The following changes will be effective on **October 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
Trandolapril 2 mg, 4 mg Tablets	Add to Medicaid formulary	N/A
Morphine Sulfate (Avinza) CPMP 24HR **Morphine Sulfate (Kadian) Cap ER Pel**	Remove from Commercial formulary	New Medications and Formulations without Established Benefit
Methylphenidate hcl (Concerta) Tab ER 24	Add generic to Medicaid formulary	Long-Acting Stimulant Medications - Medicaid
Diclofenac Epolamine (Flector) Adh. Patch	Remove from Commercial Formulary	N/A
Gabapentin Enacarbil (Horizant) Tablet SR	Remove from Commercial Formulary	N/A
Dextromethorphan hbr/quinidine (Nuedexta) Capsule	Remove from Medicaid formulary	Nuedexta
Oxymorphone hcl (Opana) Tablet	Remove from Commercial and Medicaid formulary	N/A
Atogepant (Qulipta) Tablet	Commercial: Add to Formulary, Tier 3	Calcitonin Gene-Related Peptide Receptor (CGRP) Antagonists

Drug Name	Formulary Status	Policy Name
Lisdexamfetamine dimesylate (Vyvanse) Tab Chew	Add to Medicaid formulary	Long-Acting Stimulant Medications – Medicaid
Tetrabenazine Tablet	Lower tier for Commercial: Formulary, Tier 4	VMAT2 Inhibitors
Tramadol hcl 100 mg Tablet	Add Quantity Limit (4 tablets per day)	Pediatric Analgesics
Nucynta (tapentadol) tablets	Remove from Commercial and Medicaid formularies	N/A
Imbruvica (ibrutinib) 140 and 280 mg tablet	Remove from Commercial and Medicaid Formularies; require use of 140 mg capsules.	Oral Anti-Cancer Agents

Medical Policy Changes

Coverage Criteria Changes

Drug/Policy Name(s)	Plans Affected	Summary of Change
Amifampridine	☒ Commercial ☒ Medicaid	• Remove requirements for trial of pyridostigmine, as no longer recommended as first-line therapy • Added exclusion criteria for patients with history of seizures (contraindication per package insert).
Antidepressants Step Therapy	☒ Commercial ☐ Medicaid	Updated required information to include criteria for patients already established on therapy. Changed requirements to one trial of generic antidepressant
Antiepileptic Medications Step Therapy	☒ Commercial ☒ Medicaid	Removed lacosamide (Vimpat®) from policy due to low-cost generic availability.
Antipsychotics Step Therapy	☒ Commercial ☐ Medicaid	Updated required information to include criteria for patients already established on therapy.

Drug/Policy Name(s)	Plans Affected	Summary of Change
Calcitonin Gene-Related Peptide Receptor (CGRP) Antagonists	☒ Commercial ☐ Medicaid	The newest agent in this class, Quilipta®, was added as a preferred agent for migraine prophylaxis. Additionally, quantity limits will be added to all prophylactic agents to ensure appropriate use.
Calcitonin Gene-Related Peptide Receptor (CGRP) Antagonists - Medicaid	☐ Commercial ☒ Medicaid	Updated criteria to align with Oregon Health Authority criteria. Trial of two triptans (instead of three) will be required for acute CGRP agents.
Diacomit	☒ Commercial ☒ Medicaid	Added hematologic monitoring to required medical information.
Evrysdi	☒ Commercial ☒ Medicaid	• Updated to allow for coverage of presymptomatic spinal muscular atrophy (SMA) and removed age restriction to align with new FDA labeling. • Moved tracheostomy or invasive ventilator support to exclusion criteria.
Extavia	☒ Commercial ☒ Medicaid	Clarified trial and failure requirements and added trial time frame of at least six months.
Fintepla	☒ Commercial ☒ Medicaid	Added age restriction of two years or older per FDA labelling.
Hetlioz, Hetlioz LQ	☒ Commercial ☒ Medicaid	Changed melatonin trial and failure requirement from am to pm.
IL-5 Inhibitors	☒ Commercial ☒ Medicaid	Updated eosinophilic asthma criteria to align with Dupixent® (dupilumab)
Lemtrada	☒ Commercial ☒ Medicaid	Update coverage duration to allow for treatment courses beyond two years to reflect FDA labeling.

Drug/Policy Name(s)	Plans Affected	Summary of Change
Long-Acting Opioids	☒ Commercial ☒ Medicaid	• Criteria were updated to strengthen requirements; it is more heavily focused on the initiation of new long-acting opioid therapy. • Avinza® and Kadian® were removed from this policy and added to the "New Medications and Formulations without Established Benefit" policy as there is no advantage of these formulations over generic morphine sulfate ER. • Nucynta ER®, methadone and fentanyl patch were added to this policy and will required prior authorization for new starts.
Mavenclad	☒ Commercial ☒ Medicaid	• Added pathway for coverage for highly active disease without meeting specific drug trial and failure requirements. This aligns with recommendations from National Institute for Health and Care Excellence guidance on cladribine. • Updated prerequisites to include previous use of any three multiple sclerosis treatment drugs or one of the preferred generics.
Maximum Allowable Opioid Dose	☒ Commercial ☒ Medicaid	Criteria were updated to strengthen requirements and provide more clarification for reviewers. Criteria is more heavily focused on the initiation of new opioid therapy above 90 MME rather than requiring abrupt tapering/discontinuation of high-dose therapy.
Narcolepsy Agents	☒ Commercial ☒ Medicaid	Removed criteria for a cerebrospinal fluid (CSF) assay for Type 2 narcolepsy
Non-Preferred Fumarate Products	☒ Commercial ☒ Medicaid	• Removed criteria allowing for coverage of non-preferred fumarates after therapeutic failure of generic dimethyl fumarate as all drugs have same active metabolite (only criterion is unmanageable side effects or allergy to excipients in all generic dimethyl fumarate products). • Specified that an attempt to manage common side effects of dimethyl fumarate needs to be done.

Drug/Policy Name(s)	Plans Affected	Summary of Change
Nuedexta	☒ Commercial ☒ Medicaid	Retired from Medicaid prior authorization policy as diagnosis of pseudobulbar affect is not a funded condition by Oregon Health Authority. No other significant changes made to Commercial prior authorization policy.
Nuplazid	☒ Commercial ☒ Medicaid	Removed specific SLUMS and MMSE requirements
Ophthalmic Vascular Endothelial Growth Factor (VEGF) Inhibitors	☒ Commercial ☒ Medicaid	Clarified requirements for trial of preferred agents from previous review.
Qudexy XR, Trokendi XR – Medicaid	☐ Commercial ☒ Medicaid	Criteria updated to align with Oregon Health Authority criteria - drugs are covered without prerequisites for epilepsy and migraine prevention, drugs are covered off-label in bipolar affective disorder or schizoaffective disorder after trying two formulary drugs.
Radicava	☒ Commercial ☒ Medicaid	A new oral formulation of edaravone was recently approved by the FDA and is being added to this policy.
Tysabri	☒ Commercial ☒ Medicaid	Updated preferred infliximab products under trial and failure requirements in Crohn's disease.
VMAT2 Inhibitors	☒ Commercial ☒ Medicaid	Defined moderate to severe tardive dyskinesia
Zeposia - Medicaid	☐ Commercial ☒ Medicaid	Updated preferred therapies outlined for ulcerative colitis to match Medicaid preferred products (adalimumab, infliximab biosimilars, and vedolizumab).

Retired Medical Policies:

- Buprenorphine (Sublocade, Probuphine) - Medicaid
- Flector Patch Step Therapy Policy – drug will remain non-formulary

- Horizant – drug will remain non-formulary

New Drugs:

Drug Name	Recommendation	Policy Name
Mavacamten (Camzyos) Capsule	• Commercial: Formulary, Tier 5, Prior Authorization, Quantity Limit (One capsule per day) • Medicaid: Formulary, Prior Authorization, Quantity Limit (One capsule per day	Camzyos
Lutetium lu-177 vipivotide tetraxetan (Pluvicto)	• Commercial: Medical benefit, Prior Authorization • Medicaid: Medical benefit, Prior Authorization	Injectable Anti-cancer Agents
Tenapanor hcl (Ibsrela)	• Commercial: Non-Formulary, Prior Authorization, Quantity Limit (Two tablets per day) • Medicaid: Non-Formulary, Prior Authorization, Quantity Limit (Two tablets per day)	Constipation Agents
Difelikefalin acetate (Korsuva)	• Commercial: Medical benefit, Prior Authorization • Medicaid: Medical benefit, Prior Authorization	Korsuva