

The following changes will be effective on **October 1, 2021**, 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
Vimpat® (lacosamide)	Commercial: Move to Tier 3, retire step therapy Medicaid: retire step therapy	
Brand Silver Sulfadiazine (SSD) Cream	<ul style="list-style-type: none"> Commercial: Change Brand from Tier 4 to Tier 2 Medicaid: Add Brand to formulary 	
Tetrabenazine (Xenazine) Tablet	Commercial: Move generic to Tier 5	VMAT2 Inhibitors
Amantadine HCL (Osmolex ER) Tab BP 24H	Remove from Commercial and Medicaid formularies	N/A
Methylphenidate HCL (Jornay PM) CPDR ER SP	Commercial: Add Quantity Limit (1 CPDR ER SP per day)	N/A
Fluoxetine HCL Tablet	Commercial: Add Prior Authorization	New Medications and Formulations without Established Benefit
Meperidine HCL (Demerol)	Remove from Commercial and Medicaid formularies	N/A
Apomorphine HCL (Apokyn) Cartridge	Commercial: Remove from Formulary	N/A
Solriamfetol HCL (Sunosi) Tablet	Commercial: Add to Formulary, Tier 4	Narcolepsy Agents
Pitolisant HCL (Wakix) Tablet	Commercial: Add to Formulary, Tier 5	Narcolepsy Agents
Sodium oxybate (Xyrem)	Medicaid: Remove from Formulary	Narcolepsy Agents

Drug Name	Recommendation	Policy Name
Sodium,calcium,mag,pot oxybate (Xywav) Solution		
Levodopa (Inbrija) CD-Cap w/Dev	<ul style="list-style-type: none"> Commercial/Medicaid: Add Quantity Limit (10 inhalation capsules per day) 	N/A
Vortioxetine (Trintellix) tablet	Commercial: Add to Formulary, Tier 4	Antidepressants

Medical Policy Changes

Coverage Criteria Changes

Drug/Policy Name(s)	Plans Affected	Summary of Change
Amifampridine	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Changed criteria to require symptomatic disease rather than disease affecting activities of daily living (ADL's).
Antipsychotics Step Therapy	<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Medicaid	Added ziprasidone to trial and failure options.
Botulinum Toxin	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	The covered indications were updated based on package labeling and review of literature. Achalasia and laryngeal dystonia are recommended to be eligible for coverage for Botox®
Diacomit	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Trial and failure of drugs for Dravet Syndrome were changed to two of the following: valproate, clobazam, or topiramate
Dupixent	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Clarified wording of reauthorization criteria for atopic dermatitis.
Epidiolex	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Updated trial and failure requirements to align with indication
Evrysdi	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Quantity limit was added to ensure appropriate dose is used.

Drug/Policy Name(s)	Plans Affected	Summary of Change
Extavia	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Policy was updated to require generic dimethyl fumarate or glatiramer plus an additional trial of a preferred agent for multiple sclerosis.
Fintepla	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Trial and failure of drugs for Dravet Syndrome were changed to two of the following: valproate, clobazam, or topiramate
Hetlioz, Hetlioz LQ	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	For Non-24-Hour Sleep-Wake Disorder (Non-24), updated criteria to require symptomatic disease rather than disease affecting ADL's.
Horizant	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Coverage duration was increased from one year to until no longer eligible with the plan.
Insomnia Agents – Commercial	<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Medicaid	Removed prior authorization from ramelteon and added to policy criteria as a trial and failure option. Ramelteon is available as generic and provides a non-controlled/different mechanism of action alternative for policy trial and failure options.
Insomnia Agents – Medicaid	<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Updated quantity limits for all sleep agents on policy to allow dosing per FDA label and to align with Oregon Health Authority recent changes.
Lemtrada	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Policy clarified to state trial and failure of generic dimethyl fumarate.
Long-Acting Stimulant Medications - Medicaid	<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Add quantity limit to Jornay PM®. Removed Zenedi® from policy, as this is a short-acting formulation.
Long-Acting Stimulant Medications Quantity Limit	<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Medicaid	Added quantity limit to Jornay PM®
Mavenclad	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Policy was updated to clarify covered uses and prerequisite therapy requirements.
Nuedexta	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Added diagnosis to criteria to be explicit in what uses are covered. Added exclusion criteria to align with contraindications to therapy on package labeling

Drug/Policy Name(s)	Plans Affected	Summary of Change
Nuplazid	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Changed wording from "delirium" to "dementia-related psychosis", as this is the language used in the package labeling.
Ongentys Step Therapy	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Changed covered uses to "all medically accepted indication" instead of "FDA approved indications"
Qudexy XR, Trokendi XR	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Add requirement of generic topiramate ER prior to approval of brand Qudexy and Trokendi Add requirement of IR topiramate back to the Medicaid policy
Rescue Therapies for Seizures	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Remove the requirement to try clonazepam ODT first
Spinraza	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Added exclusion for concomitant use with risdiplam (Evrysdi)
Spravato	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Policy was updated to include PHQ-9 as an acceptable clinical rating scale for severe depression. Also, clarified that prerequisite therapy should be tried within the previous two years.
Tysabri	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Policy clarified to state trial and failure of generic dimethyl fumarate.
VMAT2 Inhibitors	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Policy criteria updated to clarify drugs covered for each condition. For Tardive Dyskinesia (TD), replaced AIMS score with documentation of moderate to severe TD that is causing functional impairment. In addition, removed requirement of other medications (clonazepam, amantadine, and ginko biloba) and require use of generic tetrabenazine prior to other costly agents (off-label use supported in drug compendia).
Xyrem, Xywav	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Renamed policy to "Narcolepsy Agents" and combined with Wakix® and Sunosi®. Sunosi® was added as prerequisite therapy for Wakix® and Xyrem/Xywav® for the indication of excessive daytime sleepiness in narcolepsy without cataplexy. Wakix® will be preferred over Xyrem/Xywav® for narcolepsy with cataplexy.
Zolgensma	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Added exclusion for concomitant use of risdiplam (Evrysdi®) therapy to align with other spinal muscular atrophy (SMA) policies

Retired Medical Policies:

- Apomorphine
- Brisdelle
- Osmolex ER
- Wakix – combined with Xyrem/Xywav as “Narcolepsy Agents”
- Zulresso
- Sunosi – combined with Xyrem/Xywav as “Narcolepsy Agents”
- Retired step therapy on: lacosamide (Vimpat®), oxcarbazepine ER (Oxtellar XR), lamotrigine ER (Commercial)
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New Medical Policies:

- None

New Drugs:

Drug Name	Recommendation	Policy Name
Aducanumab (Aduhelm)	<ul style="list-style-type: none"> • Commercial: Excluded from coverage until further review • Medicaid: Excluded from coverage until further review 	N/A
Loncastuximab tesirine-LPY (Zynlonta)	<ul style="list-style-type: none"> • Commercial: Medical benefit, Prior Authorization • Medicaid: Medical benefit, Prior Authorization 	Injectable Anti-Cancer Medications
Dostarlimab-GXLY (Jemperli)	<ul style="list-style-type: none"> • Commercial: Medical benefit, Prior Authorization • Medicaid: Medical benefit, Prior Authorization 	Injectable Anti-Cancer Medications
Amivantamab-VMJW (Rybrevant)	<ul style="list-style-type: none"> • Commercial: Medical benefit, Prior Authorization • Medicaid: Medical benefit, Prior Authorization 	Injectable Anti-Cancer Medications
Sotorasib (Lumakras)	<ul style="list-style-type: none"> • Commercial: Formulary, Tier 6, Prior Authorization • Medicaid: Formulary, Specialty, Prior Authorization 	Oral Anti-Cancer Medications

Infigratinib phosphate (Truseltiq)	<ul style="list-style-type: none"> • Commercial: Formulary, Tier 6, Prior Authorization • Medicaid: Formulary, Specialty, Prior Authorization 	Oral Anti-Cancer Medications
Ponesimod (Ponvory)	<ul style="list-style-type: none"> • Commercial: Non-Formulary • Medicaid: Non-Formulary 	N/A
Dasiglucagon HCL (Zegalogue)	<ul style="list-style-type: none"> • Commercial: Formulary, Tier 3 • Medicaid: Non-Formulary 	N/A
Viloxazine HCL (Qelbree)	<ul style="list-style-type: none"> • Commercial: Non-Formulary • Medicaid: Non-Formulary 	N/A
Drospirenone-estetrol (Nextstellis)	<ul style="list-style-type: none"> • Commercial: Non-Formulary • Medicaid: Non-Formulary 	N/A
Ezetimibe/Rosuvastatin Calcium (Roszet)	<ul style="list-style-type: none"> • Commercial: Non-Formulary, Prior Authorization • Medicaid: Non-Formulary, Prior Authorization 	New Medications and Formulations without Established Benefit