

The following changes will be effective on **April 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
Alkindi Sprinkle® (hydrocortisone) Capsules	New Dosage Form and Strength: All lines of business: Non-Formulary	N/A
Atorvastatin 10, 20, and 40 mg Tablets	Remove Quantity Limit for Commercial and Medicaid <ul style="list-style-type: none"> Commercial: Formulary, Tier 1 Medicaid: Formulary 	N/A
Citalopram Tablets Escitalopram Tablets Fluoxetine Capsules Fluvoxamine Tablets Paroxetine Tablets Sertraline Tablets	Add to Safe Harbor and Custom Safe Harbor Lists for Commercial, Effective 1/1/2022	N/A
Cosentyx® (secukinumab)	Add to Medicaid Formulary: Formulary, Specialty, Prior Authorization, Quantity Limit (2 injections per 28 days)	Therapeutic Immunomodulators - Medicaid
Dificid® (fidaxomicin) 40 mg/mL suspension	New Dosage Form <ul style="list-style-type: none"> Commercial: Formulary, Tier 6, Step Therapy Medicaid: Formulary, Step Therapy 	Dificid
Icatibant (Firazyr)	<ul style="list-style-type: none"> Commercial: Move generic formulation to Tier 5, brand remains on Tier 6 	Acute Hereditary Angioedema Therapy
Impeklo® (clobetasol) 0.05% lotion pump	New Dosage Form <ul style="list-style-type: none"> Non-Formulary, Prior Authorization 	New Medications and Formulations without Established Benefit

Drug Name	Recommendation	Policy Name
Moxifloxacin (Vigamox®) Eye Drops	Down-tier the generic and add to Medicaid formulary: <ul style="list-style-type: none"> Commercial (Cost-Based): Formulary, Tier 2 Medicaid: Formulary 	N/A
Otezla® (apremilast)	<ul style="list-style-type: none"> Remove from Medicaid Formulary: Non-Formulary, Specialty, Prior Authorization, Quantity Limit (2 tablets per day) Effective 5/1/2021 	Therapeutic Immunomodulators - Medicaid
Pregabalin (Lyrica®) Capsules	Remove Quantity Limits for Commercial and Medicaid <ul style="list-style-type: none"> Commercial: Formulary, Tier 2 Medicaid: Formulary 	N/A
Qdolo® (tramadol) 5 mg/mL Oral Solution	New Dosage Form: <ul style="list-style-type: none"> Non-Formulary, Prior Authorization, Quantity Limit 80 mL/day 	Pediatric Analgesics
Silodosin (Rapaflo®) Capsule	Down-tier the generic: <ul style="list-style-type: none"> Commercial (Cost-Based): Formulary, Tier 3 	BPH Treatment- Rapaflo, Cialis
Simvastatin 40 and 80 mg Tablets	Remove Quantity Limits for Commercial and Medicaid <ul style="list-style-type: none"> Commercial: Formulary, Tier 1 Medicaid: Formulary 	N/A
Solifenacin (Vesicare®) Tablet	Down-tier the generic: <ul style="list-style-type: none"> Commercial (Cost-Based): Formulary, Tier 2 	N/A
Sutab® (sodium sulfate/potassium chloride/magnesium sulfate) Tablet	New Combination: <ul style="list-style-type: none"> Commercial: Formulary, Tier 4 Medicaid: Formulary 	N/A
Trelstar® (triptorelin pamoate) Vial	Add Prior Authorization for Commercial and Medicaid: <ul style="list-style-type: none"> Commercial/Medicaid: Medical Benefit, Prior Authorization Effective 5/1/2021	Gonadotropin Releasing Hormone Agonists
Zejula® (niraparib tosylate) Capsule	<ul style="list-style-type: none"> Down-tier for Commercial: Formulary, Tier 5, Prior Authorization 	Oral Anti-Cancer Medications
Tresiba® (insulin degludec) Vial and pen	<ul style="list-style-type: none"> Add to Custom Safe Harbor List 	N/A

Medical Policy Changes

Coverage Criteria Changes

Drug/Policy Name(s)	Plans Affected	Summary of Change
Acute Hereditary Angioedema Therapy	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Generic icatibant was added as required prerequisite therapy for new starts; updated reauthorization criteria to better align with disease state
CAR-T	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Updated exclusion and indication-specific criteria to align with clinical trial inclusion/exclusion criteria, FDA label and National Comprehensive Cancer Network (NCCN) recommendations.
Hepatitis C - Direct Acting Antivirals - Medicaid	<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Add Epclusa® 200-50 MG Tablet to Medicaid Formulary, Specialty, Prior Authorization to align with OHA
Injectable Anti-Cancer Medications	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Updated authorization duration to until no longer eligible with the plan. Removed requirement for use of intravenous trastuzumab and pertuzumab prior to approval of Phesgo® and/or Herceptin Hylecta®. Minimal cost differences and possible future availability of home administration for these products.
Insomnia Agents - Medicaid	<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Updated policy criteria to require a trial and failure of preferred agents for all requests, added a trial of cognitive behavior therapy for new starts as recommended per the American Academy of Sleep Medicine guidelines, updated criteria to restrict use of sedatives to Medicaid funded conditions.
Lidocaine Patch	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Based on drug utilization review, criteria were updated to allow coverage if the patient has a diagnosis of post-herpetic neuralgia, diabetic peripheral neuropathy, or neuropathic Pain
Non-Preferred Fumarate Products	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Added Medicaid to policy as well as Commercial, requiring Vumerity® and Bafiertam® to step through generic dimethyl fumarate (Tecfidera®).
Oral Anti-Cancer Medications	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Removed Zejula® indication-specific criteria to align with cost-positioning contracts. In addition, removed prior authorization for Medicare Part B temozolomide and Alkeran® given low risk for over utilization.

Drug/Policy Name(s)	Plans Affected	Summary of Change
Proveng	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	<p>Removed comment about “no complaints of bone pain as an example of minimally symptomatic metastatic disease” to better reflect population in clinical trials. Updated definition of castrate resistant prostate cancer to include clinical or biochemical progression (as well as radiographic) to align with NCCN Prostate Cancer guideline definition. Added other visceral metastases in addition to hepatic to align with NCCN guidelines. Clarified exclusion statement regarding immunosuppressive agents.</p>
Rituximab	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	<ul style="list-style-type: none"> Changed criteria for Rheumatoid Arthritis to trial/failure of one tumor necrosis factor (TNF) antagonist to align with FDA labeling. Criteria change for Relapsing and Remitting Multiple Sclerosis to trial/failure of two disease modifying agents (removed requirement for specific agents) OR patient has severe disease (without trial/failure of two agents) to align with current practice patterns. For warm autoimmune hemolytic anemia, removed requirement for splenectomy as it is moving to third line therapy after corticosteroids and rituximab. Increased reauthorization duration from 6 months to one year for all indications.
Therapeutic Immunomodulators - Commercial	<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Medicaid	<p>Updated to include criteria for Behcet’s disease, as this was supposed to be transferred from the Otezla policy to this policy at December 2020 ORPTC.</p>
Therapeutic Immunomodulators - Medicaid	<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	<p>Based on a drug utilization review of psoriasis treatments in this population, Cosentyx® was added as a preferred agent for the indication. Otezla® and Enbrel® were removed as preferred agents due to their poor efficacy in this disease state.</p>

Retired Medical Policies:

- None

New Medical Policies:

- None

New Drugs:

Drug Name	Recommendation	Policy Name
Orladeyo® (berotralstat)	<ul style="list-style-type: none"> Commercial: Formulary, Tier 6, Prior Authorization Medicaid: Formulary, Specialty, Prior Authorization 	HAE Prophylactic Therapy
Naxitamab-gqqk (Danyelza®) Vial	Commercial/Medicaid: Medical Benefit, Prior Authorization	Injectable Anti-Cancer Medications
Nifurtimox (Lampit®) Tablet	Non-Formulary	N/A
Opicapone (Ongentys®) Capsule	<ul style="list-style-type: none"> Commercial: Formulary, Tier 4, Step Therapy Medicaid: Formulary, Step Therapy 	Ongentys
Levamlodipine maleate (Conjupri®) Tablet	Commercial/Medicaid: Non-Formulary, Prior Authorization	New medications and formulations without established benefit
Remdesivir (Veklury®) Vial	Commercial/Medicaid: Medical Benefit	
Lumasiran sodium (Oxlumo®) Vial	Commercial/Medicaid: Medical Benefit, Prior Authorization	Oxlumo
Oxybates salts (calcium, magnesium, potassium, and sodium) oral solution (Xywav)	<ul style="list-style-type: none"> Commercial: Formulary, Tier 6, Prior Authorization Medicaid: Formulary, Prior Authorization 	Xyrem and Xywav