The following changes will be effective on **January 1, 2022**, unless otherwise specified and apply to the following plans:

Individual and Family, Large/Small Groups (Commercial)
Health Share of Oregon/Providence (Medicaid)

Special Announcement for Continuous Glucose Monitors for Personal Use

Providence Health Plan is now co-preferred for Dexcom and Freestyle Libre/Libre 2, effective November 1st, 2021, for all plans.

Formulary Changes

Drug Name	Recommendation	Policy Name
Duloxetine HCl 40 mg Capsule DR	• Commercial: Non-Formulary, Prior Authorization • Medicaid: Non-Formulary, Prior Authorization	New Medications and Formulations without Established Benefit
Riluzole (Exservan) Film	New Dosage Form (Film); • Commercial: Formulary, Tier 6, Specialty • Medicaid: Formulary, Specialty • Medicare Part D: Non-Formulary	N/A
Estradiol valerate 40 mg/mL Vial	Add to formulary; • Commercial Standard: Formulary, Tier 2 • Commercial Cost-Based: Formulary, Tier 4 • Medicaid: Formulary	N/A
Ketorolac tromethamine 0.5% Drops	Add to Medicaid formulary	N/A

Drug Name	Recommendation	Policy Name
Mesalamine w/cleansing wipes Enema Kit	Remove from Commercial formulary (kits are a benefit exclusion)	N/A
Relugolix/estradiol/ norethindrone acetate (Myfembree) Tablet	New combination; • Commercial: Non-Formulary, Prior Authorization • Medicaid: Non-Formulary, Prior Authorization	GNRH Antagonists
Trazodone 300 mg hcl tablet	Remove from Commercial formulary	N/A
Clobetasol propionate Spray	Add to Commercial/Medicaid formularies; • Commercial Standard: Formulary, Tier 2 • Commercial Cost-Based: Formulary, Tier 3 • Medicaid: Formulary	N/A
Butalbital/acetaminophen/ caffeine 50/300/40 mg Capsule	Add to Medicaid Formulary	N/A
Trientine hcl Capsule	Commercial: Change from Tier 6 to Tier 5, Prior Authorization	Trientine
COVID-19 vaccine, mrna, bnt162b2, lnp-s (Pfizer)/pf (Comirnaty) Vial	First FDA Approved COVID-19 vaccine: Covered medical benefit	N/A

Medical Policy Changes

Coverage Criteria Changes

Drug/Policy Name(s)	Plans Affected	Summary of Change
Benlysta	☒ Commercial ☒ Medicaid	Add combination therapy with Saphnelo® (a new medication approved for lupus) to exclusion criteria.

Drug/Policy Name(s)	Plans Affected	Summary of Change
Calcitonin Gene-Related Peptide Receptor (CGRP) Antagonists for Migraine Prophylaxis	☒ Commercial ☐ Medicaid	Policy was combined with the Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists for Acute Migraine treatment policy so that all CGRP agents are on one policy. Clarified quantity exception request criteria.
Calcitonin Gene-Related Peptide Receptor (CGRP) Antagonists for Migraine Prophylaxis - Medicaid	☐ Commercial ☒ Medicaid	Policy was combined with the Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists for Acute Migraine treatment policy so that all CGRP agents are on one policy. Clarified quantity exception request criteria and aligned criteria with Oregon Health Authority (Emgality® preferred)
Clovique/Syprine	☒ Commercial ☒ Medicaid	Removing Clovique from policy and policy name as Clovique is now obsolete. FDA market ending date is 9/30/2021.
Enspryng	☒ Commercial ☒ Medicaid	Updated prescriber restrictions for Commercial members to include opthalmologist. For Medicaid, removed prescriber restrictions and trial of rituximab to align with the Oregon Health Authority.
Gamifant	☒ Commercial ☒ Medicaid	Policy update to clarify specific genetic tests for diagnosis of primary Hemophagocytic Lymphohistiocytosis (HLH) to help guide reviews rather than non-specific wording of molecular diagnosis.
Hepatitis C - Direct Acting Antivirals – Commercial and Medicaid	☒ Commercial ☒ Medicaid	Medical rationale will be required for use of the pellet formulation over the generic tablet formulation.
Lupkynis	☒ Commercial ☒ Medicaid	Update criteria to exclude use with cyclophosphamide as the safety and efficacy of voclosporin have not been established in combination with cyclophosphamide. Use of voclosporin is not recommended in this situation.
Medically Infused Therapeutic Immunomodulators (TIMs)	☒ Commercial ☐ Medicaid	The policy was updated to clarify the definition of patients that are established on therapy. In addition, criteria was added for coverage of infliximab for immune checkpoint inhibitor related diarrhea/colitis.

Drug/Policy Name(s)	Plans Affected	Summary of Change
New Medications and Formulations without Established Benefit	☒ Commercial ☒ Medicaid	Changed preferred Absorica agent to generic isotretinoin capsules and added duloxetine 40 mg delayed-release capsules to this policy.
Potassium Lowering Agents	☒ Commercial ☒ Medicaid	Removed requirement for trial and failure of sodium polystyrene sulfonate (Kayexalate®), as this is no longer recommended as a first-line agent.
Soliris	☒ Commercial ☒ Medicaid	Exclusion criteria updated to exclude concurrent therapy with another FDA-approved product for paroxysmal nocturnal hemoglobinuria (i.e., Ultomiris®, Empaveli®) unless in a four-week period of cross titration between Soliris® and Empaveli®.
Therapeutic Immunomodulators - Commercial	☒ Commercial ☐ Medicaid	The policy was updated to clarify the definition of patients that are established on therapy and prescriber restrictions. In addition, criteria for coverage of dose escalation was updated to limit dose escalations to inflammatory bowel disease when there is evidence of active inflammation after six months of therapy. This is the only disease state that has strong evidence supporting dose escalation in some patients.
Therapeutic Immunomodulators - Medicaid	☐ Commercial ☒ Medicaid	The policy was updated to align with the criteria outlined by the Oregon Health Authority. Specifically, prescriber restrictions were removed, reauthorization criteria were added for rheumatic conditions, and added clinical scales to be used for evaluation of psoriasis. In addition, criteria for coverage of dose escalation was updated to limit dose escalations to inflammatory bowel disease when there is evidence of active inflammation after six months of therapy. This is the only disease state that has strong evidence supporting dose escalation in some patients.
Transthyretin (TTR) Lowering Agents	☒ Commercial ☒ Medicaid	Criteria that use with other Transthyretin (TTR) Lowering Agents is not allowed was moved to the exclusion section as this is a more appropriate section. Exclusion section was cleaned up to align with other Health Plan policies and to make review easier. Updated baseline scores to require the more commonly used testing.

Drug/Policy Name(s)	Plans Affected	Summary of Change
Ultomiris	☒ Commercial ☒ Medicaid	Exclusion criteria updated to exclude concurrent therapy with another FDA-approved product for paroxysmal nocturnal hemoglobinuria (i.e., Soliris®, Empaveli®)
Uplizna	☒ Commercial ☒ Medicaid	Updated prescriber restrictions to include ophthalmologist and removed trial of rituximab and extended initial authorization from six months to 12 months to align with the Oregon Health Authority.
Zeposia	☒ Commercial ☒ Medicaid	This drug is a preferred agent for MS due to rebates, and we cannot require trial and failure of other agents, as our other preferred agents are available without prior authorization.

Retired Medical Policies:

- Vistogard
- Evzio, Naloxone HCL
- Calcitonin Gene-Related Peptide Receptor Antagonists For Acute Migraine Treatment – combined with other CGRP policies

New Drugs:

Drug Name	Recommendation	Policy Name
Asparaginase Erwinia Chrysanthemi (Recombinant)-RYWN (Rylaze)	• Commercial: Medical benefit, Prior Authorization • Medicaid: Medical benefit, Prior Authorization	Injectable Anti-Cancer Medications
Belumosudil mesylate (Rezurock)	• Commercial: Formulary, Tier 6, Prior Authorization, Quantity Limit (1 tablet per day) • Medicaid: Formulary, Prior Authorization, Quantity Limit (1 tablet per day)	Rezurock
Artesunate	• Commercial: Medical benefit	N/A

	• Medicaid: Medical benefit	
Ferric maltol (Accrufer)	• Commercial: Non-Formulary • Medicaid: Non-Formulary	N/A
Pegcetacoplan (Empaveli)	• Commercial: Medical benefit, Prior Authorization • Medicaid: Medical benefit, Prior Authorization	Empaveli
Ibrexafungerp citrate (Brexafemme)	• Commercial: Non-Formulary • Medicaid: Non-Formulary	N/A
Serdexmethylphenidate chloride-dexmethylphenidate hcl (Azstarys)	• Commercial: Non-Formulary • Medicaid: Non-Formulary	N/A
Anifrolumab-FNIA (Saphnelo)	• Commercial: Medical benefit, Prior Authorization • Medicaid: Medical benefit, Prior Authorization	Saphnelo