

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
599-A PA 04-2024	NUEDEXTA	Pseudobulbar Affect (PBA): Added coverage criteria	5.17.2025	7.1.2025
1764-A SGM P2025	BENLYSTA	Systemic Lupus Erythematosus and Active Lupus Nephritis: Removed "stable" from standard treatment initial criteria. Systemic Lupus Erythematosus: Removed NSAIDs as a standard treatment option.	6.7.2025	7.22.2025
1742-A SGM P2025	GROWTH HORMONE PRODUCTS	HIV-Associated Wasting/Cachexia: Removed coverage for this indication. Short Bowel Syndrome: Removed coverage for this indication. Adult growth hormone deficiency (GHD), continuation: <ol style="list-style-type: none"> 1) Removed requirement of current IGF-1 (insulin-like growth factor-1) level for the following: <ol style="list-style-type: none"> i. Members with genetic or congenital structural hypothalamic-pituitary defects ii. Childhood-onset GHD and a congenital abnormality of the central nervous system (CNS), hypothalamus, or pituitary. 2) Removed requirement of pretreatment or current IGF-1 level for members with organic hypothalamic-pituitary disease with ≥ 3 documented pituitary hormone deficiencies. 3) For all other members, removed requirement of pretreatment provocative growth hormone testing. 	6.7.2025	7.22.2025

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2050-A SGM P2025	CERDELGA	Gaucher Disease Type 1: <ol style="list-style-type: none"> 1) Added prescriber specialties requirement. 2) Added age requirement into coverage criteria (18 years and older per labeled indication). 	6.8.2025	7.23.2025
2089-A SGM P2025	CYSTAGON	Nephropathic Cystinosis: Added prescriber specialties requirement.	6.8.2025	7.23.2025
2793-A SGM P2025	DAURISMO	Acute Myeloid Leukemia (AML): <ol style="list-style-type: none"> 1) Added requirement of AML without IDH1 mutation for induction therapy per NCCN. 2) Added coverage for members who decline intensive induction therapy per NCCN. 3) Removed coverage for treatment of relapsed/refractory AML per NCCN. 	6.8.2025	7.23.2025
2238-A SGM P2025	IDHIFA	Acute Myeloid Leukemia (AML): <ol style="list-style-type: none"> 1) Added coverage for members who decline intensive induction therapy per NCCN. 2) Added coverage for post-induction therapy used in combination with azacitidine per NCCN. 3) Added as a single agent requirement for relapsed or refractory disease per NCCN. 	6.8.2025	7.23.2025

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1999-A SGM P2025	JAKAFI	<p>Accelerated/Blast Phase Myeloproliferative Neoplasms and Chronic Myelomonocytic Leukemia (CMML-2): Added requirement that disease be symptomatic per NCCN.</p> <p>Polycythemia Vera: Added coverage for members who lost response to cytoreductive treatment per NCCN.</p> <p>Graft-versus-Host Disease (GvHD): Added requirement that Jakafi must be used in combination with systemic corticosteroids per NCCN.</p> <p>Atypical Chronic Myeloid Leukemia (aCML): Removed coverage for this indication per NCCN.</p> <p>Myelodysplastic/Myeloproliferative Neoplasms (MDS/MPN) with Neutrophilia: Added requirement that member is JAK2-mutation or CSF3R-mutation positive per NCCN.</p> <p>Hemophagocytic Lymphohistiocytosis-like Syndrome: Added coverage for this indication per NCCN.</p>	6.8.2025	7.23.2025
2104-A SGM P2025	KISQALI FEMARA CO-PACK	<p>Advanced Breast Cancer: Removed coverage to align with NCCN.</p> <p>Advanced Endometrial Carcinoma: Removed coverage to align with NCCN.</p>	6.8.2025	7.23.2025

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1639-A SGM P2025	KISQALI	<p>Advanced Breast Cancer: Removed coverage to align with NCCN.</p> <p>Advanced Endometrial Carcinoma: Removed coverage to align with NCCN.</p>	6.8.2025	7.23.2025
1810-A SGM P2025	LYNPARZA	<p>Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer:</p> <ol style="list-style-type: none"> 1) Updated recurrent disease criteria to require BRCA mutation per NCCN. 2) Added requirements that member either have homologous recombination deficiency (HRD) positive disease or have a deleterious or suspected deleterious germline or somatic BRCA mutation when using Lynparza in combination with bevacizumab to align with NCCN. <p>Prostate Cancer: Updated criteria for Lynparza use in combination with abiraterone or fine-particle abiraterone and concurrent steroids to align with NCCN.</p>	6.8.2025	7.23.2025
2098-A SGM P2025	MIGLUSTAT PRODUCTS	<p>All Covered Indications: Added prescriber specialties requirement.</p>	6.8.2025	7.23.2025

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2178-A SGM P2025b	NERLYNX	Breast Cancer: <ol style="list-style-type: none"> 1) Removed coverage for advanced breast cancer to align with NCCN verbiage. 2) Added coverage for treatment of breast cancer in combination with fulvestrant and trastuzumab per NCCN. Cervical Cancer: Added coverage for this indication per NCCN.	6.8.2025	7.23.2025
6174-A SGM P2025	OJJAARA	Accelerated/Blast Phase Myeloproliferative Neoplasms: Added requirement that disease be symptomatic per NCCN.	6.8.2025	7.23.2025
4194-A SGM P2025	ONUREG	Acute Myeloid Leukemia (AML): Added non-core binding factor (non-CBF) requirement.	6.8.2025	7.23.2025
5770-A SGM P2025	ORSERDU	Breast Cancer: Added requirement that member have received at least one prior line of endocrine therapy including a cyclin-dependent kinase 4 and 6 (CDK4/6) inhibitor per NCCN.	6.8.2025	7.23.2025
2585-A SGM P2025	PALYNZIQ	Phenylketonuria (PKU): <ol style="list-style-type: none"> 1) Added prescriber specialties requirement. 2) Added age requirement into coverage criteria (18 years and older per labeled indication). 	6.8.2025	7.23.2025

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2095-A SGM P2025	PROCYSBI	Nephropathic Cystinosis: Added prescriber specialties requirement.	6.8.2025	7.23.2025
1665-A SGM P2025	TEMODAR Temozolomide	Central Nervous System (CNS) Metastases from Solid Tumors: Added coverage for this indication per Lexi-Drugs All Other Covered Indications, where applicable: Updated requirements to include regimens, line-of-therapy, and/or clinical setting/staging per NCCN.	6.8.2025	7.23.2025
2635-A SGM P2025	TIBSOVO	Acute Myeloid Leukemia (AML): 1) Added coverage for members who decline intensive induction therapy per NCCN. 2) Added a single-agent-use requirement for relapsed or refractory disease per NCCN. Myelodysplastic Syndromes (MDS): Updated verbiage from “treatment of relapsed or refractory MDS” to “subsequent treatment of MDS.”	6.8.2025	7.23.2025
6252-A SGM P2024	TRUQAP	Breast Cancer: Updated requirement that “member have had disease recurrence while on or within 12 months of completing adjuvant therapy with an endocrine-based regimen” to specify that regimen must have included a cyclin-dependent kinase 4 and 6 (CDK4/6) inhibitor per NCCN.	6.8.2025	7.23.2025

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1862-A SGM P2025	VALCHLOR	Chronic Adult T-Cell Leukemia/Lymphoma (ATLL): Removed coverage of this indication per NCCN.	6.8.2025	7.23.2025
6096-A SGM P2025	VANFLYTA	Acute Myeloid Leukemia (AML): 1) Updated criteria to allow single agent maintenance therapy following stem cell transplant per NCCN. 2) Removed coverage for relapsed/refractory disease per NCCN. 3) Updated criteria to include regimens per NCCN.	6.8.2025	7.23.2025
2374-A SGM P2025	VENCLEXTA	Acute Myeloid Leukemia (AML): 1) Added coverage for members who decline intensive induction therapy for AML per NCCN. 2) Added treatment regimen requirements for relapsed or refractory AML per NCCN. Myelodysplastic Syndrome (MDS): Added requirement that disease be higher risk per NCCN. Chronic Myelomonocytic Leukemia (CMML-2): Added coverage for this indication per NCCN.	6.8.2025	7.23.2025
2342-A SGM P2025	VERZENIO	Advanced Breast Cancer: Removed coverage to align with NCCN. Advanced Endometrial Carcinoma: Removed coverage to align with NCCN.	6.8.2025	7.23.2025

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5258-A SGM P2025	VONJO	Accelerated/Blast Phase Myeloproliferative Neoplasms: Added requirement that disease be symptomatic per NCCN.	6.8.2025	7.23.2025
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