty requirement: Strensiq must be prescribed by or in consultation with an endocrinologist, geneticist, or a physician specializing in the treatment of metabolic bone disease. 2) Reworded requirement that member have "*presence of a known pathological mutation in the ALPL gene*" to "*presence of a known pathogenic variant in the ALPL gene.*" 3) For initial criteria - added a requirement for an ophthalmology examination and renal ultrasound at baseline. 4) For continuation criteria - added requirement that "member is monitored for signs and symptoms of ophthalmic and renal ectopic calcifications and for changes in vision or renal function."	2.15.2026	4.1.2026
5114-A SGM P2025	**TARPEYO**	**Primary Immunoglobulin A Nephropathy (IGAN):** 1) Updated the proteinuria marker criteria from 1g/day to 0.5 g/day per 2025 Kidney Disease: Improving Global Outcomes (KDIGO) guidelines. 2) Added prescriber specialties requirement: Tarpeyo must be prescribed by or in consultation with a nephrologist. 3) Removed requirement that member have had 3 months of therapy with an angiotensin converting enzyme inhibitor (ACEI) and angiotensin II receptor blocker (ARBs) prior to Tarpeyo coverage consideration. 4) Added criteria that the member must be receiving concomitant therapy with other therapies used to	2.15.2026	4.1.2026

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		treat IgAN (e.g., ACEI, ARB, Filspari) per 2025 KDIGO guidelines. 5) Updated the documentation and coverage criteria requirements to require that laboratory values (proteinuria and urine protein-to-creatinine ratio) be obtained within the past three months prior to initiation of therapy.		
4687-A SGM P2025	**ZEJULA**	**Prostate Cancer:** Added requirement that member has not progressed on prior novel hormone therapy per NCCN.	2.15.2026	4.1.2026
3173-A SGM P2025d	**RINVOQ**	**Rheumatoid arthritis (RA), psoriatic arthritis (PsA), ulcerative colitis (UC), ankylosing spondylitis (AS), non-radiographic axial spondyloarthritis (nr-axSpA), Crohn's disease (CD), and polyarticular juvenile idiopathic arthritis (pJIA):** Removed approval criteria for members who have previously received a biologic (other than a TNF inhibitor) or targeted synthetic drug. **Psoriatic arthritis (PsA), ankylosing spondylitis (AS), non-radiographic axial spondyloarthritis (nr-axSpA), and polyarticular juvenile idiopathic arthritis (pJIA), initial authorization criteria:** Added option for approval if patient has a contraindication to TNF inhibitors. **Ulcerative colitis and Crohn's disease, initial criteria:** Added criteria stating that if TNF inhibitors are clinically inadvisable, the member should have received at least one approved systemic therapy prior to the use of the requested medication, per FDA label update.	2.15.2026	4.1.2026

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2011-A SGM P2025b	**XELJANZ** **XELJANZ XR**	**Rheumatoid arthritis (RA), psoriatic arthritis (PsA), ulcerative colitis (UC), ankylosing spondylitis (AS), non-radiographic axial spondyloarthritis (nr-axSpA), and articular juvenile idiopathic arthritis (JIA):** Removed approval criteria for members who have previously received a biologic (other than a TNF inhibitor) or targeted synthetic drug. **Psoriatic arthritis (PsA), ankylosing spondylitis (AS), non-radiographic axial spondyloarthritis (nr-axSpA), and articular juvenile idiopathic arthritis (JIA), initial authorization criteria:** Added option for approval if patient has a contraindication to TNF inhibitors. **Ulcerative colitis:** Added criteria stating that if TNF inhibitors are clinically inadvisable, the member should have received at least one approved systemic therapy prior to the use of the requested medication.	2.15.2026	4.1.2026