

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

Yamhill Community Care (Medicaid)

Formulary Changes

Drug Name	Formulary Status	Policy Name
Trandolapril 2 mg, 4 mg Tablets	Add to Medicaid formulary	N/A
Methylphenidate hcl (Concerta) Tab ER 24	Add generic to Medicaid formulary	Long-Acting Stimulant Medications - Medicaid
Dextromethorphan hbr/quinidine (Nuedexta) Capsule	Remove from Medicaid formulary	Nuedexta
Oxymorphone hcl (Opana) Tablet	Remove from Medicaid formulary	N/A
Lisdexamfetamine dimesylate (Vyvanse) Tab Chew	Add to Medicaid formulary	Long-Acting Stimulant Medications – Medicaid
Tramadol hcl 100 mg Tablet	Add Quantity Limit (4 tablets per day)	Pediatric Analgesics
Nucynta (tapentadol) tablets	Remove from Medicaid formulary	N/A
Imbruvica (ibrutinib) 140 and 280 mg tablet	Remove from Medicaid Formulary; 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	<input checked="" type="checkbox"/> Medicaid	<ul style="list-style-type: none"> 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).
Antiepileptic Medications Step Therapy	<input checked="" type="checkbox"/> Medicaid	Removed lacosamide (Vimpat®) from policy due to low-cost generic availability.
Calcitonin Gene-Related Peptide Receptor (CGRP) Antagonists - Medicaid	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Medicaid	Added hematologic monitoring to required medical information.
Evrysdi	<input checked="" type="checkbox"/> Medicaid	<ul style="list-style-type: none"> 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	<input checked="" type="checkbox"/> Medicaid	Clarified trial and failure requirements and added trial time frame of at least six months.
Fintepla	<input checked="" type="checkbox"/> Medicaid	Added age restriction of two years or older per FDA labelling.
Hetlioz, Hetlioz LQ	<input checked="" type="checkbox"/> Medicaid	Changed melatonin trial and failure requirement from am to pm.
IL-5 Inhibitors	<input checked="" type="checkbox"/> Medicaid	Updated eosinophilic asthma criteria to align with Dupixent® (dupilumab)
Lemtrada	<input checked="" type="checkbox"/> 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	☒ Medicaid	<ul style="list-style-type: none"> 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	☒ Medicaid	<ul style="list-style-type: none"> 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	☒ 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	☒ Medicaid	Removed criteria for a cerebrospinal fluid (CSF) assay for Type 2 narcolepsy
Non-Preferred Fumarate Products	☒ Medicaid	<ul style="list-style-type: none"> 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.
Nuedexta	☒ Medicaid	Retired from Medicaid prior authorization policy as diagnosis of pseudobulbar affect is not a funded condition by Oregon Health Authority.
Nuplazid	☒ Medicaid	Removed specific SLUMS and MMSE requirements

Drug/Policy Name(s)	Plans Affected	Summary of Change
Ophthalmic Vascular Endothelial Growth Factor (VEGF) Inhibitors	<input checked="" type="checkbox"/> Medicaid	Clarified requirements for trial of preferred agents from previous review.
Qudexy XR, Trokendi XR – Medicaid	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Medicaid	A new oral formulation of edaravone was recently approved by the FDA and is being added to this policy.
Tysabri	<input checked="" type="checkbox"/> Medicaid	Updated preferred infliximab products under trial and failure requirements in Crohn's disease.
VMAT2 Inhibitors	<input checked="" type="checkbox"/> Medicaid	Defined moderate to severe tardive dyskinesia
Zeposia - Medicaid	<input checked="" type="checkbox"/> 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	<ul style="list-style-type: none"> • Medicaid: Formulary, Prior Authorization, Quantity Limit (One capsule per day) 	Camzyos
Lutetium lu-177 vipivotide tetraxetan (Pluvicto)	<ul style="list-style-type: none"> • Medicaid: Medical benefit, Prior Authorization 	Injectable Anti-cancer Agents
Tenapanor hcl (Ibsrela)	<ul style="list-style-type: none"> • Medicaid: Non-Formulary, Prior Authorization, Quantity Limit (Two tablets per day) 	Constipation Agents
Difelikefalin acetate (Korsuva)	<ul style="list-style-type: none"> • Medicaid: Medical benefit, Prior Authorization 	Korsuva