

The following changes will be effective on **January 1, 2026**, 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
Actemra (tocilizumab)	Remove from Commercial and Medicaid formulary. Tyenne (tocilizumab-aazg) is preferred biosimilar	Therapeutic Immunomodulators
Adbry (tralokinumab-ldrm) syringe and auto-injector	Add to Commercial formulary in parity with preferred agents Commercial: Tier 5, Prior Authorization, Quantity Limit (2 mL/28 days)	Therapeutic Immunomodulators
<ul style="list-style-type: none"> Alecensa (alectinib) Alunbrig (brigatinib) Lorbrena (lorlatinib) Xalkori (crizotinib) 	Commercial: Down tier from Tier 6 to Tier 5	Anti-Cancer Medications - Self-Administered
<ul style="list-style-type: none"> Amjevita (adalimumab-atto) Adalimumab-fkjp Simlandi (adalimumab-ryvk) 	Add to Medicaid formulary as preferred product in parity with Humira: Medicaid: Formulary, Prior Authorization, Quantity Limit (2 doses per 28 days)	Therapeutic Immunomodulators
Cosentyx (secukinumab) syringe and pen injector	Remove from Medicaid formulary (non-preferred on Preferred Drug List): Non-formulary, Prior Authorization, Quantity limit (2 doses per 28 days)	Therapeutic Immunomodulators
Fasenra (benralizumab) Pen	Remove from Medicaid formulary (non-preferred on Preferred Drug List)	Therapeutic Immunomodulators

	Non-formulary, Prior Authorization, Quantity limit (1 mL per 56 days)	
Hymrizo (adalimumab-adaz) syringe and pen injector	Remove from Medicaid formulary (non-preferred on Preferred Drug List) Non-formulary, Prior Authorization, Quantity limit (2 doses per 28 days)	Therapeutic Immunomodulators
Insulin glargine-yfgn	Added to Commercial formulary, Tier 3	
Journavx (suzetrigine)	Add to Medicaid formulary, with Quantity Limit (5 tablets per 30 days). Claims above the quantity limit will need to meet medical necessity criteria outlined in policy	Journavx
Lantus (insulin glargine)	Remove from Commercial formulary	N/A
Leucovorin calcium 5 mg Tablet	<ul style="list-style-type: none"> Commercial: Formulary, Tier 2, Step Therapy, Quantity Limit (3 tablets per day) Medicaid: Formulary, Step Therapy, Quantity Limit (3 tablets per day) 	Leucovorin
Leucovorin calcium 25 mg Tablet	<ul style="list-style-type: none"> Commercial: Formulary, Tier 2, Step Therapy, Quantity Limit (2 tablets per day) Medicaid: Non-Formulary, Step Therapy, Quantity Limit (2 tablets per day) 	Leucovorin
Leucovorin calcium Tablet (10mg; 15mg)	<ul style="list-style-type: none"> Commercial: Formulary, Tier 2, Step Therapy, Quantity Limit (3 tablets per day) Medicaid: Non-Formulary, Step Therapy, Quantity Limit (3 tablets per day) 	Leucovorin
Liraglutide pen injector	Generic for Victoza. Add to formulary:	GIP and GLP-1 Receptor Agonists

	<ul style="list-style-type: none"> Commercial Standard: Formulary, Tier 2, Prior Authorization, Quantity Limit (9 mL per 30 days) Commercial Dynamic: Formulary, Tier 3, Prior Authorization, Quantity Limit (9 mL per 30 days) Medicaid: Formulary, Prior Authorization, Quantity Limit (9 mL per 30 days) 	
Metformin 500 mg extended-release tablet (Glumetza)	Add to Commercial and Medicaid formulary <ul style="list-style-type: none"> Commercial: Formulary, Tier 1 Medicaid: Formulary 	N/A
Opsumit (macitentan) tablet	<ul style="list-style-type: none"> Commercial: Down tier to Tier 5 Medicaid: Add to Formulary 	Pulmonary Hypertension
Otezla (apremilast) tablet	Add to Medicaid formulary as preferred product: Medicaid: Formulary, Prior Authorization, Quantity Limit (2 tablets per day)	Therapeutic Immunomodulators
Ontruzant (trastuzumab-dttb)	Added as a preferred biosimilar product.	Anti-cancer agents – Medical Administration
Oxandrolone (Oxandrin) tablet	Remove from Commercial formulary	N/A
Paromomycin sulfate (Humatin) Capsule	Remove from Commercial formulary	N/A
Penicillamine 250 mg Capsule	<ul style="list-style-type: none"> Commercial: Down tier from Tier 5 to Tier 4 	N/A
Penicillamine 250 mg Tabet	Remove from Commercial formulary	N/A
Pirfenidone 267 mg Tablet	Add to formulary <ul style="list-style-type: none"> Commercial: Formulary, Tier 5, Prior Authorization, Quantity Limit (three tablet per day) 	<ul style="list-style-type: none"> Commercial/Medicaid: Ofev, Pirfenidone Medicare Part D: Pulmonary Fibrosis Agents

	<ul style="list-style-type: none"> Medicaid: Formulary, Prior Authorization, Quantity Limit (three tablet per day) 	
Prolia/Xgeva (denosumab)	Add prior authorization for Commercial and Medicaid. Preferred biosimilar products will be covered without prior authorization: <ul style="list-style-type: none"> Stoboclo/Osenvelt (denosumab-bmwo) Bildyos/Bilprevda (denosumab-nxxp) 	Denosumab
Ruxience (rituximab-pvvr)	Removed as a preferred biosimilar product. Riabni (rituximab-arxx) will be added as a preferred biosimilar option.	Rituximab
Taltz (ixekizumab) syringe and auto-injector	Add to Medicaid formulary as preferred product: Medicaid: Formulary, Prior Authorization, Quantity Limit (One injection per 28 days)	Therapeutic Immunomodulators
Tyvaso DPI	Remove from Commercial and Medicaid formularies	Pulmonary Hypertension
Veozah (fezolinetant) tablet	Add to Commercial formulary: Tier 4, Prior Authorization, Quantity Limit (one tablet per day)	Veozah
Xeljanz (tofacitinib) tablet	Add to Medicaid formulary as preferred product: Formulary, Prior Authorization, Quantity Limit (tablet: 2 tablets per day; oral solution: 10 mL per day; ER tablets: one per day)	Therapeutic Immunomodulators
Xifaxan (rifaximin) tablet	Remove from Medicaid formulary.	Xifaxan
Xolair (benralizumab) syringe and auto-injector	Remove from Medicaid formulary (non-preferred on Preferred Drug List): Non-	Therapeutic Immunomodulators

	formulary, Prior Authorization, Quantity limit (one dose per 28 days)	
Ycanth (cantharidin) 0.7% solution	Add prior authorization. Medical benefit for all lines of business	Medications for Molluscum Contagiosum
Yutrepia (treprostinil) inhalation powder	<ul style="list-style-type: none"> Commercial: Formulary, Tier 6, Prior Authorization Medicaid: Non-Formulary, Prior Authorization, Specialty 	Pulmonary Hypertension
Zepbound (tirzepatide)	Add to Medicaid formulary: Formulary, Prior Authorization, Quantity Limit (Four injections per 28 days)	Weight Management Medications

Medical Policy Changes

Coverage Criteria Changes

Drug/Policy Name(s)	Plans Affected	Summary of Change
Antipsychotics	<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Medicaid	Clarifying duration of four weeks for prerequisite therapy requirements
Complement Inhibitors	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Added policy criteria for primary IgA nephropathy for Fabhalta®.
Continuous Glucose Monitors for Personal Use	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	<ul style="list-style-type: none"> Added criteria to allow for individuals with type 1 diabetes regardless of insulin use. Updated quantity limits for the sensors to align with sensors duration. Updated replacement of reader/receiver criteria. Autopay already set up for patients with claims for insulin; however, added age edits so will only pay if they meet the FDA-approved minimum age.
FcRn Antagonists	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	<ul style="list-style-type: none"> Changed trial and failure criteria for Myasthenia Gravis to one drug from two classes: AChE inhibitors, corticosteroids, non-steroidal immunosuppressive agents

		<ul style="list-style-type: none"> Added criterion for medically-administered products require medical rational why self-administered Vyvgart Hytrulo is not appropriate
Formulary and Quantity Limit Exceptions	<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Medicaid	Clarified this policy applies to pharmacy benefit drugs only as there will be a separate quantity limit policy for medical drugs (new policy).
GIP and GLP-1 Receptor Agonists	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Liraglutide (generic for Victoza®) added as co-preferred product.
Interleukin-1 Inhibitors	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Added criteria that dosing and frequency must be in accordance with FDA labeling.
Ketamine	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	New policy created to clarify coverage of intravenous ketamine is limited to FDA-approved treatments related to anesthesia. The health plan does not cover IV ketamine for behavioral health disorders.
Lupkynis	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Added lab requirement (eGFR and urinary protein to creatine ratio) to the initial auth to allow assessment of treatment response at reauth. Clarified wording to the reauth criteria.
Medical Necessity – Medicaid	<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Updated coverage duration to address quantity limit exception authorization duration.
Medical Drug Quantity Limit Exceptions	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	New policy to outline criteria for coverage of medically administered medications above FDA or compendia-supported dosing regimens.
Medically Administered Multiple Sclerosis Agents	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Added step through Ocrevus IV for Ocrevus Zunovo.
Medically Infused Therapeutic Immunomodulators (Tims) – Comm	<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Medicaid	Updated preferred agents, coverage durations, prescriber restrictions, defined response to therapy, changed reauthorization to established, updated criteria, added durations for trial and failure.
Medications For Rare Indications	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Added Procsybi to policy, updated criteria to Aqneursa and Miplyffa, removed Niemann-Pick disease type C indication from Opfolda and added it to Zevaskyn.
New Medications and Formulations without Established Benefit	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Several agents were removed from this policy due to no longer being available on the market, or due to generic availability and costs more aligned with current formulary options.

Oral Rinses	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Gelx and Caphosol removed from policy as obsolete.
Rezurock (now Medications for Graft-versus-Host-Disease)	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	<ul style="list-style-type: none"> Changed name to Medications for Graft-versus-Host-Disease and added Niktimvo and Ryoncil (these medications were previously on the anti-cancer policy) Added quantity limit exception criteria requiring medical rationale why patient cannot switch to Jakafi or Imbruvica instead of dose escalation on these medications
Saphnelo	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Prescriber restrictions updated to include providers with experience treating systemic lupus erythematosus (SLE)
Self-Administered Drugs (SAD)	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	List of applicable medications was updated to clarify when transition period would be allowed vs requiring self-administration at initiation of therapy.
<ul style="list-style-type: none"> Therapeutic Immunomodulators (TIMS) – Comm Therapeutic Immunomodulators (TIMS) - Medicaid 	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Updated preferred agents, coverage durations, prescriber restrictions, defined response to therapy, changed reauthorization to established, updated criteria, added durations for trial and failure.
Tysabri	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Trail and failure of Entyvio added to Crohn's criteria to align with TIMs policy. Additionally, add in a one year timeframe for negative JCV antibody testing as patients on Tysabri should be getting JCV antibody testing at least every 6 months even if previous test was negative.
Veozah	<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Medicaid	New policy – this medication is required to be added to Commercial formulary due to state regulations. Therefore policy was created to ensure appropriate utilization of more cost-effective therapies prior to use of this agent.
Weight Management Medications	<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Medicaid	Added metabolic dysfunction-associated steatohepatitis criteria, added exclusion for combination with another weight loss agent, and clarified BMI requirements for other indications.
Weight Management Medications - Medicaid	<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Added criteria for metabolic dysfunction-associated steatohepatitis and updated/clarified other criteria to align with Oregon Health Authority criteria

Xifaxan	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	This medication is no longer covered by Oregon Medicaid. The health plan will maintain coverage for hepatic encephalopathy despite this state change.
Zeposia	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicaid	Preferred agents updated in the ulcerative colitis policy criteria to mirror preferred agents in the Therapeutic Immunomodulators policy.

Retired Medical Policies

- **Procysbi** - Medication added to Medications for Rare Indications Policy

New Drugs:

Drug Name	Recommendations	Policy Name
Acoltremon (Tryptyr) Droperette	<ul style="list-style-type: none"> Commercial/ Medicaid: Non-Formulary, Quantity Limit (2 vials per day) 	N/A
Berdazimer sodium (Zelsuvmi) Gel (Gram)	<ul style="list-style-type: none"> Commercial/ Medicaid: Non-Formulary, Prior Authorization 	Medications for Molluscum Contagiosum
Ceftobiprole medocartil (Zevtera) Vial	<ul style="list-style-type: none"> Commercial/ Medicaid: Medical Benefit, Prior Authorization 	Zevtera
Garadacimab-gxii (Andembry Autoinjector) Auto Injct	<ul style="list-style-type: none"> Commercial: Formulary, Tier 5, Prior Authorization, Quantity Limit (1 mL per 28 days) Medicaid: Non-Formulary, Prior Authorization, Quantity Limit (1 mL per 28 days) 	Prophylactic Hereditary Angioedema Therapy Policy
Linvoseltamab-gcpt (Lynozyfic) Vial	<ul style="list-style-type: none"> Commercial/ Medicaid: Medical Benefit, Prior Authorization 	T-Cell Therapy Policy
Sebetralstat (Ekterly) Tablet	<ul style="list-style-type: none"> Commercial: Formulary, Tier 6, Prior Authorization, Quantity Limit (4 tablets per 30 days) 	Acute Hereditary Angioedema Therapy

	<ul style="list-style-type: none">• Medicaid: Non-Formulary, Prior Authorization, Quantity Limit (4 tablets per 30 days)	
Taletrectinib adipate (Ibtrozi) Capsule	<ul style="list-style-type: none">• Commercial: Formulary, Tier 6, Prior Authorization, Quantity Limit (3 capsules per day)	Anti-Cancer Medications - Self-Administered