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
4898-A SGM P2025	**WELIREG**	**Renal cell carcinoma (RCC):** 1) Added coverage for stage IV and relapsed disease per NCCN. 2) Added requirements for clear cell histology and single agent use per NCCN. **Pheochromocytoma/paraganglioma:** Added coverage for this indication per FDA label update and NCCN.	11.9.2025	12.24.2025
C3 PESDPA057-RXC	**GLP-1 AGONISTS**	**Type 2 Diabetes Mellitus:** 1) Added documentation requirement 2) Added coverage exclusions for the following: a) FDA-labeled contraindications to use of the requested agent b) Concurrent use with another GLP-1 agonist or agent containing a GLP-1 agonist c) Use for weight-loss only	11.17.2025	1.1.2026
2988-A SGM P2025	**BETAINE**	Added Prior Authorization Requirement	11.17.2025	1.1.2026
1795-A SGM P2025	**BEXAROTENE**	Added Prior Authorization Requirement	11.17.2025	1.1.2026
1993-A SGM P2024_R	**CAPECITABINE**	Added Prior Authorization Requirement	11.17.2025	1.1.2026
2572-A SGM P2024	**TOLVAPTAN**	Added Prior Authorization Requirement	11.17.2025	1.1.2026
1886-A SGM P2025	**PULMOZYME**	Added Prior Authorization Requirement	11.17.2025	1.1.2026

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2012-A SGM P2025a	**SAPROPTERIN PRODUCTS**	Added Prior Authorization Requirement	11.17.2025	1.1.2026
3193-A 06-24 v2	**AIMOVIG**	**Preventive treatment of migraine:** Added coverage exclusion when medication is used concurrently with another calcitonin gene-related peptide (CGRP) receptor antagonist.	11.17.2025	1.1.2026
3111-A 06-24 v2	**EMGALITY**	**Preventive treatment of migraine:** Added coverage exclusion when medication is used concurrently with another calcitonin gene-related peptide (CGRP) receptor antagonist.	11.17.2025	1.1.2026
4556-A 06-24 v2	**NURTEC ODT**	**Preventive treatment of episodic migraine:** Added coverage exclusion when medication is used concurrently with another calcitonin gene-related peptide (CGRP) receptor antagonist. **Acute treatment of migraine with or without aura**: Updated verbiage from "*The patient has experienced an inadequate treatment response, intolerance, or contraindication to one triptan*" to *"The patient has experienced an inadequate treatment response, intolerance, or contraindication to at least one triptan."*	11.17.2025	1.1.2026
3110-A 06-24 v3	**AJOVY**	**Preventive treatment of migraine:** Added coverage exclusion when medication is used concurrently with another calcitonin gene-related peptide (CGRP) receptor antagonist.	11.17.2025	1.1.2026

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1928-A SGM P2025	**ELTROMBOPAG OLAMINE**	**Immune Thrombocytopenia (ITP):** Simplified diagnosis requirement from "chronic or persistent ITP" to "ITP." **Immune Checkpoint Inhibitor-Related Toxicity:** Added compendial use for immunotherapy- related G3 or G4 thrombocytopenia if no response to corticosteroids after 1 to 2 weeks, per NCCN. **Myelodysplastic Syndromes and Thrombocytopenia Post-Hematopoietic Cell Transplant; continuation:** Added documentation requirement. **Thrombocytopenia Associated with Chronic Hepatitis C:** Increased continuation duration of approval from 6 months to 12 months and updated prescriber specialty to "provider experienced in the management of hepatitis C infection."	12.14.2025	1.28.2026
2803-A SGM P2025	**FIRDAPSE**	**Lambert-Eaton Myasthenic Syndrome (LEMS):** 1) Added prescriber specialty requirement: Medication must be prescribed by or in consultation with a neurologist, oncologist, or a physician specializing in the treatment of LEMS. 2) Removed treatment naive criteria requirement.	12.14.2025	1.28.2026
5233-A SGM P2025	**PYRUKYND**	**Hemolytic Anemia with Pyruvate Kinase Deficiency:** 1) Added prescriber specialty requirement: Medication must be prescribed by or in consultation with a hematologist or specialist in pyruvate kinase deficiency.	12.14.12025	1.28.2026

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		2) Increased initial duration of approval from 7 months to 12 months.		
1934-A SGM P2025	**ABIRATERONE PRODUCTS**	**Salivary gland tumor:** Added requirement for use in combination with a luteinizing hormone-releasing hormone (LHRH) agonist per NCCN.	12.21.2025	2.4.2026
6118-A SGM P2025	**AKEEGA**	**Prostate cancer:** Added requirement that member has not progressed on prior novel hormone therapy per NCCN.	12.21.2025	2.4.2026
1997-A SGM P2025	**IMBRUVICA**	**Diffuse large B-cell lymphoma, high-grade B-cell lymphoma, HIV-related B-cell lymphoma, and monomorphic post-transplant lymphoproliferative disorders (PTLD):** Added non-germinal differentiation and removed requirement that patient not be a transplant candidate per NCCN.	12.21.2025	2.4.2026
1865-A SGM P2025	**LENVIMA**	**Oncocytic thyroid carcinoma:** Removed requirement of disease not being amenable to radioactive iodine to align with NCCN. **Renal cell carcinoma:** 1) Added requirement that if disease is predominantly clear cell and used in combination with pembrolizumab, the member has to be immuno-oncology naive per NCCN. 2) Added coverage for single agent use for subsequent treatment per NCCN. **Hepatocellular carcinoma**: Removed the following requirements if agent is being used for subsequent treatment per NCCN: 1) Disease is unresectable and patient is not a transplant candidate	12.21.2025	2.4.2026

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		2) Patient must have extrahepatic/metastatic disease and be ineligible for resection, transplant or locoregional therapy **Endometrial Carcinoma:** Added coverage for single agent use for subsequent treatment per NCCN. **Follicular, Oncocytic/ Hürthle cell, and papillary thyroid carcinoma:** Updated continuation of therapy section to allow use of Lenvima in combination with pembrolizumab if disease progression occurs with single agent Lenvima therapy per NCCN.		
2787-A SGM P2025	**LORBRENA**	**ROS1+ Non-small cell lung cancer:** Added taletrectinib (Ibtrozi) and removed ceritinib (Zykadia) as options of prior therapy per NCCN. **Pediatric diffuse high-grade glioma:** Added coverage for this indication per NCCN.	12.21.2025	2.4.2026
1810-A SGM P2025a	**LYNPARZA**	**PALB2-mutated breast cancer:** Added coverage for this indication per NCCN. **Adjuvant treatment of breast cancer after completion of neoadjuvant and adjuvant chemotherapy:** Updated requirements to include coverage of any of the following per NCCN: 1) Hormone receptor-negative breast cancer with any residual disease; 2) Hormone receptor-negative breast cancer with either tumor size greater than or equal to 2 cm or any involved axillary nodes; 3) Hormone receptor-positive breast cancer with greater than or equal to 4 positive lymph nodes;	12.21.2025	2.4.2026

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		4) Hormone receptor-positive breast cancer with any residual disease and a CPS+EG (clinical stage, pathologic stage, estrogen receptor status and tumor grade) score greater than or equal to 3 following preoperative therapy		
6737-A SGM P2025	**REVUFORJ**	**Acute Leukemia:** Added requirement for single agent use and when the patient does not have BCR::ABL1-positive B-cell acute lymphoblastic leukemia (B-ALL) per NCCN.	12.21.2025	2.4.2026
1809-A SGM P2025	**STIVARGA**	**Soft tissue sarcomas:** Added epithelioid hemangioendothelioma as a covered compendial use per NCCN. **Central nervous system (CNS) cancer:** Removed coverage for this indication per NCCN. **Hepatocellular carcinoma:** Removed requirement that patient have unresectable or extrahepatic/metastatic disease per NCCN.	12.21.2025	2.4.2026
2782-A SGM P2025a	**TALZENNA**	**Prostate cancer:** Added requirement that disease has not progressed on prior novel hormone therapy per NCCN.	12.21.2025	2.4.2026
6582-A SGM P2025	**VORANIGO**	**Central nervous system (CNS) cancers:** 1) Added coverage for the following per NCCN: a) H3-mutated high-grade glioma b) High-grade astrocytoma with piloid features (HGAP) c) WHO grade 3 Pleomorphic xanthoastrocytoma (PXA) d) WHO grade 3 progressive or recurrent oligodendroglioma	12.21.2025	2.4.2026

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		2) Added requirement for progressive or recurrent astrocytoma and oligodendroglioma that Karnofsky Performance Status (KPS) is greater than or equal to 60 per NCCN.		
1993-A SGM P2025	**CAPECITABINE**	**Mucinous carcinoma of the ovary:** Added coverage for neoadjuvant treatment per NCCN. **Endometrial carcinoma:** Removed coverage of this indication per NCCN.	12.21.2025	2.4.2026