Providence Health Plan Providence Health Assurance

The following changes will be effective on August 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	Action Taken	Policy Name
Estradiol/norethindrone acet 1 mg/0.5 mg Tablet (Abigale, Mimvey)	Commercial Dynamic: Down tier generic from Tier 3 to Tier 2	N/A
Estradiol/norethindrone acet 0.5 mg/0.1 mg Tablet (Abigale Lo)	Commercial Dynamic: Down tier generic from Tier 4 to Tier 3	N/A
Clonidine HCL ER Tablet	Commercial Dynamic: Down tier generic from Tier 4 to Tier 2	N/A
Desloratadine Solution	Medicaid: Add Prior Authorization	Second and Third Generation Antihistamines - Medicaid
Relugolix/estradiol/norethindrone (Myfembree) Tablet	Commercial: Add to Formulary, Tier 3	GnRH Antagonists
• **Elagolix/estradiol/norethindrone (Oriahnn) Tablet** • **Elagolix sodium (Orilissa) Tablet**	Commercial: Down tier from Tier 4 to Tier 3	GnRH Antagonists
Estrogen,con/m-progest acet (Prempro) Tablet	Commercial: Down tier from Tier 4 to Tier 3	N/A
Testosterone 1% Gel (Gram)	Commercial Dynamic: Down tier generic from Tier 4 to Tier 2	N/A
Testosterone enanthate (Xyosted) Auto Injct	Commercial: Add to Formulary, Tier 4	Medical Hormone Therapy Policy
• **Aflibercept (Eylea)** • **aflibercept-ayyh (Pavblu)**	Commercial/Medicaid: Add Prior Authorization	Ophthalmic Vascular Endothelial Growth Factor (VEGF) Inhibitors

• **Ranibizumab (Lucentis)** • **Ranibizumab-nuna (Byooviz)** • **Ranibizumab-eqrn(Cimerli)**		
Cenegermin-bkbj (Oxervate) Drops	Remove from Medicaid formulary	Oxervate
Nerandomilast (Jascayd) Tablet	Remove from Medicaid formulary, as part of High-Cost drug Carve-Out program managed by Oregon Health Authority	Therapies for Interstitial Lung Diseases Policy
Fenofibrate, micronized (Fenofibrate) 43 mg Capsule	• Commercial: Add to Formulary, Tier 2 • Medicaid: Add to Formulary	N/A
Azelastine hcl Spray/Pump	Add generic to Medicaid formulary	N/A
Pilocarpine hcl (Vuity) Drops	Commercial/Medicaid: Add quantity limit (2.5 mL per 25 days)	Commercial/Medicaid: Eye Drops for Presbyopia
Oxymetazoline HCl (Upneeq) Droperette	Remove from Commercial/Medicaid formularies, increase quantity limit from 2 droperettes per day to 4 droperettes per day	Upneeq
Estradiol/norethindrone (Combipatch) transdermal patch	Commercial: Down-tier from Tier 4 to Tier 3	N/A

Medical Policy Changes

Coverage Criteria Changes

Drug/Policy Name(s)	Plans Affected	Summary of Change
Benlysta	☒ Commercial ☒ Medicaid	Subcutaneous age restriction changed to 5 years and older for lupus nephritis. Added criteria for coverage of intravenous product (self-administration is preferred). Simplified wording for quantity limit.
Brinsupri	☒ Commercial ☒ Medicaid	Policy criteria reworded to provide more clarity for number of non-cystic fibrosis bronchiectasis exacerbations per year that are required.

Camzyos	☒ Commercial ☒ Medicaid	Updated indication to restrict to hypertrophic obstructive cardiomyopathy, consistent with FDA label. Added exclusion to preclude use of concurrent use with another cardiac myosin inhibitor.
CFTR Modulators	☒ Commercial ☒ Medicaid	Updated corresponding criteria requirements to require mutations responsive to these drugs (in vivo or in vitro) per table/package insert
Corlanor	☒ Commercial ☒ Medicaid	Added criteria for patients established on therapy
Elidel, Protopic (Medicaid)	☐ Commercial ☒ Medicaid	Add requirement for trial of tacrolimus for pimecrolimus coverage
Geographic Atrophy Agents	☒ Commercial ☒ Medicaid	Criteria choroidal neovascularization (CNV) criteria to clarify the eye being treated. Updated quantity limit information for Izervay to specify how many eyes are being treated. Updates Syfovre criteria to include baseline visual acuity score, correlating with inclusion criteria in Syfovre clinical trials.
GLP-1 Receptor Agonists and Related Medications for Non-diabetes Indications – Medicaid	☐ Commercial ☒ Medicaid	Updated criteria for obstructive sleep apnea to require current body mass index (within 30 days). Made Zepbound KwikPen preferred over other Zepbound formulations.
Homozygous Familial Hypercholesterolemia (HoFH) Agents	☒ Commercial ☒ Medicaid	Added medical quantity limit criteria for Evkeeza.
Immune Gamma Globulin (IgG)	☒ Commercial ☒ Medicaid	Removed criteria requiring plasma exchange for Guillain Barre syndrome as American Academy of Neurology notes both plasma exchange (PE) and immune globulins have strong evidence of support but PE may carry greater risk of side effects and is more difficult to administer.
Intranasal Allergy Medications - Medicaid	☐ Commercial ☒ Medicaid	Updated preferred drug to include azelastine and removed restrictions on ipratropium and cromolyn nasal sprays to align with the Oregon Health Authority.
Lodoco	☒ Commercial ☒ Medicaid	Added statin, blood pressure, aspirin, and prescriber requirements for the Oregon Health Authority to align with Commercial.

Medically Infused Therapeutic Immunomodulators (Tims) - Comm	☒ Commercial ☐ Medicaid	Require medical necessity for intravenous administration of secukinumab, abatacept, and tocilizumab over self-administration.
Nexletol, Nexlizet	☒ Commercial ☒ Medicaid	Criteria updated to align with new guideline recommendations. For primary prevention, coronary artery calcium (CAC) score was added as an indicator of high risk of cardiovascular disease. Pre-treatment LDL cholesterol levels were updated to require at least 70 mg/dL (or 55 for high risk of recurrent disease).
Oxervate	☒ Commercial ☒ Medicaid	Remove optometrist from prescriber restriction and allow only ophthalmologist.
• **PCSK-9 Inhibitors – Commercial** • **PCSK-9 Inhibitors – Medicaid**	☒ Commercial ☒ Medicaid	Criteria updated to align with new guideline recommendations (LDL goal updates) and updated package labeling (new indications).
Pulmonary Hypertension	☒ Commercial ☐ Medicaid	Added Tyvaso to Tyvaso DPI criteria requiring use of Yutrepia. Removed Ventavis as medication is obsolete. Added quantity limit criteria that dosing must follow FDA labeling or compendia supported guidelines
Redemplo, Tryngolza	☒ Commercial ☒ Medicaid	Changed Tryngolza to be preferred medication; therefore, Redemplo will require failure of Tryngolza prior to coverage.
Therapies for Interstitial Lung Diseases Policy	☒ Commercial ☒ Medicaid	Removed Jascayd from policy for Medicaid as this is a high-cost drug carve-out and directly management by OHA. Removed 8 week duration requirement for combo therapy with Jascayd and another product, added requirement for trial and failure of generic nintedanib prior to coverage of Jasccayd for chronic fibrosing interstitial lung diseases with a progressive phenotype.
Topical Agents for Skin Conditions - Medicaid	☐ Commercial ☒ Medicaid	Removed specific requirements defining severity of disease for children due to Oregon Health Authority rules regarding Early and Periodic Screening, Diagnostic and Treatment (EPSDT).
Transthyretin (TTR) Stabilizing Agents	☒ Commercial ☒ Medicaid	Updated criteria requiring signs/symptoms of heart failure to include OR hospitalization to align with other insurers and Amvuttra criteria.
Upneeq	☒ Commercial ☒ Medicaid	Quantity limit updated to allow for treatment of two eyes.

Vascepa	☒ Commercial ☒ Medicaid	Added criteria for patients established on therapy to have shown a reduction in triglyceride levels from pre-treatment. Updated coverage duration to one year on initial authorization.

Retired Medical Policies

- **NONE**

New Drugs:

Drug Name	Recommendations	Policy Name
Lerodalcibep-liga (Lerochol) Syringe	• Commercial: Formulary, Tier 6, Prior Authorization, Quantity Limit (1.2 mL per 30 days) • Medicaid: Formulary, Prior Authorization, Quantity Limit (1.2 mL per 30 days)	PCSK-9 Inhibitors
Orforglipron calcium (Foundayo) Tablet	• 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) • Medicaid: 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 • GLP-1 Receptor Agonists for Non-Diabetes Indications – Medicaid

Relacorilant (Lifyorli) Capsule	• Commercial: Formulary, Tier 6, Prior Authorization, Quantity Limit (150mg: 27 capsules per 28 days; 125mg: 18 capsules per 28 days) • Medicaid: Commercial: Formulary, Prior Authorization, Quantity Limit (150mg: 27 capsules per 28 days; 125mg: 18 capsules per 28 days)	Anti-Cancer Medications – Self Administered Policy
Riboflavin 5-phosphate sodium (B2) (Epioxa) Kit	• Commercial/Medicaid: Excluded	Medical Policy 158
Etripamil (Cardamyst) Spray	• Commercial/Medicaid: Non-Formulary, Prior Authorization, Quantity Limit (4 units per 30 days)	Cardamyst
Depemokimab-ulaa (Exdensur) Syringe	• Commercial/Medicaid: Medical Benefit, Prior Authorization	• Commercial: Medically Infused Therapeutic Immunomodulators (TIMs) • Medicaid: Therapeutic Immunomodulators (TIMS)
Aficamten (Myqorzo) Tablet	• Commercial: Formulary, Tier 5, Prior Authorization, Quantity Limit (1 tablet per day) • Medicaid: Non- Formulary, High-Cost drug Carve-Out program managed by Oregon Health Authority	• Commercial: Camzyos • Medicaid: N/A
Narsoplimab-wuug (Yartemlea) Vial	• Commercial/Medicaid: Medical Benefit, Prior Authorization, Quantity Limit (2 mL per week)	Medications for Rare Indications
Copper histidinate (Zycubo) Vial	• Commercial: Non-Formulary, Prior Authorization, Quantity Limit (2 vials per day)	• Commercial: Medications for Rare Indications • Medicaid: N/A

	• Medicaid: Non- Formulary, High-Cost drug Carve-Out program managed by Oregon Health Authority	
Pegzilarginase-nbln (Loargys) Vial	• Commercial: Medical Benefit, Prior Authorization • Medicaid: Non- Formulary, High-Cost drug Carve-Out program managed by Oregon Health Authority	• Commercial: Medications for Rare Indications • Medicaid: N/A
Sildenafil citrate (Vybrique) Film	• Commercial/Medicaid: Non-Formulary, Quantity Limit (1 film per day)	N/A
Tividenofusp alfa-eknm (Avlayah) Vial	• Commercial: Medical Benefit, Prior Authorization • Medicaid: Non- Formulary, High-Cost drug Carve-Out program managed by Oregon Health Authority	• Commercial: Enzyme Replacement Therapy • Medicaid: N/A
Icotrokinra hcl (Icotyde) Tablet	• Commercial/Medicaid: Non-Formulary, Prior Authorization, Quantity Limit (1 tablet per day)	Therapeutic Immunomodulators (TIMS)
Doxecitine-doxribtimine (Kygevvi) Powd Pack	• Commercial: Non- Formulary, Prior Authorization • Medicaid: Non- Formulary, High-Cost drug Carve-Out program managed by Oregon Health Authority	• Commercial: Medications for Rare Indications • Medicaid: N/A
Navepegritide (Yuviwel) Vial	• Commercial/Medicaid: Non-Formulary, Prior Authorization	Voxzogo, Yuviwel
Tradipitant (Nereus) Capsule	• Commercial/Medicaid: Non-Formulary, Quantity Limit (8 capsules per 30 days)	N/A

Mitapivat sulfate (Aqvesme) Tablet	• Commercial/Medicaid: Non-Formulary, Prior Authorization, Quantity Limit (2 tablets per day)	Aqvesme, Reblozyl, Rytelo
• **Lisdexamfetamine dimesylate (Arynta) Solution** • **Methocarbamol (Atmeksi) Oral Susp** • **Desmopressin acetate (Desmoda) Solution**	New formulations; • Commercial/Medicaid: Non-Formulary	N/A
Tocilizumab-anoh (Avtozma) Pen Injctr / Syringe	New biosimilar; non-preferred • Commercial/Medicaid: Non-Formulary, Prior Authorization, Quantity Limit (3.6 mL per 28 days)	• Commercial/Medicaid: Therapeutic Immunomodulators (TIMS)
Bimatoprost 0.01% Drops	New generic; • Commercial: Formulary, Tier 3, Step Therapy, Quantity Limit (0.1 mL per day) • Medicaid: Formulary, Step Therapy, Quantity Limit (0.1 mL per day)	• Commercial/Medicaid: Anti-Glaucoma Agents Step Therapy
Fosfomycin disodium (Contepo) Vial	New entity; • Commercial/Medicaid: Medical Benefit	N/A
Immune globulin,gamma(igg)kthm (Qivigy) Vial	New entity; • Commercial/Medicaid: Medical Benefit, Prior Authorization	Immune Gamma Globulin (IgG)
Gabapentin (Relgaabi) Capsule	New entity; • Commercial/Medicaid: Non-Formulary • Medicare Part D: Formulary, Tier 4, Quantity Limit (3 capsules per day)	N/A
Leucovorin calcium (Vykoura) Vial	New formulation; • Commercial/Medicaid: Medical Benefit, Prior Authorization	Anti-Cancer Medications - Medical Benefit

Semaglutide (Wegovy HD) Pen Injctr	New strength (7.2 mg/0.75); • Commercial Standard: Formulary, Tier 3, Prior Authorization, Quantity Limit (3 mL per 28 days) • Commercial Dynamic: Non-Formulary, Prior Authorization, Quantity Limit (3 mL per 28 days) • Medicaid: Non-Formulary, Prior Authorization, Quantity Limit (3 mL per 28 days)	• Commercial/Medicaid: GLP-1 Receptor Agonists and Related Medications for Non-Diabetes Indications
Carbachol/brimonidine tartrate (Yuvezzi) Droperette	New combination; • Commercial/Medicaid: Non-Formulary, Prior Authorization	• Commercial/Medicaid: Eye Drops for Presbyopia