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
2232-A SGM P2024	**REVLIMID lenalidomide**	**Primary CNS cancers:** Added requirement for prior therapy with BTK inhibitor and venetoclax based regimens per NCCN. **Myelofibrosis associated anemia:** Removed coverage for this indication per NCCN. **POEMS syndrome:** Added regimen requirements per NCCN	4.18.2025	6.2.2025
2372-A SGM P2024	**NINLARO**	**Multiple myeloma:** 1) Added requirement of being lenalidomide or anti-CD-38 refractory for regimen involving use in combination with pomalidomide and dexamethasone per NCCN. 2) Added coverage for Ninlaro as a substitute for bortezomib for non-transplant candidates per NCCN. **Systemic Light Chain Amyloidosis:** Added regimen requirements per NCCN.	4.18.2025	6.2.2025

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2234-A SGM P2024	**POMALYST**	**Multiple myeloma:** 1) Added requirement of being lenalidomide- or anti-CD-38 refractory for regimen involving use in combination with ixazomib and dexamethasone per NCCN. 2) Added requirement of being bortezomib- or lenalidomide refractory for regimen involving use in combination with isatuximab and dexamethasone per NCCN 3) Added coverage when used as part of regimen involving use in combination with daratumumab and dexamethasone per NCCN. 4) Added requirement of being lenalidomide or anti-CD-38 refractory for regimen involving use in combination with bortezomib and dexamethasone if previously received at least one prior regimen per NCCN. 5) Added use in combination with carfilzomib, daratumumab, and dexamethasone for treatment of multiple myeloma per NCCN. 6) Removed coverage for use in combination with elotuzumab and dexamethasone after one prior regimen, per NCCN.	4.18.2025	6.2.2025
2368-A SGM P2024	**THALOMID**	**Myelofibrosis associated anemia:** Removed coverage for this indication per NCCN. **Pediatric medulloblastoma:** Added coverage for this indication per NCCN	4.18.2025	6.2.2025
2119-A SGM P2025	**CHOLBAM**	**All covered indications:** Added prescriber specialties requirement	4.20.2025	6.4.2025

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4024-A SGM P2025	**DOJOLVI**	**All covered indications:** Added prescriber specialties requirement	4.20.2025	6.4.2025
1690-A SGM P2025a	**DUPIXENT**	**Atopic dermatitis:** Added topical Janus kinase (JAK) inhibitor and topical phosphodiesterase-4 (PDE-4) inhibitor as options for topical step therapy. **Prurigo nodularis, initial criteria:** Added option for approval for previous biologic use in the past year. **Immune checkpoint inhibitor-related (ICIR) toxicities:** 1) Added continuation criteria and documentation requirement showing positive clinical response to therapy. 2) **For ICIR pruritus:** Updated approval duration from 6 months to 12 months for severe (G3) pruritis if patient has not had response to gabapentinoids in one month per NCCN. 3) **For ICIR bullous dermatitis toxicity:** Updated criteria to allow coverage for life-threatening (G4) severity and included bullous pemphigoid as an example under moderate (G2) severity per NCCN. **Eosinophilic esophagitis:** Updated criteria to allow coverage after a trial with either a proton pump inhibitor (PPI) or a swallowed topical corticosteroid.	4.20.2025	6.4.2025

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2417-A SGM P2025	**HEMLIBRA**	**Hemophilia A (congenital factor VIII deficiency):** 1) Added criteria that Hemlibra will not be used in combination with Alhemo or Hympavzi. 2) Added criteria that the member has not previously received treatment with a gene therapy product for the treatment of hemophilia A.	4.20.2025	6.4.2025
599-A PA 04-2024	**NUEDEXTA**	**Pseudobulbar Affect (PBA):** Added coverage criteria	5.17.2025	7.1.2025