Providence Health Plan Providence Health Assurance

The following changes will be effective on October 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	Recommendation	Policy Name
Orforglipron calcium (Foundayo) Tablet	Correction from June 2026 P&T: • Commercial Standard: Formulary with Prior Authorization (for groups with weight loss benefit), Quantity Limit (1 tablet per day) • Commercial Dynamic: Non-Formulary, Prior Authorization, Quantity Limit (1 tablet per day)	• GLP-1 Receptor Agonists for Non-Diabetes Indications (Policy A) – Commercial • GLP-1 Receptor Agonists for Non-Diabetes Indications (Policy B) - Commercial
Icotrokinra hcl (Icotyde) Tablet	Commercial: Add to Formulary, Tier 5 as co-preferred agent	Therapeutic Immunomodulators (TIMs) Policy
Tirzepatide (Zepbound) Kwikpen	Medicaid: Added as preferred product over Zepbound pen/vial	GLP-1 Receptor Agonists and Related Medications for Non-Diabetes Indications Policy
Diclofenac potassium (Cambia) Powder Pack	Remove from Commercial formulary	N/A
Rufinamide Suspension/Tablet	Commercial Dynamic: Down tier from Tier 4 to Tier 2	Antiepileptic Medications Step Therapy Policy
Brivaracetam Solution	Commercial Dynamic: Down tier from Tier 4 to Tier 2	N/A

Drug Name	Recommendation	Policy Name
Ustekinumab-hmny (Starjemza) Syringe and Vial	Add as preferred biosimilar; • Commercial: Formulary, Tier 5, Prior Authorization, Quantity Limit (one injection per 84 days), Specialty • Medicaid: Formulary, Prior Authorization, Quantity Limit (one injection per 84 days), Specialty	Therapeutic Immunomodulators (TIMs) Policy
Ustekinumab-aekn (Selarsdi) Syringe and Vial	Change to non-preferred biosimilar; • Commercial: Non-Formulary, Prior Authorization, Quantity Limit (one injection per 84 days), Specialty • Medicaid: Non-Formulary, Prior Authorization, Quantity Limit (one injection per 84 days), Specialty	Therapeutic Immunomodulators (TIMs) Policy
Stiripentol (Diacomit) 250 mg Powd Pack	Added to Medicaid formulary	Diacomit
Tocilizumab (Actemra) Pen and Syringe	Commercial: Add to Formulary, Tier 5 as co-preferred agent	Therapeutic Immunomodulators (TIMs) Policy
Insulin glargine-yfgn Pen and Vial	Medicare: Add to Formulary, Tier 3 as co-preferred with Lantus	N/A

Medical Policy Changes

Coverage Criteria Changes:

Drug/Policy Name(s)	Plans Affected	Summary of Change
Anti-Amyloid Monoclonal Antibodies - Medicaid	☐ Commercial ☒ Medicaid	Anti-amyloid antibodies are no longer considered medically necessary due to lack of evidence of benefit and safety concerns

Providence Health Plan Providence Health Assurance

Drug/Policy Name(s)	Plans Affected	Summary of Change
Antipsychotics	☒ Commercial ☐ Medicaid	Update preferred therapies and trial and failure criteria based on cost and utilization.
Botulinum Toxin	☒ Commercial ☒ Medicaid	Botulinum therapies will be set up to process automatically through claims editing. Codes for botulinum therapy that are submitted with medically accepted indications (ICD-10 codes) will automatically adjudicate. Other code pairings will be considered not medically necessary.
Cardiac Myosin Inhibitors	☒ Commercial ☒ Medicaid	Correction - this drug is NOT part of the high-cost drug carve-out program for Medicaid. Updated Myqorzo required left ventricular outflow track peak gradient for initial authorization and left ventricular ejection fraction minimum for reauthorization.
Infusion Therapy Site of Care	☒ Commercial ☐ Medicaid	Benlysta, Cosentyx, Orencia, and tocilizumab products removed from drug list.
Lemtrada	☒ Commercial ☒ Medicaid	Remove requirement for highly active disease and change trial/failure requirement to trail of two high efficacy agents: ocrelizumab and fingolimod.
Long-Acting Stimulant Medications Quantity Limit	☐ Commercial ☒ Medicaid	Align Medicaid criteria with Commercial
Medically Administered Multiple Sclerosis Agents	☒ Commercial ☐ Medicaid	Age restriction added to policy criteria that age must be appropriate based on FDA-approved indication.
Multiple Sclerosis Agents - Medicaid	☐ Commercial ☒ Medicaid	New policy - split out Medicaid and designated preferred products
Narcolepsy Agents	☒ Commercial ☒ Medicaid	Updated prescriber restrictions for obstructive sleep apnea and Sunosi
Pituitary Disorder Therapies	☐ Commercial ☐ Medicaid	For Isturisa, require trial of Signifor/Signifor LAR. Remove criteria regarding surgical resection and/or radiation for acromegaly
Redemplo, Tryngolza	☒ Commercial ☒ Medicaid	Updated diagnostic criteria for Familial chylomicronemia syndrome (FCS) to require history of at least three triglyceride measurements over 880 mg/dL, instead of 1,000 mg/dL to align with clinical trials for Tryngolza. Additionally, added criteria for newly approved indication for Tryngolza: severe hypertriglyceridemia

Drug/Policy Name(s)	Plans Affected	Summary of Change
Therapeutic Immunomodulators (TIMs) Policy - Commercial	☒ Commercial ☐ Medicaid	Made Icotyde co-preferred for plaque psoriasis. For Chronic Spontaneous Urticaria, updated prerequisite therapy requirements to allow dupilumab (Dupxent). Made Actemra (tocilizumab) co-preferred with Tyenne (tocilzumab biosimilar) due to shortage of Tyenne.
Therapies for Interstitial Lung Diseases Policy	☐ Commercial ☒ Medicaid	Correction - Jascayd is NOT part of the high-cost drug carve-out program for Medicaid.
Therapies for Spinal Muscular Atrophy – Medicaid	☐ Commercial ☒ Medicaid	New policy - Created new Medicaid only policy due to high-cost drug carve-out workflow with the Oregon Health Authority and to apply step-therapy for Spinraza, requiring a trial of Evrysdi for Medicaid members.
Tyruko, Tysabri	☒ Commercial ☒ Medicaid	Change trial/failure requirement for Crohn's Disease to ustekinumab, vedolizumab, and either adalimumab or infliximab
Vijoice **Yorvipath**	☐ Commercial ☒ Medicaid	Correction - this drug is NOT part of the high-cost drug carve-out program for Medicaid.
Zeposia **Zeposia - Medicaid**	☒ Commercial ☒ Medicaid	Zeposia criteria updated to not require EKG requirement in order to be consistent with other multiple sclerosis prior authorization policies that do not require monitoring.
Zurzuvae	☒ Commercial ☐ Medicaid	Removed exclusions

Retired Medical Policies:

Policy Name	Summary of Change
Acute Migraine Medications	Retire policy as Reyvow discontinued and current policy criteria is similar to non-formulary policy
Nuedexta	Due to low risk of inappropriate utilization
Savella	Due to generic availability and low risk of inappropriate utilization

Providence Health Plan Providence Health Assurance

New Drugs:

Drug Name	Recommendations	Policy Name
Milsaperidone (Bysanti) Tablet & Tab DS PK	• Commercial: Non-Formulary, Prior Authorization, Quantity Limit (two tablets per day). Titration dose packs: one pack per year • Medicaid: Non-Formulary, 7-11 drug Carve-Out program managed by Oregon Health Authority	New Medications and Formulations Without Established Benefit
Doravirine-islatravir (Idvynso) Tablet	• Commercial: Formulary, Tier 3, Quantity Limit (one tablet per day) • Medicaid: Formulary, Quantity Limit (one tablet per day)	N/A
Pivekimab sunirine-pvzy (Decnupaz) Vial	• Commercial/Medicaid: Medical Benefit, Prior Authorization	Anti-Cancer Medications – Medical Benefit
Vepdegestrant (Veppanu) Tablet	• Commercial: Formulary, Tier 6, Prior Authorization, Quantity Limit (one tablet per day) • Medicaid: Formulary, Prior Authorization, Quantity Limit (one tablet per day)	Anti-Cancer Medications - Self-Administered Policy
Lunsotogene parvec-cwha (Otarmeni) Vial	• Commercial/Medicaid: Medical Benefit, Prior Authorization, Quantity Limit (one administration, per ear, per lifetime)	Otarmeni
Baxdrostat (Baxfendy) Tablet	• Commercial/Medicaid: Non-Formulary, Prior Authorization, Quantity Limit (one tablet per day)	Therapies for Resistant Hypertension

Drug Name	Recommendations	Policy Name
Bulevirtide acetate-gmod (Hepcludex) Vial	• Commercial/Medicaid: Non-Formulary, Prior Authorization, Quantity Limit (one vial per day)	Medications for Rare Indications
Ensitrelvir fumarate (Xocova) Tablet	• Commercial: Formulary, Tier 3 • Medicaid: Formulary	N/A
Buspirone HCL Tablet	New strengths (2.5 mg; 12.5 mg); • Non-formulary for all lines of business	N/A
Atomoxetine hcl (Atoncy) Solution	New dosage form (solution); • Non-formulary for all lines of business	N/A
Benzonatate Capsule	New MedID (560485); • Non-formulary for all lines of business	N/A
Clonidine HCL Tablet	New strength (0.05 mg); • Non-formulary for all lines of business	N/A
Dexamethasone (Dexlyt) Tablet	New strength; • Non-formulary for all lines of business	N/A
Fluorouracil (Favlyxa) Vial	New to market brand; • Medical benefit, Prior Authorization	Anti-cancer medications – medical benefit
Fibrinogen, human-chmt (Fesilty) Vial	New biologic; • Medical benefit for all lines of business	N/A
Filgrastim-laha (Filkri) Syringe	New biosimilar; • Non-formulary for all lines of business	N/A
Folic Acid (Quiofic) Solution	New generic; • Non-formulary for all lines of business	N/A
Glipizide Tablet	New strength (15 mg); • Non-formulary for all lines of business	N/A
Bimatoprost/pf (Zolymbus) Dropper Gel	New dosage form (dropper gel); • Commercial/Medicaid: Non-Formulary, Quantity Limit (1 dropperette per day)	N/A

Drug Name	Recommendations	Policy Name
Etoposide (Avopef) Vial	New product • Medical Benefit, Prior Authorization for all lines of business	Anti-Cancer Medications - Medical Benefit
Trabectedin (Evdi) Vial	New to market brand; • Medical Benefit, Prior Authorization for all lines of business	Anti-Cancer Medications - Medical Benefit
Anifrolumab-fni (Saphnelo) Syringe and Autoinjector	New dosage form (syringe); • Commercial/Medicare Part D: Formulary, Tier 5, Prior Authorization, Quantity Limit (3.2 mL per 28 days) • Medicaid: Formulary, Prior Authorization, Quantity Limit (3.2 mL per 28 days)	Saphnelo