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
2212-A SGM P2025	**CABOMETYX**	**Non-Small Cell Lung Cancer (NSCLC):** Updated criteria to be used after progression on first-line treatment per NCCN. **Gastrointestinal Stromal Tumor (GIST):** Updated continuation of therapy criteria to allow coverage with disease progression per NCCN. ***Added* coverage requirements for the following indications per NCCN and/or FDA label:** 1) Epithelioid hemangioendothelioma 2) Neuroendocrine and adrenal gland tumors	8.31.2025	10.15.2025
3147-A SGM P2025	**NUBEQA**	**Metastatic castration-sensitive Prostate Cancer:** Added requirement of high-volume synchronous or metachronous metastases and updated regimen to allow for use without docetaxel per NCCN and FDA label update.	9.7.2025	10.22.2025
3076-A SGM P2025	**VYNDAQEL** **VYNDAMAX**	**Cardiomyopathy of wild-type or hereditary transthyretin-mediated amyloidosis (ATTR-CM):** 1) Added age criteria of 18 years of age and older per FDA labeling. 2) Added prescriber specialty requirement of geneticist, cardiologist, or a physician specializing in the treatment of amyloidosis. 3) For diagnosis of heart failure criteria, added prior hospitalization for heart failure option to meet requirement.	9.16.2025	10.31.2025

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		4) For technetium-labeled bone scintigraphy proven disease, the laboratory tests requirement to rule out systemic light chain amyloidosis was updated from requiring 1 test to requiring all 3 tests. 5) For hereditary transthyretin amyloid cardiomyopathy (ATTR-CM), genetic testing requirement to confirm diagnosis updated to "detection of pathogenic or likely pathogenic variant in the transthyretin (TTR) gene" from previous wording of "mutation of the TTR gene". 6) Added coverage exclusion in members with a history of heart transplant or implantation of left-ventricular assist device.		
2173-A SGM P2025	**ICLUSIG**	**Chronic myeloid leukemia (CML),** initial criteria**:** Updated the duration of approval from 12 months to 7 months to align with NCCN recommendations. **Chronic myeloid leukemia (CML),** continuation of therapy criteria**:** Updated clinical requirements and duration of approval (from 12 months to 7 months) to align with NCCN recommendations. **Gastrointestinal stromal tumor (GIST),** continuation of therapy: Updated criteria to allow coverage with disease progression per NCCN.	10.12.2025	11.26.2025
2079-A SGM P2025	**INLYTA**	**Renal cell carcinoma:** 1) For single agent use, added requirement for non-clear cell histology for first-line therapy per NCCN. 2) For combination use with pembrolizumab, added requirement for clear cell history for subsequent therapy per NCCN.	10.12.2025	11.26.2025

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		Oncocytic thyroid carcinoma: Removed requirement related to radioactive iodine therapy per NCCN.		
2009-A SGM P2025	**VOTRIENT**	**Gastrointestinal stromal tumor (GIST):** Added requirement that requested medication be used first-line for SDH-deficient disease per NCCN. **Soft tissue sarcoma:** Added coverage for epithelioid hemangioendothelioma per NCCN. **Oncocytic thyroid carcinoma:** Removed requirement for not amenable to radioactive iodine therapy per NCCN. **Non-medullary thyroid cancer**: Added requirement that disease be unresectable or metastatic disease per NCCN. **Merkel cell carcinoma:** Added coverage requirements for this indication per NCCN. **Chondrosarcoma:** Added requirement that requested medication be used as a single agent per NCCN.	10.12.2025	11.26.2025
5042-A SGM P2025	**SCEMBLIX**	**Chronic myeloid leukemia (CML):** 1) For initial criteria: Updated the duration of approval from 12 months to 7 months to align with NCCN recommendations. 2) Added coverage requirements for treatment after hematopoietic stem cell transplant (HSCT) per NCCN. 3) For continuation of therapy criteria: Updated clinical requirements and duration of approval (from 12 months to 7 months) to align with NCCN recommendations.	10.12.2025	11.26.2025

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1651-A SGM P2025	**SILDENAFIL PRODUCTS**	**Raynaud's syndrome,** initial criteria: Updated requirements to specify that approval is for oral formulations only.	10.12.2025	11.26.2025
2027-A SGM P2025	**NEXAVAR**	**Acute myeloid leukemia (AML):** Removed coverage for use in low intensity treatment induction, post induction therapy or consolidation therapy in combination with azacitidine or decitabine, per NCCN. **Oncocytic thyroid carcinoma:** Removed requirement that member is radioactive iodine refractory per NCCN. **Medullary thyroid carcinoma:** Added requirement that disease is symptomatic or progressive, per NCCN. **Gastrointestinal stromal tumor (GIST),** continuation of therapy: Removed requirement of "no disease progression" per NCCN.	10.12.2025	11.26.2025
20225-A SGM P2025	**SUTENT**	**Oncocytic thyroid carcinoma:** Removed requirement for not amenable to radioactive iodine therapy per NCCN. **Non-medullary thyroid cancer:** Added requirement that disease be unresectable or metastatic disease per NCCN.	10.12.2025	11.26.2025
2773-A SGM P2025	**TEGSEDI**	**Polyneuropathy of Hereditary Transthyretin-mediated Amyloidosis:** 1) Added requirement that member is 18 years of age or older per labeled indication. 2) Added Attruby to list of medication excluded from concurrent use. **3)** Added documentation requirement to confirm clinical manifestations of ATTR-FAP.	10.12.2025	11.26.2025

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5348-A SGM P2025	**ZTALMY**	**All covered indications:** Added age restriction that member is at least 2 years of age or older, per FDA labeled indication.	10.12.2025	11.26.2025