

26Q3 HIM Criteria Summary Table Live Meeting (Effective Date November 1, 2026)

Policy Number	Policy Title	Revision Notes
HIM.PA.SP70	Benralizumab (Fasenra)	RT4: added criteria for newly approved indication of HES; added ICHRA line of business.
HIM.PA.SP60	Biologic and Non-biologic DMARDs	RT4: added newly FDA-approved Icotyde for PsO; for PsO: for Taltz and Icotyde pediatric redirection; updated criteria from “failure of TWO” to “failure of THREE” to align with redirection to Enbrel and Otezla as alternative option with “or” instead of “and” rationale; RT4: for Cosentyx, updated AS criteria with pediatric extension for ages 12 years and older per prescribing information; RT4: for Stelara/ustekinumab, updated CD criteria with pediatric extension for ages 2 to 17 years per prescribing information; RT4: for Hadlima, applied pediatric age extensions for HS and UV and added new single-dose autoinjector PushTouch dosage strength [80 mg/0.8 mL]; for HS, UC, UV, and continued therapy “All Other Indications In Section I”, added bypass of “FDA-approved age limit does not overlap” for preferred adalimumab biosimilar requirement; RT4: added FDA approved biosimilars Immgolix and Immgolix Intri to criteria; for RA for Simponi, Simponi Aria, Immgolix, and Immgolix Intri, added requirement for concomitant use with MTX or another DMARD; added HCPCS code Q5164. RT4: for Tofidence, added newly approved CRS indication to criteria; for CRS, revised criterion for CRS prophylaxis use to “administering T-cell engaging bispecific antibody therapy” and added option for CRS treatment related to T-cell engaging bispecific therapy per NCCN; removed criterion for “used as supportive care in severe CRS related to blinatumomab therapy” as requirement is met through criterion for CRS treatment related to T-cell engaging bispecific antibody therapy; for continued therapy, removed “CAR-T cell induced” as CRS also includes T-cell engaging bispecific antibody therapy; for CRS initial approval criteria and continued therapy, added “up to 4 doses total” for clarity and to align with Commercial and Medicaid; RT4: for Skyrizi, added newly approved pediatric extension for PsO and added redirection to Skyrizi for PsO pediatric ages; added new 55 mg/0.37 mL single-dose prefilled syringe dosage strength; RT4: for Skyrizi, added newly approved pediatric extension for PsA and added redirection to Skyrizi for PsA pediatric ages; for pJIA, removed Xeljanz XR; for PsO, added Tremfya requirement for initiating Stelara therapy for ages 6 to 17 years criteria to reflect pediatric extension; for PsA, added Tremfya and tofacitinib (generic Xeljanz) as requirement for initiating Stelara therapy for ages 6 to 17 years criteria to reflect pediatric extension. Per SDC: for RA, PsA, AS, pJIA, and UC, removed criteria requiring use of brand Xeljanz/Xeljanz XR and added criteria requiring use of tofacitinib/tofacitinib XR (generic Xeljanz/Xeljanz XR); added generic redirection to tofacitinib/tofacitinib XR for brand Xeljanz/Xeljanz XR requests.
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.

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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.