PROVIDER NOTIFICATION OF RETAIL DRUG POLICY CRITERIA CHANGE			
Drug Impacted	**CRITERIA CHANGE**	**EFFECTIVE DATE**	**Formulary**
Xiidra Tryptyr Vevye	Removed age requirement from coverage criteria. Removed Xiidra as a formulary alternative. Added Tryptyr and Xiidra to target drug list and criteria. Added Vevye as a formulary alternative. Updated document title.	1/1/2026	Essential and Complete