Providence Health Plan Providence Health Assurance

The following changes will be effective on February 1, 2026, 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
• **Cabozantinib s-malate (Cabometyx) Tablet** • **Acalabrutinib maleate (Calquence) Tablet** • **Apalutamide (Erleada) Tablet** • **Lenvatinib mesylate (Lenvima) Capsule**	• Commercial: down tier from Tier 6 to Tier 5 Effective: 1/1/2026	Anti-Cancer Medications - Self-Administered
Ferric citrate (Auryxia) Tablet	Remove from Medicaid formulary	N/A
Galcanezumab-gnlm (Emgality) Pen Injctr	Remove from Medicaid formulary	Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists
• **Lanthanum carbonate (Fosrenol) Tab Chew; Powd Pack** • **Sevelamer hcl (Renagel) Tablet** • **Sevelamer Carbonate Powd Pack**	Remove from Medicaid formulary	Phosphate Binders Step Therapy Policy
Prucalopride succinate (Motegrity) Tablet	• Commercial: Down tier generic to Tier 2, add quantity limit (one tablet per day) • Medicaid: Add generic to formulary, add quantity limit (one tablet per day) Effective: 3/1/2026	Constipation Agents

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Drug Name	Formulary Status	Policy Name
Evolocumab (Repatha Pushtronx) Pushtronx	Remove from Commercial and Medicaid formularies	N/A
Itraconazole (Sporanox) Capsule; Solution	Commercial: Down tier from Tier 4 to Tier 3	Antifungal Agents
Solriamfetol hcl (Sunosi) Tablet	Commercial: Down tier from Tier 4 to Tier 3	Narcolepsy Agents
• **Ubrogepant (Ubrelvy) Tablet** • **Zavegepant hcl (Zavzpret) Spray**	Add to Commercial Formulary, Tier 3	Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists – Comm
Pitolisant hcl (Wakix) Tablet	Remove from Commercial formulary	Narcolepsy Agents
Sodium oxybate (Xyrem) Solution	• Commercial: Remove brand from formulary, and up tier generic to Tier 6	Narcolepsy Agents
Golimumab (Simponi) injector/syringe	• Commercial: Add to formulary Tier 5, prior authorization, quantity limit (one dose per 28 days) Effective: 1/1/2026	Therapeutic Immunomodulators
Tocilizumab-aazg (Tyenne) Autoinjector/Syringe; Pen Injctr	• Commercial: Move to Tier 5 from Tier 6 Effective: 1/1/2026	Therapeutic Immunomodulators
Vonoprazan fumarate (Voquezna) Tablet	• Commercial/Medicaid: Add quantity limit (10 mg: 1 tablet per day; 20 mg: 2 tablets per day)	N/A
Vonoprazan/amoxicillin (Voquezna Dual Pak) Combo. Pkg	Commercial/Medicaid: Add quantity limit (112 units per 14 days)	N/A
Lubiprostone (Amitiza) capsule	Commercial/Medicaid: Add quantity limit (2 capsules per day)	N/A
Xeljanz (tofacitinib)	Commercial: Move to Tier 5 from Tier 6	Therapeutic Immunomodulators
• **Mavenclad (cladribine)** • **Vumerity (diroximel fumarate)**	Commercial: Move to Tier 5 from Tier 6	Multiple Sclerosis Agents
Linzess (linaclotide)	Commercial/Medicaid: Add quantity limit (1 capsule per day)	N/A

Drug Name	Formulary Status	Policy Name
Jardiance (empagliflozin)	Commercial/Medicaid: Remove from formulary Effective 3/1/26	N/A

Medical Policy Changes

Coverage Criteria Changes

Drug/Policy Name(s)	Plans Affected	Summary of Change
Adakveo	☒ Commercial ☒ Medicaid	Clarified definition of pain crisis. Added quantity limit and updated position statement with new evidence.
Albendazole, Emverm	☒ Commercial ☒ Medicaid	Added a step through albendazole for Emverm® (mebendazole), added a quantity limit for Emverm®.
Antifungal Agents	☒ Commercial ☒ Medicaid	Removed prior authorization requirements for itraconazole and therefore removed itraconazole from criteria, removed requirement for Vivjoa® that patient must have been assigned female at birth.
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists – Commercial	☒ Commercial ☐ Medicaid	For migraine prophylaxis, removed trial and failure of generic prophylactic medications (e.g. beta-blockers, antidepressants) as clinical guidelines (American Headache Society 2024) now recommend CGRP antagonists as a first line approach for migraine prevention. Updated Nurtec quantity limit to allow for prophylaxis every other day dosing. For episodic cluster headaches, added additional options for prerequisite medications and removed duration of trial. Updated initial authorization to one year.
CGRP Receptor Antagonists - Medicaid	☐ Commercial ☒ Medicaid	Updated duration of prerequisite trial and failure to eight weeks and updated criteria for combination therapy with Botox® to align with Oregon Health Authority. Updated Nurtec® quantity limit to allow for prophylaxis every other day dosing. Updated initial authorization to one year.

Drug/Policy Name(s)	Plans Affected	Summary of Change
Cholestatic Pruritus Agents	☒ Commercial ☒ Medicaid	Exclusion criteria of confcurrent use with any other ileal bile acid transporter (IBAT) therapy, exclusion criteria for genes for progressive familial intrahepatic cholestasis (PFIC) moved to criteria, documentation of mutation for Alagille Syndrome (ALGS) added, and quantity limits updated for Livmarli and Bylvay made as max dose differs by indication.
Complement Inhibitors	☒ Commercial ☒ Medicaid	Updated criteria for c3 glomerulopathy to require Empaveli® for Fabhalta®. Added requirement of use of biosimilar Epysqli® (eculizumab-aagh) for Neuromyelitis Optica Spectrum Disorder (NMOSD) before coverage of Soliris®/Bkemv®.
Constipation Agents	☒ Commercial ☐ Medicaid	Added quantity limits for all drugs on policy. As generic prucalopride (Motegrity) is now available, removed prior authorization requirements for this drug and added as a trial and failure option for chronic idiopathic constipation. Removed requirement of trial and failure of lubiprostone for females for IBS-C due to operational burden and health equity principles.
Constipation Agents - Medicaid	☐ Commercial ☒ Medicaid	Updated criteria to align with the Oregon Health Authority: • Added prescriber restrictions • Updated trial and failure criteria. If patient does not meet trial and failure criteria, will allow for medical rationale for not using preferred agents • Added criteria requiring FDA indication for those eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) review, • Added quantity limits for all drugs on policy
Hemophilia Prophylactic Agents	☒ Commercial ☒ Medicaid	Updated criteria for Alhemo® (concizumab) to include updated indication for patients without inhibitors. Added exclusion for use with factor therapies. Removed weight restrictions as not in package insert.
Hepatitis C - Direct Acting Antivirals	☒ Commercial ☒ Medicaid	Added criterion to address treatment failure or retreatment due to non-compliance and added quantity limits which are already in place.
Infusion Therapy Site of Care	☒ Commercial ☐ Medicaid	Added Ontruzant® (trastuzumab-dttb), Riabni (rituximab-arrx), and Rituxan (rituximab) allowing 2 doses within 60 days transition. Removed the following drugs: Bomyntra®/Conexxence® (denosumab-bnht), Jubonti®/Wyost® (denosumab-bbdz), Osenvelt®/Stoboclo® (denosumab-bmwo), Prolia/Xgeva (denosumab)

Drug/Policy Name(s)	Plans Affected	Summary of Change
Vafseo	☒ Commercial ☒ Medicaid	Jesduvroq® is no longer available on the market, so was removed from the policy and changed policy name to Vafseo. Added exclusion for combo with erythropoiesis-stimulating agents, and reduced coverage duration to six months for initial authorization.
Livtencity	☒ Commercial ☒ Medicaid	Quantity limit updated to twelve tablets per day to reflect package insert updates.
Medically Infused Therapeutic Immunomodulators (TIMs)	☒ Commercial ☐ Medicaid	Updated for new indications for Tremfya (psoriasis/psoriatic arthritis)
Narcolepsy Agents	☒ Commercial ☒ Medicaid	Updated specific requirements for diagnostic criteria, prerequisite step therapy medications, and duration of approval.
PCSK9 Inhibitors	☒ Commercial ☒ Medicaid	Added criteria for new indication of primary prevention in patients with hyperlipidemia at high-risk of MACE.
Prevymis	☒ Commercial ☒ Medicaid	Clarified definition of cytomegalovirus (CMV) positive in clinical criteria by adding verbiage in regards to donor and recipient.
Reblozyl, Rytelo	☒ Commercial ☒ Medicaid	Updated criteria for myelodysplastic syndrome to align with National Comprehensive Cancer Network guidelines. Added language for medical drug quantity limits.
Rezdiffra	☒ Commercial ☒ Medicaid	Updated Medical Dysfunction-Associated Steatohepatitis (MASH) diagnostic criteria to no longer require liver biopsy; non-invasive confirmation of fibrosis score is permitted. Clarified other criteria to align with semaglutide (Wegovy®) criteria previously approved by P&T.
Self-Administered Drugs (SAD)	☒ Commercial ☒ Medicaid	Added the following drugs: Dawnzera® (donidalorsen), Forzinity® (elamipretide), Otulfi® (ustekinumab-aauz), Stariemza® (ustekinumab-hmny), Yesintek® (ustekinumab-kfce), and Imdulsa® (ustekinumab-srlf).
Therapeutic Immunomodulators (TIMS)	☒ Commercial ☐ Medicaid	Updated indications for Tremfya® and Simponi®. Updated prerequisite therapy requirements for Rinvoq® for Crohn's disease and ulcerative colitis.

Drug/Policy Name(s)	Plans Affected	Summary of Change
Therapeutic Immunomodulators (TIMS)	☐ Commercial ☒ Medicaid	Updated indications for Tremfya® and Simponi®. Updated preferred biosimilar products for adalimumab and ustekinumab.
Thrombocytopenia Medications	☒ Commercial ☒ Medicaid	For immune thrombocytopenia, require trial/failure of generic eltrombopag before coverage of other policy drugs. Added criteria for Chemotherapy-Induced Thrombocytopenia (CIT).
Topical Agents for Skin Conditions	☐ Commercial ☒ Medicaid	Added criteria for atopic dermatitis for adults with severe disease to align with Oregon Health Authority.

Retired Medical Policies

Policy Name	Summary of Change
Hemlibra	Retired policy and added to Hemophilia Prophylactic Agents Policy. Simplified diagnostic criteria to just require diagnosis of hemophilia A so that we can prefer Hemlibra over the three other agents on the policy.
Pyrukynd	Policy retired, and Pyrukynd added to Medications for Rare Indications policy.
Ryplazim	Policy retired, and Ryplazim added to Medications for Rare Indications policy.

New Drugs:

Drug Name	Recommendations	Policy Name
Aceclidine hcl (Vizz) Droperette	• Commercial/Medicaid: Non-Formulary	N/A
Brensocatib (Brinsupri) Tablet	• Commercial: Formulary, Tier 6, Prior Authorization, Quantity Limit (1 tablet per day) • Medicaid: Formulary, Prior Authorization, Quantity Limit (1 tablet per day)	Brinsupri
Bumetanide (Enbumyst) Spray	• Commercial/Medicaid: Non-Formulary	N/A

Cosibelimab-ipdl (Unloxcyt) Vial	• Commercial/Medicaid: Medical Benefit, Prior Authorization	Anti-Cancer Medications - Medical Benefit
Dordaviprone hcl (Modeyso) Capsule	• Commercial: Formulary, Tier 6, Prior Authorization, Quantity Limit (20 capsules per 28 days) • Medicaid: Formulary, Prior Authorization, Quantity Limit (20 capsules per 28 days)	Anti-Cancer Medications - Self-Administered
Gepirone HCl (Exxua) Tab ER 24h	• Commercial: Non-Formulary, Quantity Limit (1 tablet per day) • Medicaid: Non-Formulary (Covered by DMAP)	N/A
Gepotidacin mesylate (Blujepa) Tablet	• Commercial/Medicaid: Non-Formulary, Prior Authorization, Quantity Limit (10 tablets per 30 days)	Antibiotics for Urinary Tract Infections
Imlunestrant tosylate (Inluriyo) Tablet	• Commercial: Formulary, Tier 6, Prior Authorization, Quantity Limit (2 tablets per day) • Medicaid: Formulary, Prior Authorization, Quantity Limit (2 tablets per day)	Anti-Cancer Medications - Self-Administered
Revakinagene taroretcel-lwey (Encelto) Implant	• Commercial/Medicaid: Medical Benefit, Prior Authorization, Quantity Limit (1 implant per eye per lifetime)	Encelto
Rilzabrutinib (Wayrilz) Tablet	• Commercial/Medicaid: Non-Formulary, Prior Authorization, Quantity Limit (2 tablets per day)	Thrombocytopenia Medications
Sulopenem etzadroxl/probenecid (Orlynvah) Tablet	• Commercial/Medicaid: Non-Formulary, Quantity Limit (10 tablets per 30 days)	N/A

Zongertinib (Hernexeos) Tablet	• Commercial: Formulary, Tier 6, Prior Authorization, Quantity Limit (3 tablets per day) • Medicaid: Formulary, Prior Authorization, Quantity Limit (3 tablets per day)	Anti-Cancer Medications - Self-Administered
Zopapogene imadenovec-drba (Papzimeos) Vial	• Commercial/Medicaid: Medical Benefit, Prior Authorization, Quantity Limit (4 injections within 12 weeks per lifetime)	Papzimeos