

Provider Notification of Retail Drug Policy Criteria Change			
Drug Impacted	Criteria Change	Effective Date	Formulary
Rinvoq	<p>1) For rheumatoid arthritis (RA), psoriatic arthritis (PsA), ulcerative colitis (UC), ankylosing spondylitis (AS), non-radiographic axial spondyloarthritis (nr-axSpA), Crohn's disease (CD), and polyarticular juvenile idiopathic arthritis (pJIA), removed approval criteria for members who have previously received a biologic (other than a TNF inhibitor) or targeted synthetic drug.</p> <p>2) For psoriatic arthritis (PsA), ankylosing spondylitis (AS), non-radiographic axial spondyloarthritis (nr-axSpA), and polyarticular juvenile idiopathic arthritis (pJIA), initial authorization criteria, added option for contraindication to TNF inhibitors.</p> <p>3) For ulcerative colitis and Crohn's disease initial criteria, added criteria stating that if TNF inhibitors are clinically inadvisable, the member should have received at least one approved systemic therapy prior to the use of the requested medication, per FDA label update.</p>	04/01/2026	Metallic and Essential
Xeljanz, Xeljanz XR	<p>1) For rheumatoid arthritis (RA), psoriatic arthritis (PsA), ulcerative colitis (UC), ankylosing spondylitis (AS), non-radiographic axial spondyloarthritis (nr-axSpA), and articular juvenile idiopathic arthritis (JIA), removed approval criteria for members who have previously received a biologic (other than a TNF inhibitor) or targeted synthetic drug.</p> <p>2) For psoriatic arthritis (PsA), ankylosing spondylitis (AS), non-radiographic axial spondyloarthritis (nr-axSpA), and articular juvenile idiopathic arthritis (JIA) initial authorization criteria, added option for contraindication to TNF inhibitors.</p> <p>3) For ulcerative colitis, added criteria stating that if TNF inhibitors are clinically inadvisable, the member should have received at least one approved systemic therapy prior to the use of the requested medication.</p>	4/1/2026	Metallic, Essential, and Standard
Olumiant	1) For rheumatoid arthritis (RA), removed approval criteria for members who have previously received a biologic (other than a TNF inhibitor) or targeted synthetic drug indicated for moderately to severely active RA.	4/1/2026	Essential

	2) For other section, updated TB testing from 6 months to within 12 months.		
Duratuss AC	Added newly available Duratuss AC to criteria and limit chart.	03/01/2026	Metallic, Essential, Complete and Standard
Alyftrek	New policy implemented	04/15/2026	Standard
Actimmune	New policy implemented	04/15/2026	Standard
Auvelity	New policy implemented	04/15/2026	Standard
Spravato	New policy implemented	04/15/2026	Standard
Dupixent	New policy implemented	04/15/2026	Standard and Metallic
Xrem-sodium oxybate	New policy implemented	04/15/2026	Standard and Metallic
Xolair	New policy implemented	04/15/2026	Standard and Metallic
CGM	New policy implemented	04/15/2026	Standard and Metallic
Nucala	New policy implemented	04/15/2026	Standard and Metallic
Omnipod 5	New policy implemented	04/15/2026	Standard and Metallic
GLP-1	New policy implemented	04/15/2026	Standard and Metallic
Xywav	New policy implemented	04/15/2026	Standard and Metallic
Lumryz	New policy implemented	04/15/2026	Standard
Omnipod Dash	New policy implemented	04/15/2026	Standard and Metallic
Wakix	New policy implemented	04/15/2026	Standard
Pimecrolimus	New policy implemented	04/15/2026	Standard and Metallic
Tacrolimus	New policy implemented	04/15/2026	Standard and Metallic
Ebglyss	New policy implemented	04/15/2026	Standard and Metallic
Opioid-Benzodiazepine	New policy implemented	04/15/2026	Metallic
Infertility	New policy implemented	4/15/2026	Standard