

The following changes will be effective on **April 1, 2022**, 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
Clobetasol Propionate 0.05% Foam	Add to Formulary: <ul style="list-style-type: none"> Commercial Standard: Tier 2 Commercial Cost-Based: Tier 3 Medicaid: Formulary 	N/A
Diclofenac Potassium Tablet	Non-Formulary, Prior Authorization	New Medications and Formulations without Established Benefit
Celecoxib (Elyxyb) Solution	New dosage form (solution) and strength (120 mg/4.8 ml): Non-Formulary	N/A
Topiramate (Eprontia) Solution	New dosage form (solution); Non-Formulary	N/A
Diclofenac Potassium (Lofena) Tablet	New to Market Generic: Non-Formulary, Prior Authorization	New Medications and Formulations without Established Benefit
Doxycycline Hyclate (Lymepak) Tablet	New Branded product: Non-Formulary, Prior Authorization	New Medications and Formulations without Established Benefit
Everolimus Tablet	Commercial: Generic moved from Tier 6 to Tier 5	Oral Anti-Cancer Medications
BRAND NAME Zytiga	<ul style="list-style-type: none"> Remove from Formulary, add Prior Authorization Effective 5/15/22 	Brand Over Generic
Abiraterone acetate 500 mg Tablet	<ul style="list-style-type: none"> Remove from Formulary Effective 5/15/22 	Oral Anti-Cancer Medications

Sertraline capsule	New dosage form (capsule); <ul style="list-style-type: none"> Commercial: Non-Formulary, Prior Authorization 	Commercial: New Medications and Formulations without Established Benefit
Mitotane (Lysodren) Tablet	Limited Distribution drug: <ul style="list-style-type: none"> Commercial: Change from Tier 3 to Tier 6, and add Prior Authorization Medicaid: Add Prior Authorization, Specialty 	Oral Anti-Cancer Medications
Doxylamine succinate/pyridoxine (Bonjesta/Diclegis)	<ul style="list-style-type: none"> Benefit Exclusion for Commercial Remove from Medicaid formulary Effective 5/15/22	N/A
Dengue tetravalent vaccine, live, vero cell/pf (Dengvaxia) Vial	New entity: Medical Benefit	N/A
BRAND NAME Wellbutrin XL	Commercial: Remove brand formulation from formulary and add Prior Authorization Effective 5/15/22	Brand Over Generic Policy
Multivitamins Formulations (DEKAs Plus)	Add to Medicaid formulary	N/A

Medical Policy Changes

Coverage Criteria Changes

Drug/Policy Name(s)	Plans Affected	Summary of Change
Antipsychotics	<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Medicaid	Policy was updated to clarify that drugs will be covered for FDA approved or compendia-supported indications and that prerequisites requirements are for generic, atypical antipsychotic medications. In addition, Fanapt® will be added to this policy

Drug/Policy Name(s)	Plans Affected	Summary of Change
Brand Over Generic	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Added two branded drugs to the policy: Wellbutrin XL® and Zytiga®. Wellbutrin XL is covered by DMAP for Medicaid
Cambia	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Policy was updated to clarify the specific therapies required for trial and failure.
CAR-T	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	New indication review for Tecartus- updated policy criteria to include coverage for Tecartus in the setting of adult relapsed/refractory acute lymphoblastic leukemia. Policy aligns with FDA label, National Comprehensive Cancer Network (NCCN) guidelines, and clinical trial
Gonadotropin Releasing Hormone Agonists	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Criteria for uterine fibroids updated to remove requirement for use of therapy to lessen surgical burden, as guidelines do not recommend that any longer. Vantas® was removed as a preferred agent for Medicaid due to manufacturer discontinuation.
Oral Anti-Cancer Medications	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Criteria were added to require use of abiraterone 250 mg tablets instead of the 500 mg tablets due to same efficacy and large disparity in costs.
Oxbryta	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Policy was updated to include medical necessity criteria for use of the tablets for oral suspension.
Rituximab	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Updated prescriber restrictions to include hematologist and removed trial of Simponi Aria® from the rheumatoid arthritis criteria, as no longer a preferred drug. In addition, updated reauthorization coverage duration to be approved until no longer eligible with the plan.

Retired Medical Policies:

- Elzonris
- BPH Treatment- Rapaflo, Cialis – These medications will remain non-formulary for Medicaid

New Drugs:

Drug Name	Recommendation	Policy Name
Finerenone (Kerendia) Tablet	<ul style="list-style-type: none"> Commercial: Formulary, Tier 4, Prior Authorization Medicaid: Formulary, Prior Authorization 	Kerendia
Avacopan (Tavneos) Capsule	<ul style="list-style-type: none"> Commercial: Non-Formulary, Prior Authorization Medicaid: Non-Formulary, Prior Authorization 	Tavneos
Asciminib hydrochloride (Scemblix) Tablet	<ul style="list-style-type: none"> Commercial: Formulary, Tier 6, Prior Authorization Medicaid: Formulary, Prior Authorization 	Oral Anti-Cancer Medications
Maralixibat chloride (Livmarli) Solution	<ul style="list-style-type: none"> Commercial: Non-Formulary, Prior Authorization Medicaid: Non-Formulary, Prior Authorization 	Cholestatic Pruritus Agents
Atogepant (Qulipta) Tablet	<ul style="list-style-type: none"> Commercial: Non-Formulary, Prior Authorization Medicaid: Non-Formulary, Prior Authorization 	Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists