



The following changes will be effective on **April 1, 2025**, 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
Amlodipine/valsartan/ HCTZ Tablet	Remove from Medicaid formulary	N/A
Dexamethasone intensol Drops	Add to Commercial Formulary, Tier 2	N/A
Doxepin HCl Tablet	Medicaid: Remove Prior Authorization and Quantity Limit	N/A
Emtricitabine/tenofovir alafenamide (Descovy) Tablet	Add to formulary: <ul style="list-style-type: none"> Commercial: Formulary, Tier 3 Medicaid: Formulary Effective 01/01/2025	N/A
Erlotinib tablet	Move to Tier 5 for Commercial	Anti-Cancer Medications - Self-Administered
Esomeprazole packets	Add to Commercial formulary, Tier 2	
<ul style="list-style-type: none"> Guaifenesin Tablet Guaifenesin ER tablet 	Add to Medicaid formulary	N/A
<ul style="list-style-type: none"> Hydrocodone-acetaminophen 2.5/325 mg tablet Hydrocodone-acetaminophen 10-325 per 15 mL solution 	Add to Formulary <ul style="list-style-type: none"> Commercial: Formulary, Tier 2 Medicaid: Formulary Medicare Part D: Formulary, Tier 3 	N/A
<ul style="list-style-type: none"> K-Phos Neutral (potassium and sodium phosphate) K-Phos Original (potassium phosphate, monobasic) 	Add to Formulary <ul style="list-style-type: none"> Commercial: Formulary, tier 2 Medicaid: Formulary 	N/A

Drug Name	Formulary Status	Policy Name
Mesalamine 4 g/60 mL enema	Add quantity limit to Medicaid of 60 mL per day	N/A
Myrbetriq (mirabegron) tablet and suspension	Retire step therapy and change formulary status as follows: <ul style="list-style-type: none"> Commercial: Move to Tier 3 and add quantity limit (1 tablet per day or 10 mL per day) Medicaid: Remove from formulary and add quantity limit (1 tablet per day or 10 mL per day) 	N/A
Naproxen DR 500 mg tablet	Remove from Commercial and Medicaid formulary	N/A
Nirmatrelvir/ritonavir (Paxlovid) Tab DS PK	Commercial: Move to Tier 3	N/A
Pentazocine/naloxone	Remove from Medicaid formulary	N/A
Sodium chloride 3% nebulizer vial	Add to Medicaid formulary	N/A
Yonsa (abiraterone submicronized)	Remove from Medicaid formulary	Anti-Cancer Medications - Self-Administered

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	Several therapies will be moved to the "T-Cell" policy (Columvi, Blincyto, Epkinly, Imdelltra, Kimmtrak, and Lunsumio).

Drug/Policy Name(s)	Plans Affected	Summary of Change
Anti-Cancer Medications - Self-Administered	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Added new drug Danziten to policy and quantity limits added for the following medications: Afinitor, Akeega, Alecensa, Alunbrig, Ayvakit, Balversa, Besremi, Bosulif, Braftovi, Brukinsa, Calquence, Caprelsa, Cometriq, Copiktra, Daurismo, Erivedge, Erleada, Fotivda, Gavreto, Gilotrif, Inlyta, Inqovi, Inrebic, Iwifin, Jaypirca, Koselugo, Krazati, Lenvima, Lonsurf, Lumakras, Lynparza, Mekinist, Nexavar, Ninlaro, Odomzo, Ogsiveo, Onureg, Orgovyx, Orserdu, Pemazyre, Piqray, Pomalyst, Qinlock, Rezlidhia, Rozlytrek, Rubraca, Rydapt, Sprycel, Stivarga, Tabbrecta, Tafinlar, Talzenna, Tarceva, Targretin, Tassigna, Tazverik, Tepmetko, Tibsovo, Tukysa, Turalio, Tykerb, Vanflyta, Venclexta, Vitrakvi, Vizimpro, Votrient, Welireg, Xalkori, Xospata, Xpovio, Zolanza, Zykadia.
Benefit Exception - Member-Pay-Difference	<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Medicaid	This is a new policy to outline criteria for when higher cost-shares may be waived for using a brand medication when a generic is available. This policy was approved by chair vote for 1/1/25 implementation.
Dupixent	<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Medicaid	Added criteria for new indication Chronic Obstructive Pulmonary Disease.
Filspari	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Updated quantity limit to align with approved label dosing. Updated exclusion criteria to align with package insert list of contraindications.
Gonadotropin Releasing Hormone Agonists	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Added criteria for premenstrual syndrome. Will allow several therapies to pay paired with diagnosis codes for prostate cancer.
Hormone Replacement Therapy	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Policy was updated based on feedback from committee members to update policy name and language related to gender incongruence. Also billing information was updated to clarify coverage of drugs and administration codes.
Hyperoxaluria Agents	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Update required medical criteria to remove fluid intake requirement.
Infusion Therapy Site of Care	<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Medicaid	Several intravenously administered iron products were removed from the policy due to operational burden.
Medical Necessity - Medicaid	<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Updated quantity exception criteria to require quantity to be both safe and ensure appropriate tablet is used instead of either or. Updated coverage duration to align duration with the drug prior authorization policy, if applicable.

Drug/Policy Name(s)	Plans Affected	Summary of Change
<ul style="list-style-type: none"> • Medical Nutrition – Commercial • Medical Nutrition – Medicaid 	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Policy coding material was updated to clarify that certain B-codes require prior authorization to limit fraud, waste, and abuse concerns.
Provenge	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Clarified coverage duration language.
Rituximab	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Added criteria for Thrombotic Thrombocytopenic Purpura (TTP) to policy; clarified severity criteria for vasculitis indication.
T-Cell Therapy	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Added bi-specific T-Cell engager (BiTE) antibodies to the policy, which brings all BiTEs into one policy and allows restriction to appropriate authorization lengths. Clarified policy exclusions.
Weight Management Medications	<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Medicaid	Policy was updated to clarify continuation of therapy criteria based on clinical trials and BMI requirements.

Retired Medical Policies

- Descovy – **Effective 01/01/2025**
- **Overactive Bladder Medications Step Therapy**

New Drugs:

Drug Name	Recommendations	Policy Name
Aflibercept-ayyh (Pavblu) Vial/Syringe	• Commercial/Medicaid: Medical Benefit	N/A
Aripiprazole (Opipza) Film	• Commercial: Non-Formulary, Quantity Limit 3 per day	N/A
Carbamazepine Tab Chew	• Commercial/Medicaid: Non-Formulary	N/A
Foscarbidopa-foslevodopa (Vyalev) Vial	• Commercial/Medicaid: Non-Formulary	N/A

Hydrocodone-acetaminophen Solution	<ul style="list-style-type: none"> Commercial: Formulary, Tier 2 Medicaid: Formulary 	N/A
Iloprost tromethamine (Aurlumyn) Vial	<ul style="list-style-type: none"> Commercial/Medicaid: Medical Benefit 	N/A
Inavolisib (Itovebi) Tablet	<ul style="list-style-type: none"> Commercial: Formulary, Tier 6, Prior Authorization, Quantity Limit (two 3 mg tablets per day; one 9 mg tablet per day) Medicaid: Formulary, Prior Authorization, Quantity Limit (two 3 mg tablets per day; one 9 mg tablet per day) 	Anti-Cancer Medications – Self-administered
Levacetylleucine (Aqneursa) Gran Pack	<ul style="list-style-type: none"> Commercial: Non-Formulary, Prior Authorization, Quantity Limit (4 packets per day) Medicaid: Non-Formulary, Prior Authorization, Quantity Limit (4 packets per day) 	Medications for Rare Indications
Marstacimab-hncq (Hympavzi) Pen Injctr	<ul style="list-style-type: none"> Commercial/Medicaid: Medical Benefit, Prior Authorization 	Hympavzi
Nemolizumab-ilto (Nemluvio) Pen Injctr	<ul style="list-style-type: none"> Commercial/Medicaid: Non-Formulary, Prior Authorization, Quantity Limit (1 mL per 56 days) 	Interleukin (IL)-31 Inhibitors
Nilotinib tartrate (Danziten) Tablet	<ul style="list-style-type: none"> Commercial: Formulary, Tier 6, Prior Authorization Medicaid: Formulary, Prior Authorization, Specialty 	Anti-Cancer Medications - Self-Administered
Revumenib citrate (Revuforj) 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) 	Anti-Cancer Medications – Self-administered



Sacubitril-valsartan Tablet	<ul style="list-style-type: none">• Commercial: Non-Formulary• Medicaid: Formulary	N/A
Testosterone cypionate (Azmiro) Syringe	<ul style="list-style-type: none">• Commercial/Medicaid: Medical Benefit	N/A
Zolbetuximab-clzb (Vyloy) Vial	<ul style="list-style-type: none">• Commercial/Medicaid: Medical Benefit, Prior Authorization	Anti-Cancer Medications – Medical Benefit