



Provider News Policy Notice

Nov. 1, 2025

Our health plan has just approved the [medical policies](#) and [medical benefit drug policies](#) outlined in this notification. Please share this information with those in your organization who may be affected by these updates.

Information in this notification is applicable to all of our health plan's products, unless otherwise specified in the policy.

Medical Policy Updates

See our online [Document Library](#) for current medical policies and those with future effective dates. To verify when a policy is or will be in effect, please refer to the effective date listed at the beginning of each policy.

Medical Policy Revisions

Services listed in this section may be covered (considered medically necessary), if medical policy criteria are met, or non-covered (considered experimental and investigational).

Effective Feb. 1, 2026:

- **Wilderness Programs (MP9723)** — On Feb. 1, 2026, the title of this policy will change to "Wilderness Therapy." The technology remains investigative, so the determination of this policy remains investigative and therefore not covered.

Medical/Pharmacy Benefit Drug Policy Updates

Our health plan requires providers to obtain prior authorization approval on all drugs with documented policies. Authorization requests should be submitted to either the health plan or Navitus as noted in the policy. Please note that most drugs require specialists to prescribe and request authorization.

Pharmacy Drug Formulary Maintenance

Effective for dates of service on and after Dec. 1, 2025:

- **Kerendia (finerenone)** 10 mg, 20 mg & 40 mg tablets — Moved to preferred brand, prior authorization and quantity limit of 1 tablet/day.
- **Livalo (pitavastatin)** 1 mg, 2 mg & 4 mg tablets — Removed step therapy requirement and:
 - MONY 'Y': Moved to non-preferred generic tier; removed step therapy requirement.

- Nonsteroidal anti-inflammatory drug (NSAID) formulary maintenance:
 - **flurbiprofen** tablets — Moved to not covered.
 - **ketoprofen** extended-release (ER) — Moved to not covered.
 - **mefenamic acid** caplets — Moved to non-preferred generic tier.
 - **naproxen** immediate-release (IR) — Moved to preferred generic tier.
- Over-the-counter (OTC) formulary maintenance:
 - **Alocril** ophthalmic solution — Moved to not covered.
 - **diclofenac** gel 1% — Moved to not covered.
 - **ketotifen fumarate** ophthalmic solution — Moved to not covered.
 - **ammonium lactate** cream & lotion — Moved to not covered.
 - **olopatadine** ophthalmic solution 0.1% & 0.2% — Moved to not covered.
 - **Voltaren** gel — Moved to not covered.
- **tranexamic acid** 650 mg tablet — Moved to preferred generic tier.

Pharmacy Drug New Indications

Effective for dates of service on and after Dec. 1, 2025:

- **Empaveli (pegcetacoplan)** 1,080 mg/20 mL subcutaneous (SQ) vial — Updated prior authorization criteria for indication in the treatment of adults and pediatric patients (12 years of age or older) with C3 glomerulopathy (C3G) or primary immune-complex membranoproliferative glomerulonephritis (ICMPGN).
- **Koselugo (selumetinib)** 10 mg & 25 mg capsules and 5 mg & 7.5 mg oral sprinkle capsules — Updated prior authorization criteria with age expansion down to one year of age.
- **Tremfya (guselkumab)** 200 mg/2 mL autoinjector — Updated prior authorization criteria with quantity limit of 1 injection/28 days for ulcerative colitis (UC) indication.

Pharmacy Drug New Formulations

Effective for dates of service on and after Dec. 1, 2025:

- **Eliquis (apixaban)** 0.15 mg sprinkle capsules and 0.5 mg, 1.5 mg & 2 mg tablet — Moved to preferred brand tier.
- **Otezla XR (apremilast)** 75 mg tablets & initiation pack with transition to 75 mg tablet — Moved to preferred brand/specialty tier, Lumicera mandatory specialty program, prior authorization requirement and quantity limit of 1 pack/28 days or 1 tablet/day.
- **Zoryve (roflumilast)** 0.05% cream — Updated prior authorization criteria with allergist and immunologist specialist requirement.
- **Zoryve (roflumilast)** 0.3% foam — Updated prior authorization criteria with allergist and immunologist specialist requirement.
- **Zoryve (roflumilast)** 0.3% cream — Updated prior authorization criteria with allergist and immunologist specialist requirement.
- **Zurnai (nalmefene)** 1.5 mg/0.5 mL autoinjector — Moved to preferred brand tier.

New Medical Benefit Drug Policies

Effective for dates of service on and after Oct. 16, 2025:

- **Papzimeos (zopapogene imadenovec-drba)** — New medical policy and prior authorization is required.

Effective for dates of service on and after Oct. 31, 2025:

- **Inlexzo (gemcitabine)** — New medical policy and prior authorization is required.

Revised Medical Benefit Drug Policies

Effective for dates of service on and after Nov. 1, 2025:

- **Avsola, Inflectra, Remicade, Renflexis (infliximab)** — Added Renflexis as a preferred product.

Effective for dates of service on and after Feb. 1, 2026:

- **Briumvi (ublituximab-xiyy)** — Added step therapy through glatiramer acetate or dimethyl fumarate product.
- **Entyvio (vedolizumab)** — Removed step therapy through preferred pharmacy benefit products and added step therapy through corticosteroids, immunosuppressants or tumor necrosis factor (TNF) inhibitors.
- **Tysabri, Tyruko (natalizumab)** — Added step therapy through glatiramer acetate or dimethyl fumarate product.

Reminder: Providers are encouraged to refer to the Prime Therapeutics website (see below) for a complete list of co-branded medical benefit drug policies — both oncology and non-oncology. *Some policies have been revised for new criteria effective Dec. 1, 2025.* Providers should review the policies as there may be changes to authorization criteria and/or length of authorization that may affect a provider's care plan for a patient. For example, some drugs that previously had approval periods of 12 months may be approved for a shorter period of time, and may or may not be renewed upon review according to clinical indication.

Locating Medical Policies & Medical Benefit Drug Policies

The Prevea360 Health Plan Document Library is an online repository of medical policies, forms, manuals and other documents. For medical benefit drug policies, [refer to the Prime Therapeutics \(formerly Magellan Rx\) website](#) — *not* the Document Library.

Providers are encouraged to track updates and review policies in their entirety. The Prevea360 Health Plan Document Library is directly accessible at prevea360.com/document-library or by visiting prevea360.com and following the step-by-step instructions below:

- Select **Providers**, and then **Medical management home**.
- Under Policies, click the **Medical policies** or **Drug policies** link.
- From the Document Library page, for best results, in the **By Audience** dropdown, select **Provider** and in the **By Category** dropdown, select either **Medical Policies** or **Drug Policies**, as applicable.
- In the **Search for** field, enter the policy name or numerical digits of the assigned policy number (e.g., entering 1234 of the medical benefit policy number MB1234) and click **Go** to access the policy.

Locating Pharmacy Benefit Drug Policies

Pharmacy benefit drug policies are not in the Document Library. Criteria for pharmacy benefit medications are found on the associated prior authorization forms located in the Navitus Prescriber Portal at prescribers.navitus.com.