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
2616-A SGM P2026	**BRAFTOVI**	**Cutaneous Melanoma:** Aligned coverage for neoadjuvant treatment of cutaneous melanoma to require stage III disease, per NCCN. **Colorectal Cancer:** Expanded coverage for advanced colorectal cancer when given in combination with FOLFOX and Erbitux or Vectibix per NCCN. **Appendiceal Cancer:** 1) **For recurrent, progressive, or extraperitoneal disease:** Expanded coverage criteria to require that Braftovi be used in combination with FOLFOX, with or without Erbitux or Vectibux, per NCCN. 2) **For neoadjuvant treatment of recurrent or metastatic peritoneal-only disease:** Expanded coverage criteria to require that Braftovi be used in combination with FOLFOX and Erbitux or Vectibux per NCCN.	6.2.2026	4.18.2026
1784-A SGM P2026	**COTELLIC**	**Cutaneous Melanoma:** 1) When used in combination with Zelboraf and Tecentriq/Tecentriq Hybreza, added "subsequent therapy" requirement per NCCN. 2) Added stage III disease requirement when used for neoadjuvant treatment per NCCN.	6.2.2026	4.18.2026

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2232-A SGM P2025a	**LENALIDOMIDE**	**Hepatosplenic T-cell lymphoma:** Added requirement for refractory disease after two regimens per NCCN. **Primary CNS lymphoma:** Removed criteria for prior therapy per NCCN. **Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL):** Added requirement that patient have tried prior therapy with covalent Bruton Tyrosine Kinase inhibitor and B-cell lymphoma 2 inhibitor-containing regimens per NCCN. **Nodal Marginal Zone Lymphoma (MZL):** Removed requirement that lenalidomide be used as subsequent therapy per NCCN. **Classic Hodgkin lymphoma:** Added requirements that patient have refractory disease or suspected relapse and that they not be a candidate for high-dose therapy and stem cell rescue per NCCN. **POEMS:** Removed regimen requirements per NCCN. **Plasma-cell Related Monoclonal Immunoglobulin Deposition Disease (MIDD) and Monoclonal Gammopathy of Renal Significance (MGRS):** Added coverage for these indications per NCCN. **Myelodysplastic/Myeloproliferative Neoplasm (MDS/MPN) overlap neoplasms:** Added requirement that patient have SF3B1 mutation and thrombocytosis per NCCN.	6.2.2026	4.18.2026

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		Kaposi sarcoma associated herpesvirus (KSHV) - Associated Inflammatory Cytokine Syndrome (KICS): Added coverage for this indication per NCCN. **Relapsed or refractory mycosis fungoides or Sézary syndrome:** Added coverage for this indication per NCCN.		
1681-A SGM P2026	**MEKINIST**	**Melanoma:** 1) Added requirement that Mekinist be used for subsequent therapy when used in combination with Tafinlar and Keytruda per NCCN. 2) Added requirement that patients have stage III cutaneous melanoma when Mekinist is used in combination with Tafinlar for neoadjuvant therapy per NCCN. **Ampullary Adenocarcinoma:** Added coverage for this indication per NCCN. **Pancreatic adenocarcinoma:** Added requirement that Mekinist be used as subsequent treatment for recurrent or metastatic disease per NCCN. **Gastric, Esophageal and Esophagogastric Junction Cancer:** Updated requirements to allow for palliative treatment per NCCN. **Hairy Cell Leukemia:** Updated requirements to allow coverage for previously treated disease with incomplete hematologic recovery when Mekinist is used in combination with Tafinlar per NCCN. **Epithelioid hemangioendothelioma:** Added coverage for this indication per NCCN.	6.2.2026	4.18.2026

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2612-A SGM P2026	**MEKTOVI**	**Neoadjuvant treatment of melanoma:** Added requirement that patient have stage III disease per NCCN. **Langerhans cell histiocytosis:** Added criteria that patient must have first tried and not tolerated cobimetinib or trametinib per NCCN.	6.2.2026	4.18.2026
2234-A SGM P2025	**POMALIDOMIDE** **POMALYST**	**Multiple myeloma (MM):** 1) Added requirement that patient have relapsed or progressive disease per NCCN. 2) Added requirement that Pomalidomide will be used as a single agent if patient is steroid intolerant per NCCN. 3) Added option for Pomalidomide to be used as part of combination regimen with daratumumab/hyaluronidase and dexamethasone per Darzalex Faspro label and NCCN. 4) Added coverage for MM with CNS disease per NCCN. **Kaposi sarcoma:** 1) Added requirement that patient have relapsed or refractory advanced disease when Pomalidomide is used in combination with antiretroviral therapy for HIV-related Kaposi sarcoma per NCCN. 2) Added coverage option for Pomalidomide to be used as a single agent for relapsed or refractory disease when the patient is HIV-negative per NCCN. 3) Added coverage option for Kaposi sarcoma associated herpesvirus (KSHV)-associated inflammatory cytokine syndrome (KICS) when Pomalidomide is used in combination with rituximab per NCCN.	6.2.2026	4.18.2026

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		POEMS Syndrome: Removed requirement that Pomalidomide be used as part of a regimen per NCCN. **Plasma cell-related Monoclonal Immunoglobulin Deposition Disease (MIDD), and plasma cell-related Monoclonal Gammopathy of Renal Significance (MGRS):** Added coverage for these indications per NCCN.		
1683-A SGM P2026	**TAFINLAR**	**Cutaneous Melanoma:** 1) Added requirement that Tafinlar be used for subsequent therapy when used in combination with Mekinist and Keytruda per NCCN. 2) Added requirement that patient have stage III disease when Tafinlar is used in combination with Mekinist for neoadjuvant therapy per NCCN. **Ampullary Adenocarcinoma:** Added coverage for this indication per NCCN. **Pancreatic adenocarcinoma:** Added requirement that Tafinlar be used as subsequent treatment for recurrent or metastatic disease per NCCN. **Gastric, Esophageal and Esophagogastric Junction Cancer:** Updated requirements to allow for palliative treatment per NCCN. **Hairy Cell Leukemia:** Updated requirements to allow coverage for previously treated disease with incomplete hematologic recovery when Tafinlar is used in combination with Mekinist per NCCN.	6.2.2026	4.18.2026

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2368-A SGM P2025	**THALOMID**	**Kaposi sarcoma:** 1) Added requirement that patient have relapsed or refractory advanced disease when Thalomid is used in combination with antiretroviral therapy for HIV-related Kaposi sarcoma per NCCN. 2) Added coverage option for Thalomid to be used as a single agent for relapsed or refractory disease when the patient is HIV-negative per NCCN. 3) Added coverage option for Kaposi sarcoma associated herpesvirus (KSHV)-associated inflammatory cytokine syndrome (KICS) when Thalomid is used in combination with rituximab per NCCN. **Chronic graft versus host disease:** Added requirement that patient have refractory disease per AHFS DI. **Aphthous stomatitis:** Added requirement that patient have severe disease and removed requirement that patient be immunocompromised per AHFS DI.	6.2.2026	4.18.2026
1685-A SGM P2026	**ZELBORAF**	**Cutaneous Melanoma:** 1) When used in combination with Cotellic and Tecentriq/Tecentriq Hybreza, added "subsequent therapy" requirement per NCCN. 2) Added stage III disease requirement when used for neoadjuvant treatment per NCCN. **Hairy cell leukemia:** Updated criteria to allow coverage for relapsed/refractory disease or for previously treated disease with incomplete recovery per NCCN.	6.2.2026	4.18.2026

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1690-A SGM P2026	**DUPIXENT**	**Atopic dermatitis:** 1) Added topical aryl hydrocarbon receptor agonist as Step One option. 2) Added examples of topical calcineurin inhibitors, Janus kinase (JAK) inhibitor, and topical phosphodiesterase-4 (PDE-4) inhibitors. **Prurigo nodularis:** 1) Updated intolerance or clinical reason to avoid previous therapy concession to require a trial/failure of ALL options instead of one. 2) Added phototherapy to the list of previous therapy options **Immune checkpoint inhibitor-related toxicities:** 1) Updated criteria to allow for use for moderate (G2) pruritus and bullous dermatitis. 2) Updated criteria to allow coverage when the patient has severe (>30% body surface area) lichen planus and lichenoid diseases. **Bullous Pemphigoid:** Added documentation requirement for direct immunofluorescence (DIF) study results or immune serological test results.	6.3.2026	4.19.2026
2417-A SGM P2026	**HEMLIBRA**	**Hemophilia A:** Added requirement that Hemlibra will not be used in combination with Qfitlia per updated guidelines. **Acquired Hemophilia A:** Added coverage for this indication per compendial support.	6.3.2026	4.19.2026

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1734-A SGM P2026	**OCTREOTIDE PRODUCTS**	**Acromegaly:** Updated criteria to require one of the following: a) Patient had an inadequate or partial response to surgery or radiotherapy OR b) Surgery or radiotherapy are not an option for the patient. **Thymic Carcinoma:** Removed coverage for this indication per NCCN. **Short bowel syndrome:** Replaced intravenous fluid requirement of "*greater than 3 liters*" with requirement for "*large volume stool losses when fluid and electrolyte management is problematic*" per American Gastroenterological Association clinical practice update.	6.3.2026	4.19.2026
3173-A SGM P2026	**RINVOQ**	**Atopic dermatitis:** 1) Removed option for approval if patient has *only* had inadequate response to a biologic or other targeted systemic drug. 2) Added topical aryl hydrocarbon receptor agonist to topical therapy step per updated atopic dermatitis guidelines from the American Academy of Dermatology. 3) Removed lookback for topical treatment trial. 4) Added examples of topical calcineurin inhibitors, Janus kinase (JAK) inhibitor, and topical phosphodiesterase-4 (PDE-4) inhibitors. 5) Added contraindications as an additional option to satisfy the step requirement through systemic therapies.	6.3.2026	4.19.2026

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2572-A SGM P2026	**TOLVAPTAN**	**Autosomal Dominant Polycystic Kidney Disease (ADPKD):** 1) Added prescriber specialties requirement that Tolvaptan be prescribed by or in consultation with a nephrologist or specialist in autosomal dominant polycystic kidney [ADPKD]. 2) Added a requirement that patients with an estimated glomerular filtration rate (eGFR) $\geq$ 25mL/min/1.73m^2 have experienced a historical decline in eGFR $\geq$ 3 mL/min/1.73m^2 per 2025 Kidney Disease: Improving Global Outcomes (KDIGO) guidelines.	6.3.2026	4.19.2026
3369-C P10-2025	**SUCRAID**	Addition of Prior Authorization Requirement* *PA requirement addition applies to BCBST's Preferred formulary; BCBST's Essential and Essential Plus formularies will retain the Sucraid PA requirement that is already in place.	7.1.2026	5.17.2026
1681-A SGM P2026a	**MEKINIST**	**Pancreatic adenocarcinoma**: Expanded coverage to allow for use as first line therapy for metastatic disease, per NCCN. **Gastric, esophageal, and esophagogastric junction cancer**: Updated criteria to allow for "subsequent treatment" instead of only "palliative treatment" per NCCN.	7.8.2026	5.24.2026
1683-A SGM P2026a	**TAFINLAR**	**Pancreatic adenocarcinoma**: Expanded coverage to allow for use as first line therapy for metastatic disease, per NCCN.	7.8.2026	5.24.2026

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