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
1690-A SGM P2025c	**DUPIXENT**	**Immune checkpoint inhibitor-related toxicity:** Specified that moderate (G2) bullous dermatitis can be approved if diagnosis is bullous pemphigoid per NCCN. **Eosinophilic esophagitis:** 1) Removed age specifications for 1-11 years old and 11 years old and older 2) Updated wording from "clinical manifestations of disease" to "experiencing symptoms of esophageal dysfunction." **Chronic obstructive pulmonary disease (COPD),** initial criteria: Added option for approval when patient has previously received a biologic drug indicated for COPD in the past year. **Asthma**, initial and continuation of therapy: Updated maintenance asthma treatment examples to "(i.e., inhaled corticosteroid and additional controller)". **Chronic rhinosinusitis with nasal polyps (CRSwNP),** initial**:** Updated intranasal corticosteroids treatment length from "at least 2 months" to "at least 4 weeks"	8.17.2025	10.1.2025

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1664-A SGM P2025	**ERLOTINIB**	**Renal Cell Carcinoma:** 1) Added requirement of advanced papillary renal cell carcinoma including hereditary leiomyomatosis and renal cell carcinoma (HLRCC) per NCCN. 2) Removed coverage for single agent use for treatment of renal cell carcinoma per NCCN. **Chordoma:** Added requirement of conventional or chondroid chordoma per NCCN.	8.17.2025	10.1.2025
2650-A SGM P2025	**GALAFOLD**	**Fabry disease with amenable galactosidase alpha gene (GLA) variant:** 1) Added prescriber specialties requirement. 2) Added requirement that patient is 18 years of age or older per labeled indication.	8.17.2025	10.1.2025
1655-A SGM P2025a	**NUCALA**	**Asthma,** initial and continuation of therapy: Updated maintenance asthma treatment examples to "(i.e., inhaled corticosteroid and additional controller)." **Eosinophilic granulomatosis with polyangiitis (EGPA),** initial: added previous biologic use in the past year. **Chronic rhinosinusitis with nasal polyps (CRSwNP),** initial: Updated intranasal corticosteroids treatment length from "at least 2 months" to "at least 4 weeks." **Hypereosinophilic Syndrome (HES),** continuation: Removed monotherapy exclusion.	8.17.2025	10.1.2025

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		Chronic Obstructive Pulmonary Disease (COPD): Added coverage criteria for new FDA-approved indication.		
2029-A SGM P2025	**OCALIVA**	**Primary Biliary Cholangitis (PBC) [previously known as primary biliary cirrhosis],** continuation of therapy: 1) Added age restriction for use in adults to align with initial criteria. 2) Simplified clinical benefit from therapy to no longer require specific signs of improvement.	8.17.2025	10.1.2025
3874-A SGM P2025	**RETEVMO**	***Added* coverage requirements for the following indications per NCCN:** 1) Persistent medullary thyroid cancer 2) Uterine Sarcoma 3) Neuroendocrine Carcinoma/Large or small cell carcinoma/mixed neuroendocrine-non-neuroendocrine neoplasm 4) First-line treatment of metastatic ampullary adenocarcinoma ***Removed* coverage for the following indication due to lack of compendial support:** 1) Hepatocellular carcinoma	8.17.2025	10.1.2025
1666-A SGM P2025	**XALKORI**	**Non-Small Cell Lung Cancer (NSCLC) with high-level MET amplification:** Added requirement that patient have metastatic disease per NCCN.	8.17.2025	10.1.2025
4384-A SGM P2025	**ZOKINVY**	**All Covered Indications:** Added prescriber specialties requirement.	8.17.2025	10.1.2025

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1668-A SGM P2025	**ZYKADIA**	**ROS1-positive non-small cell lung cancer:** Removed coverage of this indication per NCCN.	8.17.2025	10.1.2025
2003-A SGM P2024a	**ENBREL**	**Rheumatoid arthritis,** initial**:** 1) Updated lookback period for previous biologic/targeted synthetic use to within the past 120 days 2) Updated methotrexate step requirement to include combination with at least one other conventional synthetic drug (i.e., hydroxychloroquine and/or sulfasalazine) for at least 3-months at maximum tolerated doses, unless there is a documented intolerable adverse event, or contraindication to all conventional synthetic drugs, or, moderate to high disease activity.	8.17.2025	10.1.2025
2008-A SGM P2024b	**ADALIMUMAB PRODUCTS**	**Rheumatoid arthritis,** initial**:** 1) Updated lookback period for previous biologic/targeted synthetic use to within the past 120 days 2) Updated methotrexate step requirement to include combination with at least one other conventional synthetic drug (i.e., hydroxychloroquine and/or sulfasalazine) for at least 3-months at maximum tolerated doses, unless there is a documented intolerable adverse event, or contraindication to all conventional synthetic drugs, or, moderate to high disease activity.	8.17.2025	10.1.2025

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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