

The following changes will be effective on **October 1, 2021**, unless otherwise specified and apply to the following plan:

Yamhill Community Care (Medicaid)

Formulary Changes

Drug Name	Recommendation	Policy Name
Vimpat® (lacosamide)	Medicaid: retire step therapy	
Brand Silver Sulfadiazine (SSD) Cream	Medicaid: Add Brand to formulary	
Amantadine HCL (Osmolex ER) Tab BP 24H	Remove from Medicaid formulary	N/A
Meperidine HCL (Demerol)	Remove from Medicaid formulary	N/A
Sodium oxybate (Xyrem) Sodium,calcium,mag,pot oxybate (Xywav) Solution	Medicaid: Remove from Formulary	Narcolepsy Agents
Levodopa (Inbrija) CD-Cap w/Dev	Medicaid: Add Quantity Limit (10 inhalation capsules per day)	N/A

Medical Policy Changes

Coverage Criteria Changes

Drug/Policy Name(s)	Plans Affected	Summary of Change
Amifampridine	<input checked="" type="checkbox"/> Medicaid	Changed criteria to require symptomatic disease rather than disease affecting activities of daily living (ADL's).
Botulinum Toxin	<input checked="" type="checkbox"/> Medicaid	The covered indications were updated based on package labeling and review of literature. Achalasia and laryngeal dystonia are recommended to be eligible for coverage for Botox®
Diacomit	<input checked="" type="checkbox"/> Medicaid	Trial and failure of drugs for Dravet Syndrome were changed to two of the following: valproate, clobazam, or topiramate
Dupixent	<input checked="" type="checkbox"/> Medicaid	Clarified wording of reauthorization criteria for atopic dermatitis.
Epidiolex	<input checked="" type="checkbox"/> Medicaid	Updated trial and failure requirements to align with indication
Evrysdi	<input checked="" type="checkbox"/> Medicaid	Quantity limit was added to ensure appropriate dose is used.
Extavia	<input checked="" type="checkbox"/> Medicaid	Policy was updated to require generic dimethyl fumarate or glatiramer plus an additional trial of a preferred agent for multiple sclerosis.
Fintepla	<input checked="" type="checkbox"/> Medicaid	Trial and failure of drugs for Dravet Syndrome were changed to two of the following: valproate, clobazam, or topiramate
Hetlioz, Hetlioz LQ	<input checked="" type="checkbox"/> Medicaid	For Non-24-Hour Sleep-Wake Disorder (Non-24), updated criteria to require symptomatic disease rather than disease affecting ADL's.
Horizant	<input checked="" type="checkbox"/> Medicaid	Coverage duration was increased from one year to until no longer eligible with the plan.
Insomnia Agents – Medicaid	<input checked="" type="checkbox"/> Medicaid	Updated quantity limits for all sleep agents on policy to allow dosing per FDA label and to align with Oregon Health Authority recent changes.
Lemtrada	<input checked="" type="checkbox"/> Medicaid	Policy clarified to state trial and failure of generic dimethyl fumarate.

Drug/Policy Name(s)	Plans Affected	Summary of Change
Long-Acting Stimulant Medications - Medicaid	☒ Medicaid	Add quantity limit to Jornay PM®. Removed Zenedi® from policy, as this is a short-acting formulation.
Mavenclad	☒ Medicaid	Policy was updated to clarify covered uses and prerequisite therapy requirements.
Nuedexta	☒ Medicaid	Added diagnosis to criteria to be explicit in what uses are covered. Added exclusion criteria to align with contraindications to therapy on package labeling
Nuplazid	☒ Medicaid	Changed wording from "delirium" to "dementia-related psychosis", as this is the language used in the package labeling.
Ongentys Step Therapy	☒ Medicaid	Changed covered uses to "all medically accepted indication" instead of "FDA approved indications"
Qudexy XR, Trokendi XR	☒ Medicaid	Add requirement of generic topiramate ER prior to approval of brand Qudexy and Trokendi Add requirement of IR topiramate back to the Medicaid policy
Rescue Therapies for Seizures	☒ Medicaid	Remove the requirement to try clonazepam ODT first
Spinraza	☒ Medicaid	Added exclusion for concomitant use with risdiplam (Evrysdi)
Spravato	☒ Medicaid	Policy was updated to include PHQ-9 as an acceptable clinical rating scale for severe depression. Also, clarified that prerequisite therapy should be tried within the previous two years.
Tysabri	☒ Medicaid	Policy clarified to state trial and failure of generic dimethyl fumarate.
VMAT2 Inhibitors	☒ Medicaid	Policy criteria updated to clarify drugs covered for each condition. For Tardive Dyskinesia (TD), replaced AIMS score with documentation of moderate to severe TD that is causing functional impairment. In addition, removed requirement of other medications (clonazepam, amantadine, and ginko biloba) and require use of generic tetrabenazine prior to other costly agents (off-label use supported in drug compendia).
Xyrem, Xywav	☒ Medicaid	Renamed policy to "Narcolepsy Agents" and combined with Wakix® and Sunosi®. Sunosi® was added as prerequisite therapy for Wakix® and Xyrem/Xywav® for the indication of excessive daytime sleepiness in narcolepsy without cataplexy. Wakix® will be preferred over Xyrem/Xywav® for narcolepsy with cataplexy.

Drug/Policy Name(s)	Plans Affected	Summary of Change
Zolgensma	<input checked="" type="checkbox"/> Medicaid	Added exclusion for concomitant use of risdiplam (Evrysdi®) therapy to align with other spinal muscular atrophy (SMA) policies

Retired Medical Policies:

- Apomorphine
- Brisdelle
- Osmolex ER
- Wakix – combined with Xyrem/Xywav as “Narcolepsy Agents”
- Zulresso
- Sunosi – combined with Xyrem/Xywav as “Narcolepsy Agents”
- Retired step therapy on: lacosamide (Vimpat®), oxcarbazepine ER (Oxtellar XR), lamotrigine ER (Commercial)
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New Medical Policies:

- None

New Drugs:

Drug Name	Recommendation	Policy Name
Aducanumab (Aduhelm)	• Medicaid: Excluded from coverage until further review	N/A
Loncastuximab tesirine-LPY (Zynlonta)	• Medicaid: Medical benefit, Prior Authorization	Injectable Anti-Cancer Medications
Dostarlimab-GXLY (Jemperli)	• Medicaid: Medical benefit, Prior Authorization	Injectable Anti-Cancer Medications
Amivantamab-VMJW (Rybrevant)	• Medicaid: Medical benefit, Prior Authorization	Injectable Anti-Cancer Medications
Sotorasib (Lumakras)	• Medicaid: Formulary, Specialty, Prior Authorization	Oral Anti-Cancer Medications

Infigratinib phosphate (Truseltiq)	<ul style="list-style-type: none"> • Medicaid: Formulary, Specialty, Prior Authorization 	Oral Anti-Cancer Medications
Ponesimod (Ponvory)	<ul style="list-style-type: none"> • Medicaid: Non-Formulary 	N/A
Dasiglucagon HCL (Zegalogue)	<ul style="list-style-type: none"> • Medicaid: Non-Formulary 	N/A
Viloxazine HCL (Qelbree)	<ul style="list-style-type: none"> • Medicaid: Non-Formulary 	N/A
Drospirenone-estetrol (Nextstellis)	<ul style="list-style-type: none"> • Medicaid: Non-Formulary 	N/A
Ezetimibe/Rosuvastatin Calcium (Roszet)	<ul style="list-style-type: none"> • Medicaid: Non-Formulary, Prior Authorization 	New Medications and Formulations without Established Benefit