

The following changes will be effective on **October 1, 2024**, unless otherwise specified and apply to the following plan:

Yamhill Community Care (Medicaid)

Formulary Changes

Drug Name	Formulary Status	Policy Name
Clomiphene citrate Tablet	<ul style="list-style-type: none"> Medicaid: Remove from Formulary Effective: 11/01/2024	<ul style="list-style-type: none"> Medicaid: N/A
Ubrogapant (Ubrovelvy) Tablet	Add to Medicaid formulary: Formulary, Prior Authorization, Quantity Limit (16 per 30 days)	Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists
Ganaxolone (Ztalmy) Oral Susp	Remove from Medicaid formulary: Non-Formulary, Prior Authorization, Quantity Limit (37 mL/day)	Medications for Rare Indications
Topiramate ER capsules (Trokendi XR)	Medicaid: Add Quantity Limit (one capsule per day)	New Medications and Formulations without Established Benefit

Medical Policy Changes

Coverage Criteria Changes

Drug/Policy Name(s)	Plans Affected	Summary of Change
Addyi	<input checked="" type="checkbox"/> Medicaid	Combined Addyi and Vyleesi into one policy, "Medications for Female Sexual Interest/Arousal Dysfunction." <ul style="list-style-type: none"> • Addyi: Added requirement for 6 months of diagnosis, quantity limit of one per day • Vyleesi: change quantity limit to 1.2 per 28 days, • Decreased initial authorization to two months
Antiepileptic Medications Step Therapy Policy	<input checked="" type="checkbox"/> Medicaid	Updated quantity limit for Briviact to align with maximum dosing per FDA labeling
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists - Medicaid	<input checked="" type="checkbox"/> Medicaid	Updated prophylactic therapy trial and failure prerequisite drugs to allow a trial of three drugs from any class as outlined to align with the Oregon Health Authority (OHA). For acute migraines, added criteria to evaluate for medication overuse headache and require use of preferred acute CGRP (Ubrovelvy) to align with OHA. Added criteria to exclude use of dual prophylactic CGRP therapy or dual acute migraine CGRP therapy due to lack of safety and efficacy data. Prescriber restrictions were updated to clarify intent of requiring a specialist consultation on initial review.

Drug/Policy Name(s)	Plans Affected	Summary of Change
Dupixent - Medicaid	<input checked="" type="checkbox"/> Medicaid	<p>Asthma:</p> <ul style="list-style-type: none"> • Updated diagnostic criteria to align with OHA • Decrease requirement for stable oral corticosteroid for steroid-dependence to four weeks, • Align tried and failed therapy to adherence for 12 months • Reauthorization for asthma requires combination with maintenance therapy <p>Atopic Dermatitis:</p> <ul style="list-style-type: none"> • Added allowance for EPSDT (under 21 only needs to show the condition significantly impacts life and does not need to meet severity criteria) • Reauthorization increased to long-term <p>Nasal polyps: aligned criteria with OHA for trial and failure of two courses of intranasal steroids for at least 12 to 26 weeks each</p> <p>Esophagitis: remove requirement for symptoms and weight;</p> <p>Prurigo Nodularis:</p> <ul style="list-style-type: none"> • Remove requirement for itching for six weeks • Add EPSDT allowance
Epidiolex	<input checked="" type="checkbox"/> Medicaid	Decreased trial criteria to one instead of two for Medicaid, for Lennox-Gastaut syndrome to align with OHA criteria.
Fintepla	<input checked="" type="checkbox"/> Medicaid	<p>Added criteria requiring therapy to be adjunct based on guideline recommendations and OHA policy. Added criteria required echocardiogram screening for initial and reauthorization per package insert black box warning and to align with OHA.</p> <p>For Medicaid only: reduced prerequisite therapy criteria to one drug to align with OHA.</p>
Firdapse	<input checked="" type="checkbox"/> Medicaid	Added criteria requiring baseline assessment of function to align with other insurers and OHA, updated reauthorization criteria to require improvement from baseline validated assessment scale.
Formulary and Quantity Limit Exceptions	<input checked="" type="checkbox"/> Medicaid	Criteria for brand name medications with formulary, generic alternatives were added to this policy.
Insomnia Agents - Medicaid	<input checked="" type="checkbox"/> Medicaid	Prior authorization removed from flurazepam as no utilization of this drug. It will be reviewed as a non-formulary medication.
Krystexxa	<input checked="" type="checkbox"/> Medicaid	Add requirement for combination with methotrexate, increase duration of authorization from six months to 12 months for both initial and reauthorization.

Drug/Policy Name(s)	Plans Affected	Summary of Change
Long-Acting Opioids	<input checked="" type="checkbox"/> Medicaid	Allowed for waiver of prerequisite therapy with long-acting morphine sulfate therapy for patients with metastatic cancer. Clarified requirement regarding prior short-acting opioid use. Added requirement for naloxone prescription.
Long-Acting Stimulant Medications Quantity Limit	<input checked="" type="checkbox"/> Medicaid	Add allowance for patients aging into a maximum dose.
Maximum Allowable Opioid Dose	<input checked="" type="checkbox"/> Medicaid	Updated coverage duration for chronic pain for initial authorization and reauthorization to both be one year.
Narcolepsy Agents	<input checked="" type="checkbox"/> Medicaid	Updated indication for Wakix for excessive daytime sleepiness (EDS) in pediatric patients six years and older. Added Wakix as a prerequisite for coverage of oxybate salts for children with EDS in narcolepsy. Added prerequisite therapy requirements for patients with cataplexy.
Pediatric Analgesics	<input checked="" type="checkbox"/> Medicaid	Removing all non-formulary medications as no utilization. Review will default to non-formulary review process.
Qudexy XR, Trokendi XR	<input checked="" type="checkbox"/> Medicaid	Move Trokendi to New Medications and Formulations Without Established Benefit policy; Add Quantity Limit of one per day to Qudexy and Trokendi.
Reyvow	<input checked="" type="checkbox"/> Medicaid	Combined Cambia and Reyvow into "Acute migraine Medications policy", added reauthorization criteria.
Spinraza	<input checked="" type="checkbox"/> Medicaid	Combined Spinraza, Evrysdi and Zolgensma into one policy, "Therapies for spinal muscular atrophy". Updated reauthorization for Spinraza/Evrysdi to "established on therapy".
Stremsiq	<input checked="" type="checkbox"/> Medicaid	Removed criteria for patients 18 years and older at time of request and age specific criteria on reauthorization to align with package label. Expanded prescriber restrictions to include any specialist in the area of perinatal or juvenile onset hypophosphatasia.
<ul style="list-style-type: none"> • Tepezza • Tepezza Prior Authorization and Step Therapy Policy - Medicare Part B 	<input checked="" type="checkbox"/> Medicaid	Removed requirement for clinical activity score for active disease.
Topical Agents for Skin Conditions - Medicaid	<input checked="" type="checkbox"/> Medicaid	Changed to align with OHA criteria.
Triptan Quantity Limit	<input checked="" type="checkbox"/> Medicaid	Changed some quantity limits. Added combination with other acute migraine medications as exclusion criteria, reauthorization requires documentation that increased quantity is still necessary.

Drug/Policy Name(s)	Plans Affected	Summary of Change
VMAT2 Inhibitors	<input checked="" type="checkbox"/> Medicaid	Update to quantity limits to reflect newly available dosage strengths, removed exclusion criteria that was a boxed warning only when used in Huntington's disease, updated re-authorization duration to reflect long-term use of these medications.

Retired Medical Policies

Policy Name	Summary of Change
<ul style="list-style-type: none"> • Nourianz • Rescue Medications for Epilepsy • Sabril 	Low risk of inappropriate utilization.
Ketorolac Intramuscular Injection	Utilization and safety concerns will be assessed with quantity limits.
<ul style="list-style-type: none"> • Antidepressants Step Therapy Policy • Non-Preferred Triptan Therapy 	Drugs will be removed from the formulary. Criteria from "Formulary and Quantity Limit Exception" policy will apply.
<ul style="list-style-type: none"> • Qalsody • Skysona • Spevigo • Ztalmy 	Moved to "Medications for Rare Indications" policy.
Relyvrio	Drug no longer available on the market to new patients.
Vyleesi	Combining with Addyi in the "Medications for Female Sexual Interest/Arousal Disorder" policy.
<ul style="list-style-type: none"> • Evrysdi • Zolgensma 	Combined Spinraza, Evrysdi and Zolgensma into one policy, "Therapies for spinal muscular atrophy".
Cambia	Combined with Reyvow on new "Acute Migraine Medications" policy.
Brand Over Generic	Combined with the "Formulary and Quantity Limit Exception" policy.

New Drugs:

Drug Name	Recommendations	Policy Name
Sotatercept-csrk (Winrevair) Kit	<ul style="list-style-type: none"> • Medicaid: Formulary, Prior Authorization, Quantity Limit (1 kit per 21 days) 	Pulmonary Hypertension
Danicopan (Voydeya) Tablet	<ul style="list-style-type: none"> • Medicaid: Non-Formulary, Prior Authorization, Quantity Limit (6 tablets per day) 	Complement Inhibitors
Immune globulin,gamma(igg)stwk (Alyglo) Vial	<ul style="list-style-type: none"> • Medicaid: Medical Benefit, Prior Authorization 	Immune Gamma Globulin (IGG)
Melphalan hcl (Hepzato) Vial	<ul style="list-style-type: none"> • Medicaid: Medical Benefit, Prior Authorization 	Anti-Cancer Medications - Medical Benefit
Nogapendekin alfa inbakic-pmIn (Anktiva) Vial	<ul style="list-style-type: none"> • Medicaid: Medical Benefit, Prior Authorization 	Anti-Cancer Medications - Medical Benefit
Resmetirom (Rezdiffra) Tablet	<ul style="list-style-type: none"> • Medicaid: Non-Formulary, Prior Authorization, Quantity Limit (1 tablet per day) 	Rezdiffra
Tovorafenib (Ojemda) Susp Recon and Tablet	<ul style="list-style-type: none"> • Medicaid: Formulary, Prior Authorization, Quantity Limit (Suspension: 96 mL per 28 days; Tablets: 24 per 28 days) 	Anti-Cancer Medications – Self-Administered