

26Q3 HIM Criteria Summary Table Evote (September 2026 Ancillary)

Change Type	Policy Number	Policy Title	Revision Notes	Effective Date
Criteria - Change	CP.PHAR.565	Asciminib (Scemblix)	For CML, changed use for TKI-experienced patients from those in CP to those in AP since Scemblix is FDA-approved as first-line therapy for CP-CML and since, per NCCN guidelines, Scemblix is considered "Useful in certain circumstances" for off-label AP-CML; added ICHRA line of business.	10/1/2026
Criteria - SDC Change HIM.PA.169		Berotrastat (Orladeyo)	Per August SDC, added redirection to Haegarda for Focused plans only.	1/1/2027
Criteria - SDC Change HIM.PA.SP60		Biologic and Non-biologic DMARDs	Per August SDC: for CD, PsO, PsA, and UC, removed redirection to Stelara as agent is not preferred; removed step through criteria for initiating therapy for Stelara; added redirection to Imuldosa as agent is preferred).	1/1/2027
Criteria - SDC New	CP.PCH.64	Continuous Glucose Monitors	Policy created (adapted from CP.CPA.355) per August SDC: added HIM/ICHRA line of business.	1/1/2027
Criteria - SDC Change HIM.PA.168		Corticotropin (H.P. Acthar, Purified Cortrophin Gel)	Per August SDC, removed ICHRA line of business, for Focused plans, added redirection of Acthar to Purified Cortrophin Gel.	1/1/2027
Criteria - SDC Change CP.PCH.32		Dapsone (Aczone Gel)	Per August SDC, removed Clindagel from Appendix B.	1/1/2027
Criteria - SDC Change CP.PHAR.341		Deutetrabenazine (Austedo, Austedo XR)	Per August SDC, added HIM/ICHRA lines of business.	1/1/2027
Criteria - Retire	CP.PCH.42	Deutetrabenazine (Austedo, Austedo XR)	Retired, replaced by CP.CPA.370 and CP.PHAR.341	1/1/2027
Criteria - SDC Change HIM.PA.58		DPP-4 inhibitors	Per August SDC: added brand Januvia, Janumet, and Janumet XR to policy with redirection to generic; added ICHRA line of business.	1/1/2027
Criteria - SDC Change HIM.PA.53		GLP-1 receptor agonists	Per August SDC: updated redirection to preferred GLP-1 receptor agonist therapies from "failure of three of the following" to "failure of all of the following."	1/1/2027
Criteria - SDC Change HIM.PA.161		Human Growth Hormone (Somapacitan, Somatrogen, Somatropin, Lonaepsomatropin-tegd)	Per August SDC, removed Humatrope as a preferred drug.	1/1/2027
Criteria - SDC Change CP.PHAR.103		Immune Globulins	Per August SDC, added HIM and ICHRA line of business; updated Appendix G with revised language for Tennessee; for Nebraska HIM line of business, added allowance of bypassing the exclusion of PANDAS in section III per state regulations.	1/1/2027
Criteria - Retire	HIM.PA.178	Immune Globulins 08.18.26 SDC	Retired per August SDC.	1/1/2027
Criteria - SDC Change HIM.PA.153		Inhaled asthma and COPD agents	Per August SDC: for Focused plans, added statement that Asmanex HFA, Asmanex Twisthaler, Tudorza Pressair, and Bevespi Aerosphere do not require prior authorization and added redirection to them as preferred products.	1/1/2027
Criteria - Retire	HIM.PA.171	Insulin detemir (Levemir) 08.18.26 SDC	Retired per August SDC.	1/1/2027
Criteria - SDC Change HIM.PA.09		Insulin glargine (Basaglar, Lantus, Rezvoglar, Toujeo)	Per August SDC: for Focused plans, added statement that Lantus, Toujeo, and unbranded Toujeo do not require prior authorization and added redirection to them as preferred products.	1/1/2027
Criteria - SDC Change HIM.PA.180		Insulin Icodec-abae (Awiqli)	Per August SDC: for Focused plans, added redirection to Lantus, Toujeo, and unbranded Toujeo.	1/1/2027
Criteria - SDC Change CP.PMN.143		Isotretinoin (Claravis Absorica Absorica LD Myorisan Zenatane Amnesteem)	Per August SDC, removed Clindagel from Appendix B.	1/1/2027
Criteria - SDC Change HIM.PA.172		Lanadelumab-fylo (Takhzyro)	Per August SDC, added redirection to Haegarda for Focused plans only.	1/1/2027
Criteria - SDC Change HIM.PA.173		Palbociclib (Ibrance)	Per August SDC: for breast cancer, removed redirection to Kisqali.	1/1/2027
Criteria - SDC Change CP.PMN.58		Propranolol (Hemangeol)	Per August SDC, added HIM line of business.	1/1/2027
Criteria - SDC Change CP.PMN.295		Semaglutide (Wegovy)	Per August SDC: updated redirection to preferred GLP-1 receptor agonist therapies from "failure of three of the following" to "failure of all of the following" for members with concurrent T2DM.	1/1/2027
Criteria - SDC Change HIM.PA.91		SGLT2 inhibitors	Per August SDC: added brand Farxiga and Xigduo XR to criteria with redirection to generic; added ICHRA line of business.	1/1/2027
Criteria - Retire	HIM.PA.87	Testosterone (Androderm)	Retired per August SDC.	1/1/2027
Criteria - SDC Change CP.PMN.298		Tirzepatide (Zepbound)	Per August SDC: updated redirection to preferred GLP-1 receptor agonist therapies from "failure of three of the following" to "failure of all of the following" for members with concurrent T2DM.	1/1/2027
Criteria - SDC Change HIM.PA.71		Topical Acne Treatment	Per August SDC, removed Clindagel from Appendix B.	1/1/2027