

# 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	Date Notification Originally Posted	Effective Date
2003-A SGM P2024	<b>ENBREL</b>	<p><b>Immune checkpoint inhibitor-related toxicity - Inflammatory arthritis:</b> Updated initial criteria to include moderate severity.</p> <p><b>Chronic Graft versus Host Disease:</b> Added continuation of therapy requirements.</p> <p><b>All Applicable Indications – “Other” section:</b> Updated TB test requirement from “within past 6 months” to “within past 12 months.”</p>	02.23.2025	04.09.2025
2869-A SGM P2024	<b>OXERVATE</b>	<p><b>Neurotrophic keratitis:</b> Added prescriber restriction: Medication must be prescribed by or in consultation with an ophthalmologist or optometrist.</p>	02.23.2025	04.09.2025

**Disclaimer:** All BCBST member health policies are NOT the same. All regulations on this subject may not be included. This document is for informational purposes only.