

PROVIDER NOTIFICATION OF RETAIL DRUG POLICY CRITERIA CHANGE			
Drug Impacted	CRITERIA CHANGE	EFFECTIVE DATE	Formulary
<b>Stivarga</b>	For SDH-deficient gastrointestinal stromal tumors, removed requirement for residual, unresectable, tumor rupture, or recurrent/metastatic per NCCN. For soft tissue sarcoma, added coverage for borderline/malignant Phyllodes tumor of the breast per NCCN. Added coverage for appendiceal neoplasms and cancers per NCCN.	3/29/2026	Standard, Metallic and Essential
<b>Wakix</b>	For the indication of cataplexy with narcolepsy, expanded coverage to patients 6 years of age and older (previously approved in adults) per recent FDA label update .	3/29/2026	Essential
<b>Aubagio, Avonex, Bafiertam, Betaseron, Briumvi, Copaxone, Extavia, Gilenya, Glatopa, Kesimpta, Mayzent, Ocrevus, Ocrevus Zunovo, Plegridy, Ponvory, Rebif, Tascenso ODT, Tecfidera, Vumerity</b>	New consolidated criteria for all MS products	2/27/2026	Standard, Metallic and Essential
<b>SymlinPen; GLP-1 receptor agonists; GIP/GLP-1 receptor agonists; SGLT2 inhibitors; SGLT2 inhibitor/metformin; DPP-4 inhibitors; SGLT2 inhibitor/DPP4-inhibitor/metformin; Long Acting Insulin/GLP-1 receptor antagonist</b>	Updated Rybelsus (R2 formulation) product name to Ozempic tablets to match updated labeling. Updated coverage criteria to include reference to Ozempic tablet and Ozempic injection dosage forms to match labeling.	4/1/2026	Metallic, Complete and Essential