PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE					
POLICY TITLE	**POLICY NUMBER**	**CRITERIA CHANGE**	**MATERIAL AMENDEMENT**	**EFFECTIVE DATE**	**LINK TO FULL POLICY**
Bevacizumab (e.g., Avastin) and Biosimilars for Oncologic Indications	Walmart 1058	Preferred/non-preferred products and Prior Approval added to policy effective April 1, 2026. Effective April 1, 2026, Prior Approval is required for Bevacizumab (e.g., Avastin) and Biosimilars. Select products (e.g., Mvasi and Zirabev) are preferred where there is an FDA approved indication for the biosimilar product and for all off-label uses of the reference product. According to the United States FDA “a biosimilar is a biological product that has no clinically meaningful differences from the existing FDA-approved reference product. All biosimilar products meet the FDA’s rigorous standards for approval for the indications described in the product labeling. Once a biosimilar has been approved by the FDA, the safety and effectiveness of these products have been established, just as they have been for the reference product.” **Preferred Products:** **HCPCS, Brand Name, Generic Name** Q5107, Mvasi, Bevacizumab awwb Q5118, Zirabev, Bevacizumab bvzr **Non-preferred Products:** **HCPCS, Brand Name, Generic Name** J9035, Avastin, Bevacizumab Q5126, Alymsys, Bevacizumab-maly Q5129, Vegzelma, Bevacizumab-adcd J9999, Jobevne, Bevacizumab-nwgd N/A, Avzivi, Bevacizumab-tnjn Initial request must be for a preferred product. If initial request is not a preferred product, an administrative denial will be issued. If an exception request is submitted for a non-preferred product, one of the following criteria must be met for the non-preferred product to be covered:	No	04/01/2026	https://secure.skaibcbs.com/providers/WMreport.aspx?policyNumber=1058

		1. The individual has a documented serious adverse event to all preferred products that required medical intervention; AND the prescriber has completed and submitted an FDA MedWatch Adverse Event Reporting Form for each event (the prescriber must provide a copy of the completed MedWatch form. Authorizations will not be considered unless the form is completed and submitted to the FDA); **OR** 2. None of the preferred products have an FDA approved indication that is requested, and the requested non-preferred product has the FDA approved indication that is requested.			
Bevacizumab (e.g., Avastin) and Biosimilars for Non-Oncologic and Non-Ophthalmologic Indications	Walmart 1268	Preferred/non-preferred products and Prior Approval added to policy effective April 1, 2026. Effective April 1, 2026, Prior Approval is required for Bevacizumab (e.g., Avastin) and Biosimilars. Select products (e.g., Mvasi and Zirabev) are preferred where there is an FDA approved indication for the biosimilar product and for all off-label uses of the reference product. According to the United States FDA "a biosimilar is a biological product that has no clinically meaningful differences from the existing FDA-approved reference product. All biosimilar products meet the FDA's rigorous standards for approval for the indications described in the product labeling. Once a biosimilar has been approved by the FDA, the safety and effectiveness of these products have been established, just as they have been for the reference product." **Preferred Products:** **HCPCS, Brand Name, Generic Name** Q5107, Mvasi, Bevacizumab awwb Q5118, Zirabev, Bevacizumab bvzr **Non-Preferred Products:** **HCPCS, Brand Name, Generic Name** Q5126, Alymsys, Bevacizumab-maly J9035, Avastin, Bevacizumab N/A, Avzivi, Bevacizumab-tnjn	No	04/01/2026	https://secure.skaibcbs.com/providers/WMreport.aspx?policyNumber=1268

		J9999, Jobevne, Bevacizumab-nwgd Q5129, Vegzelma, Bevacizumab-adcd Initial request must be for a preferred product. If initial request is not a preferred product, an administrative denial will be issued. If an exception request is submitted for a non-preferred product, one of the following criteria must be met for the non-preferred product to be covered: 1. The individual has a documented serious adverse event to all preferred products that required medical intervention; AND the prescriber has completed and submitted an FDA MedWatch Adverse Event Reporting Form for each event (the prescriber must provide a copy of the completed MedWatch form. Authorizations will not be considered unless the form is completed and submitted to the FDA); **OR** 2. None of the preferred products have an FDA approved indication that is requested, and the requested non-preferred product has the FDA approved indication that is requested.			
Infliximab (e.g., Remicade and Unbranded Infliximab) and Biosimilars	Walmart 1034	Preferred/non-preferred products and Prior Approval added to policy effective April 1, 2026. Effective April 1, 2026 Prior Approval is required for Infliximab (e.g., Remicade and Unbranded Infliximab) and Biosimilars. Select products [Infliximab(e.g., Remicade and Unbranded Infliximab) and Infliximab (e.g., Inflectra, Avsola)] are preferred where there is an FDA approved indication for the biosimilar product and for all off-label uses of the reference product. According to the United States FDA “a biosimilar is a biological product that has no clinically meaningful differences from the existing FDA-approved reference product. All biosimilar products meet the FDA’s rigorous standards for approval for the indications described in the product labeling. Once a biosimilar has been approved by the FDA, the	No	04/01/2026	https://secure.skaibcbs.com/providers/WMreport.aspx?policyNumber=1034

		safety and effectiveness of these products have been established, just as they have been for the reference product." **Preferred Products:** **HCPCS, Brand Name, Generic Name** Q5121, Avsola, Infliximab-axxq Q5103, Inflectra, Infliximab-dyyb J1745, Remicade and Unbranded Infliximab, Infliximab **Non-preferred Products**: **HCPCS, Brand Name, Generic Name** Q5109,Ixifi, Infliximab-qbtx Q5104, Renflexis, Infliximab-abda Initial request must be for a preferred product. If initial request is not a preferred product, an administrative denial will be issued. If an exception request is submitted for a non-preferred product, one of the following criteria must be met for the non-preferred product to be covered: 1. The individual has a documented serious adverse event to all preferred products that required medical intervention; AND the prescriber has completed and submitted an FDA MedWatch Adverse Event Reporting Form for each event (the prescriber must provide a copy of the completed MedWatch form. Authorizations will not be considered unless the form is completed and submitted to the FDA); **OR** 2. None of the preferred products have an FDA approved indication that is requested, and the requested non-preferred product has the FDA approved indication that is requested.			
Rituximab (e.g., Rituxan) and Biosimilars - Non-	Walmart 1208	Preferred/non-preferred products and Prior Approval added to policy effective April 1, 2026.	No	04/01/2026	https://secure.skaibcbs.com/providers/WMreport.aspx?policyNumber=1208

Oncologic Indications		Effective April 1, 2026, Prior Approval is required for Rituximab (e.g., Rituxan) and Biosimilars for non-oncologic indications. Select products (e.g., Truxima, Riabni) are preferred where there is an FDA approved indication for the biosimilar product and for all off-label uses of the reference product. According to the United States FDA "a biosimilar is a biological product that has no clinically meaningful differences from the existing FDA-approved reference product. All biosimilar products meet the FDA's rigorous standards for approval for the indications described in the product labeling. Once a biosimilar has been approved by the FDA, the safety and effectiveness of these products have been established, just as they have been for the reference product. **Preferred Products:** **HCPCS , Brand Name, Generic Name** Q5123, Riabni, Rituximab arrx Q5115, Truxima, Rituximab abbs **Non-preferred Products**: **HCPCS, Brand Name, Generic Name** J9310,J9312, Rituxan, Rituximab Q5119, Ruxience, Rituximab pvvr Initial request must be for a preferred product. If initial request is not a preferred product, an administrative denial will be issued. If an exception request is submitted for a non-preferred product, one of the following criteria must be met for the non-preferred product to be covered: 1. The individual had a documented serious adverse event to all preferred products that required medical intervention AND the prescriber has completed and submitted an FDA MedWatch Adverse Event Reporting Form for each event (the prescriber must provide a copy of the completed MedWatch form. Authorizations will not be considered			

		unless the form is completed and submitted to the FDA); **OR** 2. None of the preferred products have an FDA approved indication that is requested, and the requested non-preferred product has the FDA approved indication that is requested.			
Rituximab (e.g., Rituxan) and Biosimilars and Rituximab/Hyaluronidase (e.g., Rituxan Hycela) – Oncologic Indications	Walmart 585	Preferred/non-preferred products and Prior Approval added to policy effective April 1, 2026. Effective April 1, 2026, Prior Approval is required for Rituximab (e.g., Rituxan) and Biosimilars – Oncologic Indications. Select products (e.g., Truxima, Riabni) are preferred where there is an FDA approved indication for the biosimilar product and for all off-label uses of the reference product. According to the United States FDA "a biosimilar is a biological product that has no clinically meaningful differences from the existing FDA-approved reference product. All biosimilar products meet the FDA's rigorous standards for approval for the indications described in the product labeling. Once a biosimilar has been approved by the FDA, the safety and effectiveness of these products have been established, just as they have been for the reference product." **Preferred Products:** **HCPCS, Brand Name, Generic Name** Q5123, Riabni, Rituximab arrx Q5115, Truxima, Rituximab abbs **Non-preferred Products**: **HCPCS, Brand Name, Generic Name** J9310,J9312, Rituxan, Rituximab J9311, Rituxan Hycela, Rituximab and Hyaluronidase Q5119, Ruxience, Rituximab pvvr Initial request must be for a preferred product. If initial request is not a preferred product, an administrative denial will be issued.	No	04/01/2026	https://secure.skaibcbs.com/providers/WMreport.aspx?policyNumber=585

		If an exception request is submitted for a non-preferred product, one of the following criteria must be met for the non-preferred product to be covered: 1. The individual has a documented serious adverse event to all preferred products that required medical intervention AND the prescriber has completed and submitted an FDA MedWatch Adverse Event Reporting Form for each event (the prescriber must provide a copy of the completed MedWatch form. Authorizations will not be considered unless the form is completed and submitted to the FDA); **OR** 2. None of the preferred products have an FDA approved indication that is requested, and the requested non-preferred product has the FDA approved indication that is requested.			
Trastuzumab (e.g., Herceptin) and Biosimilars and Trastuzumab/Hyaluronidase-oysk (e.g., Herceptin Hylecta)	Walmart 642	Preferred/non-preferred products and Prior Approval added to policy effective April 1, 2026. Effective April 1, 2026, Prior Approval is required for Trastuzumab (e.g., Herceptin) and Biosimilars and Trastuzumab/Hyaluronidase-oysk (e.g., Herceptin Hylecta). Select products (e.g., Ontruzant, Ogivri, and Kanijinti) are preferred where there is an FDA approved indication for the biosimilar product and for all off-label uses of the reference product. According to the United States FDA “a biosimilar is a biological product that has no clinically meaningful differences from the existing FDA-approved reference product. All biosimilar products meet the FDA’s rigorous standards for approval for the indications described in the product labeling. Once a biosimilar has been approved by the FDA, the safety and effectiveness of these products have been established, just as they have been for the reference product.” **Preferred Products:**	No	04/01/2026	https://secure.skaibcbs.com/providers/WMreport.aspx?policyNumber=642

		HCPCS, Brand Name, Generic Name Q5117, Kanjinti, Trastuzumab anna Q5114, Ogivri, Trastuzumab dkst Q5112, Ontruzant, Trastuzumab dttb **Non-Preferred Products:** **HCPCS, Brand Name, Generic Name** J9355, Herceptin, Trastuzumab J9356, Herceptin Hylecta, Trastuzumab and hyaluronidase oysk Q5146, Hercessi, Trastuzumab-strf Q5113, Herzuma, Trastuzumab pkrb Q5116, Trazimera, Trastuzumab qyyp Initial request must be for a preferred product. If initial request is not a preferred product, an administrative denial will be issued. If an exception request is submitted for a non-preferred product, one of the following criteria must be met for the non-preferred product to be covered: 1. The individual has a documented serious adverse event to all preferred products that required medical intervention AND the prescriber has completed and submitted an FDA MedWatch Adverse Event Reporting Form for each event (the prescriber must provide a copy of the completed MedWatch form. Authorizations will not be considered unless the form is completed and submitted to the FDA); **OR** 2. None of the preferred products have an FDA approved indication that is requested, and the requested non-preferred product has the FDA approved indication that is requested.			
Non-bevacizumab vascular Epithelial Growth Factors for Ophthalmic Use (e.g., Beovu, Byooviz, Cimerli, Eylea, Eylea HD,	Walmart 1338	Preferred/non-preferred products and Prior Approval added to policy effective April 1, 2026. Effective April 1, 2026, Prior Approval is required for Aflibercept (e.g., Eylea), Aflibercept (e.g., Eylea HD), Aflibercept-jbvf (e.g., Yesafili), Brolucizumab	No	04/01/2026	https://secure.skaibcbs.com/providers/WMreport.aspx?policyNumber=1338

Lucentis, Pavblu, Vabysmo, Enzeevu, Ahzantive)		(e.g., Beovu), Aflibercept-abzv (e.g., Enzeevu), and Aflibercept-mrbb (e.g., Ahzantive). Select products (e.g., Byooviz, Lucentis, Pavblu, Vabysmo) are preferred where there is an FDA approved indication for the biosimilar product and for all off-label uses of the reference product. According to the United States FDA "a biosimilar is a biological product that has no clinically meaningful differences from the existing FDA-approved reference product. All biosimilar products meet the FDA's rigorous standards for approval for the indications described in the product labeling. Once a biosimilar has been approved by the FDA, the safety and effectiveness of these products have been established, just as they have been for the reference product." **Preferred Products:** **<u>HCPCS, Brand Name, Generic Name</u>** Q5124, Byooviz, Ranibizumab-nuna J2778, Lucentis, Ranibizumab Q5147, Pavblu, Aflibercept-ayyh J2777, Vabysmo, Faricimab-svoa **Non-Preferred Products:** **<u>HCPCS, Brand Name, Generic Name</u>** Q5150, Ahzantive, Aflibercept-mrbb J0179, Beovu, Brolucizumab-dbll Q5128, Cimerli, Ranibizumab-eqrn Q5149, Enzeevu, Aflibercept-abzv J0178, Eylea, Aflibercept J0177, Eylea HD, Aflibercept Q5153, Opuviz, Aflibercept-yszy Q5155, Yesafili, Aflibercept-jbvf Initial request must be for a preferred product. If initial request is not a preferred product, an administrative denial will be issued.			

		If an exception request is submitted for a non-preferred product, one of the following criteria must be met for the non-preferred product to be covered: 1. The individual has a documented serious adverse event to all preferred products that required medical intervention AND the prescriber has completed and submitted an FDA MedWatch Adverse Event Reporting Form for each event (the prescriber must provide a copy of the completed MedWatch form. Authorizations will not be considered unless the form is completed and submitted to the FDA); **OR** 2. None of the preferred products have an FDA approved indication that is requested, and the requested non-preferred product has the FDA approved indication that is requested.			
Ustekinumab (e.g., Stelara) and Biosimilars	Walmart 1197	Preferred/non-preferred products and Prior Approval added to policy effective April 1, 2026. Effective June 2021 Prior Approval is required for Ustekinumab (e.g., Stelara) and Biosimilars. Select products (e.g., Ustekinumab) are preferred where there is an FDA approved indication for the biosimilar product and for all off-label uses of the reference product. According to the United States FDA “a biosimilar is a biological product that has no clinically meaningful differences from the existing FDA-approved reference product. All biosimilar products meet the FDA’s rigorous standards for approval for the indications described in the product labeling. Once a biosimilar has been approved by the FDA, the safety and effectiveness of these products have been established, just as they have been for the reference product.” **Preferred Products:** **HCPCS, Brand Name, Generic Name** Q9996, Pyzchiva SC, Ustekinumab-ttwe Q9997, Pyzchiva IV, Ustekinumab-ttwe Q9998, Selarsdi, Ustekinumab-aekn	No	04/01/2026	https://secure.skaibcbs.com/providers/WMreport.aspx?policyNumber=1197

		Q5100, Yesintek SC, Ustekinumab-kfce Q5100, Yesintek IV, Ustekinumab- kfce **Non-Preferred Products:** **HCPCS, Brand Name, Generic Name** Q5098, Imuldosa SC, Ustekinumab-srlf Q5098, Imuldosa IV, Ustekinumab-srlf J3490, Otulfi SC, Ustekinumab-aauz J3490, Otulfi IV, Ustekinumab-aauz J3357, Stelara SC, Ustekinumab J3358, Stelara IV, Ustekinumab Q5099, Steqeyma SC, Ustekinumab-stba Q5099, Steqeyma IV, Ustekinumab-stba Q5137, Wezlana SC, Ustekinumab-auub Q5138, Wezlana IV, Ustekinumab-auub Initial request must be for a preferred product. If initial request is not a preferred product, an administrative denial will be issued. If an exception request is submitted for a non-preferred product, one of the following criteria must be met for the non-preferred product to be covered: 1. The individual has a documented serious adverse event to all preferred products that required medical intervention AND the prescriber has completed and submitted an FDA MedWatch Adverse Event Reporting Form for each event (the prescriber must provide a copy of the completed MedWatch form. Authorizations will not be considered unless the form is completed and submitted to the FDA); **OR** 2. None of the preferred products have an FDA approved indication that is requested, and the requested non-preferred product has the FDA approved indication that is requested.			
White Blood Cell Growth Factors (Colony Stimulating Factors)	Walmart 1390	New policy effective April 1, 2026	No	04/01/2026	https://secure.skaibcbs.com/providers/WMreport.aspx?policyNumber=1390

Tocilizumab (e.g., Actemra) and Biosimilars	Walmart 1167	Effective April 1, 2026 Prior Approval is required for Tocilizumab (e.g., Actemra) and Biosimilars. .	No	04/01/2026	https://secure.skaibcbs.com/providers/WMreport.aspx?policyNumber=1167
Botulinum Toxin (e.g., Botox)	Walmart 102	Effective April 1, 2026 Prior Approval is required for Botulinum Toxin (e.g., Botox).	No	04/01/2026	https://secure.skaibcbs.com/providers/WMreport.aspx?policyNumber=102
Vedolizumab (e.g., Entyvio) for Inflammatory Bowel Disease	Walmart 1009	Effective April 1, 2026, Prior Approval is required for Vedolizumab (e.g., Entyvio) .	No	04/01/2026	https://secure.skaibcbs.com/providers/WMreport.aspx?policyNumber=1009
Pulmonary Arterial Hypertension, Infusion and Selected Inhalation therapy	Walmart 396	Effective April 1, 2026, Prior Approval is required for Epoprostenol, Selexipag IV, and Treprostinil IV.	No	04/01/2026	https://secure.skaibcbs.com/providers/WMreport.aspx?policyNumber=396
Treosulfan (e.g., Grafapex)	Walmart 1360	Effective April 1, 2026, Prior Approval is required for Treosulfan (e.g., Grafapex).	No	04/01/2026	https://secure.skaibcbs.com/providers/WMreport.aspx?policyNumber=1360
Dostarlimab (e.g., Jemperli)	Walmart 1217	Effective April 1, 2026, Prior Approval is required for Dostarlimab (e.g., Jemperli)	No	04/01/2026	https://secure.skaibcbs.com/providers/WMreport.aspx?policyNumber=1217
Cabazitaxel (e.g., Jevtana)	Walmart 1188	Effective April 1, 2026, Prior Approval is required for Cabazitaxel (e.g., Jevtana).	No	04/01/2026	https://secure.skaibcbs.com/providers/WMreport.aspx?policyNumber=1188
Irinotecan Liposomal (e.g., Onivyde)	Walmart 1190	Effective April 1, 2026, Prior Approval is required for Irinotecan Liposomal (e.g., Onivyde).	No	04/01/2026	https://secure.skaibcbs.com/providers/WMreport.aspx?policyNumber=1190
Abatacept (e.g., Orencia)	Walmart 797	Effective April 1, 2026, Prior Approval is required for Abatacept (e.g., Orencia).	No	04/01/2026	https://secure.skaibcbs.com/providers/WMreport.aspx?policyNumber=797
Enfortumab Vedotin-ejfv (e.g., Padcev)	Walmart 1175	Effective April 1, 2026, Prior Approval is required for Enfortumab Vedotin-ejfv (e.g., Padcev).	No	04/01/2026	https://secure.skaibcbs.com/providers/WMreport.aspx?policyNumber=1175

Mogamulizumab-kpkc (e.g., Poteligeo)	Walmart 1184	Effective April 1, 2026, Prior Approval is required for Mogamulizumab- kpkc (e.g., Poteligeo).	No	04/01/2026	https://secure.skaibcbs.com/providers/WMreport.aspx?policyNumber=1184
Amivantamab (e.g., Rybrevant)	Walmart 1203	Effective April 1, 2026, Prior Approval is required for Amivantamab-vmjw (e.g., Rybrevant).	No	04/01/2026	https://secure.skaibcbs.com/providers/WMreport.aspx?policyNumber=1203
Golimumab (e.g., Simponi Aria)	Walmart 802	Effective April 1, 2026, Prior Approval is required for Golimumab (e.g., Simponi Aria).	No	04/01/2026	https://secure.skaibcbs.com/providers/WMreport.aspx?policyNumber=802
Guselkumab (e.g., Tremfya)	Walmart 1341	Effective April 1, 2026, Prior Approval is required for Guselkumab intravenous infusion (e.g., Tremfya).	No	04/01/2026	https://secure.skaibcbs.com/providers/WMreport.aspx?policyNumber=1341
Natalizumab (e.g., Tysabri) and Biosimilars	Walmart 1049	Effective April 01, 2026, Prior Approval is required for Natalizumab (e.g., Tysabri) and Biosimilars.	No	04/01/2026	https://secure.skaibcbs.com/providers/WMreport.aspx?policyNumber=1049
Eptinezumab-jjmr (e.g., Vyepti)	Walmart 1154	Effective April 01, 2026, Prior Approval is required for Eptinezumab-jjmr (e.g., Vyepti).	No	04/01/2026	https://secure.skaibcbs.com/providers/WMreport.aspx?policyNumber=1154
Carfilzomib (e.g., Kyprolis)	Walmart 1177	Effective April 01, 2026, Prior Approval is required for Carfilzomib (e.g., Kyprolis).	No	04/01/2026	https://secure.skaibcbs.com/providers/WMreport.aspx?policyNumber=1177
Loncastuximab tesirine-lpyl (e.g., Zynlonta)	Walmart 1218	Effective April 01, 2026, Prior Approval is required for Loncastuximab tesirine-lpyl (e.g., Zynlonta).	No	04/01/2026	https://secure.skaibcbs.com/providers/WMreport.aspx?policyNumber=1218