

26Q3 Medicaid Criteria Summary Table Live Meeting (Effective Date September 1, 2026)

Policy Number	Policy Title	Revision Notes
CP.PHAR.373	Benralizumab (Fasenra)	RT4: added criteria for newly approved indication of HES. Per SDC, removed Commercial line of business as separate criteria is required.
CP.PHAR.793_PEPP	Brepocitnib_PEPP	Policy created pre-emptively.
CP.PHAR.797_PEPP	Cemdisiran (ALN-CC5)_PEPP	Policy created pre-emptively.
CP.PHAR.625	Concizumab-mtci (Alhemo)	Removed inhibitor level criterion for hemophilia with inhibitors; revised provider confirmation of discontinuation of prophylaxis to exclusion for concurrent use of hemophilia prophylaxis agents with examples of allowable agents for on-demand usage; added ICHRA line of business.
CP.PHAR.794_PEPP	Daraxonrasib (RMC-6236)_PEPP	Policy created pre-emptively.
CP.PHAR.370	Emicizumab-kxwh (Hemlibra)	Removed inhibitor level criterion for hemophilia with inhibitors; added bypassing agent option to on-demand usage that may be continued for hemophilia A with inhibitors; added ICHRA line of business.
CP.PMN.311	Ensitrelvir (Xocova)	Poliy created.
CP.PHAR.234	Ferric Carboxymaltose (Injectafer)	Added redirection to generic for brand requests PER SDC request; added ICHRA line of business
CP.PHAR.706	Fitusiran (Qfitlia)	Added Hemlibra redirection for hemophilia A with SDC agreement; added template language of clinically significant adverse effects or contraindication for failure of bypassing agent, FVIII product, and FIX product as prophylaxis therapy; added bypassing agent option to on-demand usage that may be continued; added ICHRA line of business.
CP.PHAR.798_PEPP	Ribitol (BBP-418)_PEPP	Policy created pre-emptively.
CP.PMN.301	Suzetrigine (Journavx)	Clarified failure of at least two analgesic medications to be within the last 30 days; added Journavx has not been prescribed within the last 30 days, or member is experiencing a new episode of moderate to severe acute pain; added tablet quantity limit of 29 tablets per 14 days per course of treatment; added total treatment duration of 14 days.
CP.PHAR.465	Teprotumumab (Tepezza)	Added requirement that Tepezza is not prescribed concurrently with Lumvoa and member has not previously received Lumvoa; added ICHRA line of business.
CP.PHAR.773	Veligrotug (Lumvoa)	RT4: drug is now FDA-approved; modified to weight-based dosing per prescribing information; added requirement that member has not previously received Tepezza.
CP.PHAR.795_PEPP	Venglustat (SAR402671)_PEPP	Policy created pre-emptively.
CP.PHAR.796_PEPP	Zilurgisertib (INCB0009258)_PEPP	Policy created pre-emptively.