

26Q4 October/November HIM Criteria Summary Table (Effective 12/1/2026) - Live

Change Type	Policy Number	Policy Title	Revision Notes	Line of Business	GPI
Criteria - New PEPP	CP.PHAR.814_PEPP	Autologous Cutaneous Multicellular Units (SkinTE)_PEPP	Policy created pre-emptively	Commercial, HIM, ICHRA, Medicaid	N/A
Criteria - New PEPP	CP.PHAR.815_PEPP	Dersimelagon (MT-7117)_PEPP	Policy created pre-emptively	Commercial, HIM, ICHRA, Medicaid	N/A
Criteria - New PEPP	CP.PHAR.816_PEPP	Efzimfotase Alfa (ALXN1850)_PEPP	Policy created pre-emptively	Commercial, HIM, ICHRA, Medicaid	N/A
Criteria - Significant Change	CP.PHAR.682	Levacetylleucine (Aqneursa)	4Q 2026 annual review: updated NPC diagnostic criterion to require confirmation by biallelic pathogenic variants in NPC1 or NPC2 gene per updated international consensus guidelines; references reviewed and updated. RT4: added new indication of A-T.	Commercial, HIM, ICHRA, Medicaid	6200
Criteria - New	CP.PHAR.812	Lirafugratinib (Lyrfıgtu)	Policy created.	Commercial, HIM, ICHRA, Medicaid	N/A
Criteria - Significant Change	CP.PHAR.614	Nirsevimab (Beyfortus)	Added criteria allowing use in the second RSV season for GA < 32 weeks, Down syndrome or other chromosomal differences per updated AAP recommendations.	Commercial, HIM, ICHRA, Medicaid	1950
Criteria - New PEPP	CP.PHAR.817_PEPP	Psilocybin (COMP360)_PEPP	Policy created pre-emptively	Commercial, HIM, ICHRA, Medicaid	N/A
Criteria - New	CP.PHAR.813	Rusfertide (Mimrylo)	Policy created.	Commercial, HIM, ICHRA, Medicaid	N/A
Criteria - SDC	HIM.PA.SP1	Sofosbuvir-Velpatasvir (Epclusa)	Per September SDC: removed criterion requiring life expectancy > 12 months with HCV treatment; for continued therapy, added criterion requiring use of authorized generic version of Epclusa.	HIM, ICHRA	1235
Criteria - SDC	HIM.PA.SP63	Sofosbuvir-Vepatasvir-Voxilaprevir (Vosevi)	Per September SDC: removed criterion requiring life expectancy ≥ 12 months with HCV treatment.	HIM, ICHRA	1235