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
1793-A SGM P2026a	**NILOTINIB**	**Gastrointestinal Stromal Tumors (GIST):** Added requirement that disease be positive for KIT and/or PDGFRA mutations, per NCCN	9/6/2026	10/21/2026
1800-A SGM P2026a	**ARCALYST**	**Recurrent Pericarditis:** 1) Added requirements for the definition of pericarditis diagnosis in the coverage criteria per the 2025 European Society of Cardiology guidelines. 2) Added cardiovascular magnetic resonance (CMR) as another marker for recurrent pericarditis improvement in the continuation of therapy criteria requirement.	10/18/2026	12/2/2026
2212-A SGM P2026	**CABOMETYX**	**Thyroid carcinoma:** Added requirement to be used as a single agent per NCCN. **Gastrointestinal Stromal Tumor (GIST):** Added requirement that disease should be imatinib-sensitive KIT and PDGFRA mutation positive (excluding PDGFRA exon 18 mutations) and documentation requirement for KIT and PDGFRA mutation status per NCCN.	10/18/2026	12/2/2026
5268-A SGM P2026	**CAMZYOS**	**Obstructive Hypertrophic Cardiomyopathy:** 1) Added prescriber specialties requirement. 2) Added age requirement for both the initial and continuation of therapy criteria per FDA label. 3) Added requirement for baseline resting left ventricular outflow tract (LVOT) gradient in the initial coverage criteria. 4) Added requirement to avoid concomitant use with other myosin inhibitors.	10/18/2026	12/2/2026

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4100-A SGM P2026	**ENSPRYNG**	**Neuromyelitis Optica Spectrum Disorder (NMOSD):** Added neurologist prescriber specialty requirement	10/18/2026	12/2/2026
2021-A SGM P2026	**EVEROLIMUS PRODUCTS**	**Central Nervous System (CNS) Cancers:** Added coverage for NF2-related vestibular schwannoma as a single agent per NCCN. **Gastrointestinal Stromal Tumor (GIST):** Added requirement that disease should be imatinib-sensitive KIT and PDGFRA mutation positive (excluding PDGFRA exon 18 mutations) and documentation requirement for KIT and PDGFRA mutation status per NCCN. **Localized unresectable, regional, or relapsed/refractory malignant histiocytic neoplasms:** Added coverage for this indication per NCCN. **Thyroid Carcinoma:** 1) Added coverage for locoregional, unresectable, and metastatic disease per NCCN. 2) Added requirement that requested medication be used as a single agent per NCCN. 3) Modified radioactive iodine therapy requirement from "*not amenable*" to "*is not indicated, is contraindicated, or has been unsuccessful*" per NCCN.	10/18/2026	12/2/2026
2173-A SGM P2026	**ICLUSIG**	**Chronic Myeloid Leukemia (CML):** Added coverage for when member has received hematopoietic stem cell transplant (HSCT) to align with NCCN. **T-cell Acute Lymphoblastic Leukemia (ALL)/Lymphoblastic Lymphoma (LL):** Added coverage for this indication per NCCN.	10/18/2026	12/2/2026

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		Gastrointestinal Stromal Tumor (GIST): Added requirement that disease is imatinib-sensitive KIT and/or PDGFRA mutation positive (excluding PDGFRA exon 18 mutations) and documentation requirement for KIT and PDGFRA mutation status per NCCN.		
2079-A SGM P2026	**INLYTA**	**Endometrial Carcinoma:** Added coverage for this indication per NCCN. **Papillary, Oncocytic/Hurthle cell, and Follicular Thyroid Carcinoma: A** 1) Added coverage for locoregional disease per NCCN. 2) Added requirement to be used as a single agent per NCCN. 3) Modified radioactive iodine therapy requirement from "*not amenable to*" to "*is not indicated, is contraindicated, or has been unsuccessful*" per NCCN.	10/18/2026	12/2/2026
2009-A SGM P2026	**PASOPANIB**	**Gastrointestinal Stromal Tumor (GIST):** Added requirement that disease should be imatinib-sensitive KIT and PDGFRA mutation positive (excluding PDGFRA exon 18 mutations) and documentation requirement for KIT and PDGFRA mutation status per NCCN. **Soft Tissue Sarcoma:** Added coverage for dedifferentiated liposarcoma per NCCN. **Papillary, Oncocytic/Hurthle cell, and Follicular Thyroid Carcinoma:** 1) Added coverage for locoregional disease per NCCN. 2) Added requirement to be used as a single agent per NCCN. 3) Modified radioactive iodine therapy requirement from "*not amenable to*" to "*is not indicated, is contraindicated, or has been unsuccessful*" per NCCN.	10/18/2026	12/2/2026

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		Medullary Thyroid Carcinoma: Added requirement to be used as a single agent per NCCN. **Merkel Cell Carcinoma:** 1) Added coverage when disease has progressed on anti-PD-L1 or anti-PD-1 monotherapy per NCCN. 2) Removed requirement that curative surgery and curative radiation are not feasible per NCCN.		
2027-A SGM P2026	**SORAFENIB**	**Gastrointestinal Stromal Tumor (GIST):** Added requirement that disease should be imatinib-sensitive KIT and PDGFRA mutation positive (excluding PDGFRA exon 18 mutations) and documentation requirement for KIT and PDGFRA mutation status per NCCN. **Medullary Thyroid Carcinoma:** Added requirement to be used as a single agent per NCCN. **Papillary, Follicular, and Oncocytic Thyroid Carcinoma:** 1) Added coverage for locoregional, unresectable, and metastatic disease per NCCN. 2) Added requirement to be used as a single agent per NCCN. 3) Modified radioactive iodine therapy requirement from "*not amenable to*" to "*is not indicated, is contraindicated, or has been unsuccessful*" per NCCN.	10/18/2026	12/2/2026
2022-A SGM P2026	**SUNITINIB**	**Gastrointestinal Stromal Tumor (GIST):** Added requirement that disease should be imatinib-sensitive KIT and PDGFRA mutation positive (excluding PDGFRA exon 18 mutations) and documentation requirement for KIT and PDGFRA mutation status per NCCN. **Papillary, Follicular, and Oncocytic Thyroid Carcinoma:** 1) Added coverage for locoregional disease per NCCN.	10/18/2026	12/2/2026

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		2) Added requirement to be used as a single agent per NCCN. 3) Modified radioactive iodine therapy requirement from "*not amenable to*" to "*is not indicated, is contraindicated, or has been unsuccessful*" per NCCN. **Medullary Thyroid Carcinoma:** Added requirement to be used as a single agent per NCCN. **Dedifferentiated Chondrosarcoma:** Added coverage for this indication per NCCN. **Meningioma:** Removed coverage for this indication per NCCN.		

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