

PROVIDER NOTIFICATION OF RETAIL DRUG POLICY CRITERIA CHANGE			
Drug Impacted	CRITERIA CHANGE	EFFECTIVE DATE	Formulary
octreotide products	For acromegaly removed the requirement that the member must have a clinical reason to avoid surgery or radiotherapy to state that "surgery or radiotherapy are not an option for the member". Removed coverage for thymic carcinoma per NCCN. Added coverage for Sandostatin LAR for Merkel cell carcinoma per NCCN. For short bowel syndrome, replaced intravenous fluid requirement greater than 3 liters with requirement for large volume stool losses when fluid and electrolyte management is problematic per American Gastroenterological Association clinical practice update.	05/03/2026	Standard, Metallic and Essential
desmopressin	Added prescriber specialty.	05/03/2026	Standard and Essential
Hemlibra	Added criteria that Hemlibra will not be used in combination with Qfitlia. Per updated guidelines added compendial support for acquired hemophilia A.	05/03/2026	Standard, Metallic and Essential
sodium phenylbutyrate	Decreased patient weight requirement for Olpruva from 20 kg to 7kg based on recent label update Removed BSA requirement and replaced with requirement that patient is one year of age or older per recent label update.	05/03/2026	Standard, Metallic and Essential
somatuline depot	Added branded Lanreotide to criteria. For acromegaly removed the requirement that the member must have a clinical reason to avoid surgery or radiotherapy to state that "surgery or radiotherapy are not an option for the member".	04/19/2026	Standard, Metallic, and Essential
Somavert	Removed the requirement that the member must have a clinical reason to avoid surgery or radiotherapy to state that "surgery or radiotherapy are not an option for the member".	04/19/2026	Metallic
Cholbam	Increased initial authorization period from 6 months to 12 months. Added "at baseline" to coverage criteria point regarding manifestations of liver disease.	04/19/2026	Standard
Vuity	Added newly FDA-approved Yuvezzi to criteria. Updated title.	04/19/2026	Complete and Essential
5-HT3 antiemetics	Criteria retired.	07/01/2026	Metallic
Anzemet	Criteria retired.	07/01/2026	Standard
Granisetron	Criteria retired.	07/01/2026	Standard and Metallic
Ondansetron	Criteria retired.	07/01/2026	Standard and Metallic

PPIs	Criteria retired.	07/01/2026	Metallic
Tretinoins	Criteria retired.	07/01/2026	Metallic