

The following changes will be effective on **April 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
<ul style="list-style-type: none"> • Hadlima (adalimumab-bwwd) • Simlandi (adalimumab-ryvk) 	Add to Medicaid formulary as preferred biosimilar Effective 3/1/26	Therapeutic Immunomodulators
<ul style="list-style-type: none"> • Humira (adalimumab) • Amjevita (adalimumab-atto) • Hulio (adalimumab-fkjp) 	Remove from Medicaid formulary as non-preferred adalimumab Effective 3/1/26	Therapeutic Immunomodulators
Nuvigil (armodafinil)	Remove brand from Commercial formulary	N/A
Olumiant (baricitinib)	Add to Commercial formulary for groups that cover alopecia areata: Formulary, Tier 6, Prior Authorization, Quantity Limit (one tablet per day)	Therapeutic Immunomodulators
Leqselvi (deuruxolitinib)	Add to Commercial formulary for groups that cover alopecia areata: Formulary, Tier 6, Prior Authorization, Quantity Limit (two tablets per day)	Therapeutic Immunomodulators
Litfulo (reflectional)	Add to Commercial formulary for groups that cover alopecia areata: Formulary, Tier 6, Prior Authorization, Quantity Limit (one capsule per day)	Therapeutic Immunomodulators

Drug Name	Formulary Status	Policy Name
<ul style="list-style-type: none"> • Truqap (capiwasertib) • Fruzaqla (fruquintinib) • Tagrisso (osimertinib) 	Commercial: Down-tier to Tier 5 from Tier 6	Anti-Cancer Medications - Self-Administered
Cladribine tablet (generic for Mavenclad)	Add to Commercial formulary (preferred over brand): Tier 5, Prior Authorization	Multiple Sclerosis Agents
Colchicine 0.6 mg capsule	Remove from Commercial and Medicaid formularies, add Prior Authorization Effective 5/1/26	New Medications and Formulations Without Established Benefit
Xtandi (enzalutamide)	Add quantity limits for Commercial and Medicaid: <ul style="list-style-type: none"> • 40 mg tablet/capsule: four tablets/capsules per day • 80 mg tablet: two tablets per day 	Anti-Cancer Medications - Self-Administered
Wakix (pitolisant)	<ul style="list-style-type: none"> • Commercial: Up-tier to Tier 6 from Tier 5 	Narcolepsy Agents
Zoryve (roflumilast) 0.15% cream	Commercial: Add to Formulary, Tier 4, Prior Authorization, Quantity Limit (60 g per 30 days)	Topical Agents for Skin Conditions
Vtama (tapinarof) cream	Commercial: Add to Formulary, Tier 4, Prior Authorization, Quantity Limit (60 g per 30 days)	Topical Agents for Skin Conditions
Trintellix (vortioxetine) tablet	Commercial: Add to Formulary, Tier 4, Step Therapy, Quantity Limit (one tablet per day) Step therapy criteria: prior use of one formulary, generic antidepressant	Trintellix Step Therapy
Bimzelx (bimekizumab-bkzx) syringe, autoinjector	Commercial: Add to formulary, Tier 6, Prior Authorization, Quantity Limit (one injection every 28 days)	Therapeutic Immunomodulators
Veozah (fezolinetant)	Medicaid: Add Prior Authorization	Veozah, Lynkuet

Drug Name	Formulary Status	Policy Name
Takhzyro (lanadelumab-flyo)	Commercial: Down-tier to Tier 5 from Tier 6	Prophylactic Hereditary Angioedema Therapy
Haegarda (C1 esterase inhibitor)	Commercial: Down-tier to Tier 5 from Tier 6	Prophylactic Hereditary Angioedema Therapy

Medical Policy Changes

Coverage Criteria Changes

Drug/Policy Name(s)	Plans Affected	Summary of Change
Anti-Cancer Medications - Medical Benefit	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Shorten coverage duration from long term authorization to one year. Added additional criteria for patients established on therapy to ensure use is supported in clinical guidelines/medical literature. Add Blenrep (belantamab mafodotin-blmf) to policy. Add step through generic medication for Kyxata (carboplatin) and Avgemsi (gemcitabine).
Anti-Cancer Medications - Self-Administered	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Shorten coverage duration from long term authorization to one year. Added additional criteria for patients established on therapy to ensure use is supported in clinical guidelines/medical literature. Adding step criteria for pazopanib 400 mg tablets to step through generic pazopanib 200 mg tablets. Adding nilotinib d-tartrate to imatinib step criteria.
Acute Hereditary angioedema (HAE) Therapy	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Duration of approval expanded to one year authorization for both initial and reauthorization.
Filspari, Vanrafia	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Filspari will have a quantity of one tablet per day for both 200mg and 400mg tablets. Use in combination with sparsentan (Filspari®), atrasentan (Vanrafia®) or iptacopan (Fabhalta®) is excluded. Added requirement of trial of SGLT-2 inhibitor prior to coverage.

Leucovorin Policy	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Require documentation of suspected cerebral folate deficiency (CFD) for autism with suspected CFD.
Long-Acting Opioids	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Updated morphine equivalent requirements to align with CDC recommendation for use of opioids prior to initiating long-acting therapy. Updated pain contract requirements to require documentation that contract has been reviewed within the last year and that patient is adherent to the requirements of the contract. Updated naloxone requirement to include education being provided.
Maximum Allowable Opioid Dose	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Updated pain contract requirements to require documentation that contract has been reviewed within the last year and that patient is adherent to the requirements of the contract. Updated naloxone requirement to include education being provided.
Multiple Sclerosis Agents	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Updating policy criteria to require trial and failure of generic cladribine for brand Mavenclad requests.
Omisirge	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Updated criteria related to updated FDA approved indication for aplastic anemia.
Primary Biliary Cholangitis Agents	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Removed Ocaliva and criteria pertaining to Ocaliva from policy as the drug was withdrawn from the market.
Prophylactic HAE Therapy	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Duration of approval expanded to one year authorization for both initial and reauthorization. Added dosing and age restrictions to require requests be aligned with Food and Drug Administration label.
Reblozyl, Rytelo	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Simplified criteria for Myelodysplastic Syndrome (MDS) to require use be supported by National Comprehensive Cancer Network guidelines with recommendation 2A or higher.
Rituximab	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	For Rheumatoid Arthritis: updated trial and failure criteria to allow trial of any TNF antagonist (instead of specific agents), removed requirement to try an additional DMARD if patient is unable to take methotrexate. For Antineutrophil Cytoplasmic Antibody (ANCA)- Associated Vasculitis, removed requirement that patient must also have severe disease with critical organ involvement.
Tavneos	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Removed requirement that patient must have organ- or life-threatening disease.

T-Cell Therapy	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Updated FDA approved indications for Breyanzi, Carvykti, and Epkinly. Incorporated new NCCN recommendations on therapy sequencing.
Therapeutic Immunomodulators (TIMs) - Commercial	<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Medicaid	Updated criteria for Bimzelx to require a step through two agents, as opposed to three agents, for psoriasis, psoriatic arthritis, non-radiographic axial spondyloarthritis, and ankylosing spondylitis
Therapeutic Immunomodulators (TIMS) - Medicaid	<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Updated preferred adalimumab products to be Hadlima and Simlandi. For chronic spontaneous urticaria, require documentation of disease severity, trial of antihistamine and leukotriene antagonist, and trial of Xolair prior to a new agents, Rhapsido.
Topical Agents for Skin Conditions	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	For Atopic Dermatitis, updated to require trial of corticosteroid only for Eucrisa, Vtama, and Zoryve 0.15% and 0.05%. For Plaque Psoriasis, require trial of corticosteroid only for Vtama.

Retired Medical Policies: None

New Drugs:

Drug Name	Recommendations	Policy Name
Beizray (docetaxel) vial	New formulation: Medical benefit with prior authorization for all lines of business	1. Anti-Cancer Medications – Medical Administration
Denileukin diftitox-cxdl (Lymphir) Vial	Commercial/Medicaid: Medical, Prior Authorization	Anti-Cancer Medications - Medical Benefi
Desloratadine 0.5 mg/mL solution	New formulation: Non-formulary for all lines of business	N/A
Dicyclomine 40 mg tablet	New strength. Non-formulary with FDA Max Quantity limit (four tablets per day) for all lines of business	N/A
Donidalorsen (Dawnzera) Injection	<ul style="list-style-type: none"> Commercial: Formulary, Tier 5, Prior Authorization, Quantity Limit (0.8 mL per 28 days) 	Prophylactic Hereditary Angioedema Therapy

Drug Name	Recommendations	Policy Name
	<ul style="list-style-type: none"> Medicaid: Non- Formulary, Prior Authorization, Quantity Limit (0.8 mL per 28 days) 	
Elamipretide hcl (Forzinity) Vial	Commercial/Medicaid: Non-Formulary, Prior Authorization, Quantity Limit (4 vials per 28 days)	Medications for Rare Indications
Elinzanetant (Lynkuet) Capsule	<ul style="list-style-type: none"> Commercial: Formulary, Tier 4, Prior Authorization, Quantity Limit (2 capsules per day) Medicaid: Non- Formulary, Prior Authorization, Quantity Limit (2 capsules per day) 	Veozah, Lynkuet
Escitalopram oxalate capsule	New formulation <ul style="list-style-type: none"> Commercial: Non-formulary, Quantity Limit (one per day) Medicaid: Non-formulary (covered by DMAP) 	N/A
Javadin (clonidine) oral solution	New Formulation <ul style="list-style-type: none"> Commercial/Medicaid: Non-formulary, Prior Authorization 	New Medications and Formulations Without Established Benefit
Lasix Onyu (furosemide) injectable kit	New dosage form: Non-formulary for all lines of business	N/A
Midazolam auto-injector	New formulation: <ul style="list-style-type: none"> Commercial/Medicaid: Non-formulary 	N/A
Nerandomilast (Jascayd) Tablet	<ul style="list-style-type: none"> Commercial: Formulary, Tier 6, Prior Authorization, Quantity Limit (2 tablets per day) Medicaid: Formulary, Prior Authorization, Quantity Limit (2 tablets per day) 	Therapies for Interstitial Lung Diseases

Drug Name	Recommendations	Policy Name
Nilotinib D-tartrate capsule	New generic formulation. <ul style="list-style-type: none"> Commercial: Add to formulary, Tier 6, Prior Authorization, Quantity Limit (four capsules per day) Medicaid: Non-formulary, Prior Authorization, Quantity Limit (four capsules per day) 	2. Anti-Cancer Medications - Self-Administered
Paltusotine hcl (Palsonify) Tablet	<ul style="list-style-type: none"> Commercial: Formulary, Tier 6, Prior Authorization, Quantity Limit (2 tablets per day) Medicaid: Formulary, Prior Authorization, Quantity Limit (2 tablets per day) 	Pituitary Disorder Therapies
Plozasiran sodium (Redemplo) Syringe	Commercial/Medicaid: Non-Formulary, Prior Authorization, Quantity Limit (25 mg per 90 days)	Redemplo, Tryngolza
Remibrutinib (Rhapsido) Tablet	Commercial/Medicaid: Non-Formulary, Prior Authorization	Therapeutic Immunomodulators (TIMS)
Sevabertinib (Hyrnuo) Tablet	<ul style="list-style-type: none"> Commercial: Formulary, Tier 6, Prior Authorization, Quantity Limit (4 tablets per day) Medicaid: Formulary, Prior Authorization, Quantity Limit (4 tablets per day) 	Anti-Cancer Medications - Self-Administered
Subvenite (lamotrigine) oral suspension	New formulation: <ul style="list-style-type: none"> Commercial/Medicaid: Non-formulary 	N/A
Tonmya (cyclobenzaprine) sublingual tablet	New formulation: Non-formulary for all lines of business	N/A
Twist Disposable insulin pumps	New product. Non-preferred for all lines of business (same criteria as non-preferred V-go product)	Disposable Insulin Pumps

Drug Name	Recommendations	Policy Name
	<ul style="list-style-type: none"> • Commercial/Medicaid: Medical benefit (DME/diabetic supplies), Prior Authorization, Quantity Limit <ul style="list-style-type: none"> ○ Starter kit: 1 kit per year ○ Refill kit: 10 per 30 days 	
Vyscoxa (celecoxib) 10 mg/mL oral suspension	New formulation <ul style="list-style-type: none"> • Commercial/Medicaid: Non-formulary, Prior Authorization 	New Medications and Formulations Without Established Benefit
Ziftomenib (Komzifti) Capsule	<ul style="list-style-type: none"> • Commercial: Formulary, Tier 6, Prior Authorization, Quantity Limit (3 capsules per day) • Medicaid: Formulary, Prior Authorization, Quantity Limit (3 capsules per day) 	Anti-Cancer Medications - Self-Administered