Providence Health Plan Providence Health Assurance

The following changes will be effective on October 1, 2025, unless otherwise specified and apply to the following plans:

Individual and Family, Large/Small Groups (Commercial)
Health Share of Oregon/Providence (Medicaid)

Formulary Changes

Drug Name	Formulary Status	Policy Name
Acetaminophen/codeine oral solution	Remove from Commercial formulary	N/A
Buprenorphine hcl/naloxone hcl (Zubsolv) Tab Subl	• Medicaid: Add all strengths to Formulary with Quantity Limits as follows: ○ 11.4-2.9 mg: 1 tablet per day ○ 8.6-2.1 mg: 2 tablets per day (no change) ○ All other strengths: 3 tablets per day	N/A
Diazoxide choline (Vykat XR) Tab ER 24h	Correction from June 2025 P&T: • Commercial/Medicaid: Non-Formulary with Prior Authorization	Medications For Rare Indications
Emgality (galcanezumab-gnlm) syringe and pen injector	Remove from Medicaid formulary to align with Oregon Health Authority preferred drug list	Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists
Eszopiclone tablet	Remove from Medicaid formulary to align with Oregon Health Authority preferred drug list	Insomnia Agents- Medicaid
Fentanyl citrate products (lozenge, effervescent tablets, nasal spray, etc.)	Remove from Commercial/Medicaid formularies, as products are now obsolete	Fentanyl citrate (policy to be retired)

Melatonin tablets and 1 mg/mL liquid	Require PA for adults 19 years and above	Insomnia Agents- Medicaid
Sunosi (solreiamfetol)	Change tier for Commercial: Formulary, Tier 5 (from Tier 4), Prior Authorization, Quantity Limit (one tablet per day)	Narcolepsy Agents
Wakix (pitolisant)	Remove from Commercial formularies	Narcolepsy Agents
Xyrem (sodium oxybates)	Remove brand-name formulation from the Commercial formulary. Move generic formulation to Tier 6 (from Tier 5)	Narcolepsy Agents

Medical Policy Changes

Coverage Criteria Changes

Drug/Policy Name(s)	Plans Affected	Summary of Change
Anti-Amyloid Monoclonal Antibodies - Medicaid	☐ Commercial ☒ Medicaid	Updated criteria to align with Oregon Health Authority (OHA) policy, which excludes concurrent anti-coagulant or anti-platelet therapy (except aspirin 81 mg) and adds specific reauthorization requirements for Kisunla (donanemab).
Anti-Cancer Medications - Self-Administered	☒ Commercial ☒ Medicaid	Scemblix® (asciminib) step criteria removed from policy.
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists - Commercial	☐ Commercial ☒ Medicaid	Updated prerequisite drugs for migraine prophylaxis to align with current American Headache Society guidelines.
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists - Medicaid	☐ Commercial ☒ Medicaid	For migraine prophylaxis: (1) updated trial and failure prerequisite drugs to align with OHA, (2) added wording to clarify appropriate dose required for prerequisite drugs, and (3) updated botulinum toxin language from two months to three months to capture all current users as botulinum toxin is dosed every 12 weeks. For cluster headaches: (1) updated trial and failure prerequisite drugs to align with OHA.

Drug/Policy Name(s)	Plans Affected	Summary of Change
Elevidys	☒ Commercial ☒ Medicaid	For Medicaid, added criteria for coverage to align with OHA. Continues to be considered not medically necessary for other lines of business.
Epidiolex	☒ Commercial ☒ Medicaid	Added clobazam and felbamate as options to try for Lennox-Gastaut syndrome.
Exon-Skipping Therapies for Duchenne Muscular Dystrophy	☒ Commercial ☒ Medicaid	For Medicaid, added criteria for coverage to align with the OHA. Continues to be considered not medically necessary for other lines of business.
Fintepla	☒ Commercial ☒ Medicaid	Added clobazam and felbamate as options to try for Lennox-Gastaut syndrome.
Firdapse	☒ Commercial ☒ Medicaid	Increase quantity limit to 10 tablets per day.
Gene Therapies for Hemoglobin Disorders	☒ Commercial ☒ Medicaid	Requirement to use busulfan for pre-treatment conditioning added to support value-based agreement operationalization.
Hetlioz, Hetlioz LQ	☒ Commercial ☒ Medicaid	Age updated to "must be appropriate based on FDA-approved indication".
Infusion Therapy Site of Care	☒ Commercial ☒ Medicaid	Site of Care medication list expanded to include additional immunotherapy anti-cancer agents.
Insomnia Agents - Medicaid	☐ Commercial ☒ Medicaid	Updated melatonin to not allow coverage for patients over 18 to align with OHA.
Krystexxa	☒ Commercial ☒ Medicaid	Allow radiographic damage to confirm diagnosis of symptomatic chronic gout and, require combination with methotrexate for reauthorization.
Long-Acting Opioids	☒ Commercial ☒ Medicaid	Added nalmefene as another option for opioid reversal agent prescribing
Maximum Allowable Opioid Dose	☒ Commercial ☐ Medicaid	Removed quantity limit for morphine sulfate solution and hydromorphone tabs. Max morphine equivalent edit in claims processor will block excessive use.
Medications for Female Sexual Interest and Arousal Disorder	☒ Commercial ☒ Medicaid	Removed exclusion criteria as duplicative with medical necessity criteria.

Drug/Policy Name(s)	Plans Affected	Summary of Change
Narcolepsy Agents	☒ Commercial ☒ Medicaid	Updated preferred agents and removed criteria for combination use of agents due to lack of evidence supporting combination therapy.
Pediatric Analgesics	☒ Commercial ☒ Medicaid	Updated to require trial and failure of all formulary drugs, unless not indicated.
Qudexy XR	☒ Commercial ☒ Medicaid	Removed requirements for coverage of brand-name formulation, as brand is no longer available.
Radicava, Radicava ORS	☒ Commercial ☒ Medicaid	Policy updated to include Awaji-Shima criteria to establish amyotrophic lateral sclerosis diagnosis.
Spravato	☒ Commercial ☐ Medicaid	Prescriber restrictions were updated to clarify that medication must be prescribed directly by a psychiatrist or psychiatric nurse practitioner.
Therapies for Spinal Muscular Atrophy	☒ Commercial ☐ Medicaid	Add quantity limit of one tablet per day to Evrysdi tablets; Added allowance for therapies with worsening of disease after gene therapy administration.
Triptan Quantity Limit	☒ Commercial ☒ Medicaid	Criteria combined for all headache types to require prophylactic therapy, rule-out medication overuse headache, and requiring medical rationale for all initial requests. Added requirement for prophylactic therapy for continuation of therapy.
VMAT2 Inhibitors	☒ Commercial ☒ Medicaid	Updated quantity limits

Retired Medical Policies

Policy Name	Summary Of Change
Chenodal, Ctexli	Medications moved to Medications for Rare Indications policy
Fentanyl Citrate	Due to the drugs on the policy are obsolete

New Drugs:

Drug Name	Recommendations	Policy Name

Avutometinib-defactinib (Avmapki-Fakzynja) Combo. Pkg	• Commercial: Formulary, Tier 6, Prior Authorization, Quantity Limit (1 pack (66 tablets) /28 days) • Medicaid: Formulary, Prior Authorization, Quantity Limit (1 pack (66 tablets)/28 days)	Anti-Cancer Medications-Self-Administered
Ensartinib hydrochloride (Ensacove) Capsule	• Commercial: Formulary, Tier 6, Prior Authorization, Quantity Limit (100 mg: 2 per day; 25 mg: 1 per day) • Medicaid: Formulary, Prior Authorization, Quantity Limit (100 mg: 2 per day; 25 mg: 1 per day)	Anti-Cancer Medications-Self-Administered
Pivmecillinam hcl (Pivya) Tablet	• Commercial: Formulary, Tier 4, Step Therapy, Quantity Limit (3 tablets per day) • Medicaid: Formulary, Step Therapy, Quantity Limit (3 tablets per day)	Pivmecillinam (Pivya)
Atrasentan (Vanrafia) Tablet	• Commercial/Medicaid: Non-formulary, Prior Authorization, Quantity Limit (1 tablet per day)	Filspari
Nipocalimab-aahu (Imaavy) Vial	• Commercial/Medicaid: Medical Benefit, Prior Authorization	FcRn Antagonists
Efbemalenograstim alfa-vuxw (Ryzneuta) Syringe	• Commercial/Medicaid: Medical Benefit, Prior Authorization	Granulocyte Colony Stimulating Factors (G-CSF)
Telisotuzumab vedotin-tllv (Emrelis) Vial	• Commercial/Medicaid: Medical Benefit, Prior Authorization	Anti-Cancer Medications – Medical benefit
Deuruxolitinib (Leqselvi) Tablet	• Commercial/Medicaid: Non-formulary, Prior Authorization, Quantity Limit (2 tablets per day)	Therapeutic Immunomodulators (TIMS)
Prademagene zamikeracel (Zevaskyn) Sheet	• Commercial/Medicaid: Medical Benefit, Prior Authorization	Medications for Rare Indications