

Policy/Criteria Number	Policy/Criteria	Product	RevisionNotes	Effective Date of Revision
CP.PCH.55	Epinephrine (Epipen, Epipen Jr, Neffy, Auvi-Q)	Commercial, HIM	Revised initial approval duration to 12 months; added quantity limit template statement to initial and continued therapy criteria; added Appendix D information for epinephrine dosing in pediatric patients weighing 7.5 kg to 15 kg.	3/1/2026
CP.PHAR.416	Caplacizumab-yhdp (Cablivi)	Commercial, HIM, Medicaid	RT4: updated with pediatric age extension of ≥ 12 years.	3/1/2026
CP.PHAR.431	Selinexor (Xpovio)	Commercial, HIM, Medicaid	RT4: added new 80 mg strength tablet; extended Medicaid and HIM initial approval durations from 6 months to 12 months for this maintenance medication for a chronic condition.	3/1/2026
CP.PHAR.527	Narsoplimab (Yartemlea)	Commercial, HIM, Medicaid	Drug is now FDA approved – criteria updated per FDA labeling: for diagnostic criteria, clarified that LDH should be above the upper limit of normal, added presence of schistocytes as hemolysis example, clarified platelet count should be < 150 x 10 ⁹ /L, and clarified serum creatinine to be ≥ 2 times pre-transplantation baseline per published pivotal trial; added Bkernv/Epysqli biosimilars to Soliris concurrent prescribing exclusion; for continued criteria, added hemolysis example of decrease or absence of schistocytes and revised maximum duration of Yartemlea administration from 12 weeks to 16 weeks per pivotal trial experience; references reviewed and updated.	3/1/2026
CP.PHAR.544	Amivantamab-vmjw, Amivantamab-Hyaluronidase-lpuj (Rybrevant, Rybrevant Faspro)	Commercial, HIM, Medicaid	RT4: added new formulation of Rybrevant Faspro; removed the EGFR mutations G719X, S768I, and L861Q from criteria per NCCN; added additional options for combination with Lazcluze as subsequent therapy and for brain metastases per NCCN; replaced Rybrevant-specific maximum dose criteria with a reference to the indicated regimen in section V; revised initial approval duration for Medicaid/HIM lines of business to 12 months.	3/1/2026
CP.PHAR.645	Niraparib and Abiraterone (Akeega)	Commercial, HIM, Medicaid	RT4: added new indication in BRCA2-mutated mCSPC.	3/1/2026
CP.PMN.156	Perampanel (Fycompa)	Commercial, HIM, Medicaid	Clarified oral solutions to oral suspensions.	3/1/2026
CP.PMN.213	Ferric maltol (Accrufer)	Commercial, HIM, Medicaid	RT4: updated with pediatric age extension to ≥ 10 years.	3/1/2026