

# 30-Day Change Notice

Effective Date: July 1, 2026

Date of Notice: June 1, 2026

## New Preferred Drugs (no prior authorization required)

Therapeutic Class	Drug name
Cardiovascular Agents: Angina, Hypertension and Heart Failure	prazosin
Central Nervous System (CNS) Agents: Anticonvulsants* LEGACY CATEGORY	brivaracetam tab [NDC 72205, 73473]
Central Nervous System (CNS) Agents: Anti-Migraine Agents, Acute	eletriptan tab zolmitriptan tab
Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents	Jornay PM (methylphenidate ER cap)
Endocrine Agents: Diabetes – Insulin	Novolog (insulin aspart) U-100
Endocrine Agents: Diabetes – Non-Insulin	liraglutide
Respiratory Agents: Inhaled Agents	beclomethasone dipropionate [generic QVAR]

## New Preferred Drugs (clinical prior authorization required)

Therapeutic Class	Drug name
Infectious Disease Agents: Antivirals – Hepatitis C Agents	ribavirin tab
Metabolic Modifiers	Wegovy (semaglutide) tab

## New Non-Preferred Drugs (prior authorization required)

Therapeutic Class	Drug name
Analgesic Agents: NSAIDs	ibuprofen tab 300mg Vyscoxa (celecoxib susp) tolmetin
Blood Formation, Coagulation, and Thrombosis Agents: Colony Stimulating Factors	Nypozi (filgrastim-txid)

<b>Cardiovascular Agents: Angina, Hypertension, and Heart Failure</b>	<b>Arbli</b> (losartan susp) <b>Javadin</b> (clonidine soln)
<b>Central Nervous System (CNS) Agents: Anti-Migraine Agents, Acute</b>	<b>Ergomar</b> (ergotamine) <b>Zembrace SYMTOUCH</b> (sumatriptan auto-inj)
<b>Central Nervous System (CNS) Agents: Anticonvulsants*</b> <b>LEGACY CATEGORY</b>	<b>Subvenite</b> (lamotrigine) susp
<b>Central Nervous System (CNS) Agents: Fibromyalgia Agents</b>	<b>Tonmya</b> (cyclobenzaprine ODT)
<b>Central Nervous System (CNS) Agents: Multiple Sclerosis*</b> <b>LEGACY CATEGORY</b>	cladribine tab
<b>Dermatologic Agents: Topical Acne Products</b>	sulfacetamide sodium/sulfur lotion 9.8-4.8%
<b>Endocrine Agents: Osteoporosis – Bone Ossification Enhancers</b>	<b>Bosaya</b> (denosumab-kyqq) <b>Enoby</b> (denosumab-qbde)
<b>Immunomodulator Agents: Monoclonal Antibody Biologics/Small-Molecule Kinase Inhibitors</b>	<b>Exdensur</b> (depemokimab)
<b>Immunomodulator Agents: Systemic Inflammatory Disease</b>	<b>Avtozma</b> (tocilizumab-anoh) <b>Starjemza</b> (ustekinumab-hmny) ustekinumab-aaaz [generic Otulfi]
<b>Ophthalmic Agents: Antibiotic and Antibiotic-Steroid Combination Drops and Ointments</b>	besifloxacin loteprednol etabonate/tobramycin
<b>Respiratory Agents: Inhaled Agents</b>	<b>Ohtuvayre</b> (ensifentrine)
<b>Respiratory Agents: Pulmonary Fibrosis</b>	<b>Jascayd</b> (nerandomilast)

## Drugs Removed from the UPDL

<b>Therapeutic Class</b>	<b>Drug name</b>
<b>Analgesic Agents: Opioids</b>	fentanyl buccal tab
<b>Central Nervous System (CNS) Agents: Alzheimer's Agents*</b> <b>LEGACY CATEGORY</b>	<b>Adlarity</b> (donepezil patch)
<b>Central Nervous System (CNS) Agents: Parkinson's Agents</b>	tolcapone
<b>Central Nervous System (CNS) Agents: Sedative-Hypnotics, Non-Barbiturate</b>	<b>Zolpimist</b> (zolpidem oral spray)
<b>Endocrine Agents: Diabetes – Insulin</b>	insulin glargine
<b>Endocrine Agents: Diabetes – Non-Insulin</b>	<b>Bydureon BCise</b> (exenatide extended release) <b>Kombiglyze XR</b> (saxagliptin/metformin) <b>Qtern</b> (dapagliflozin/saxagliptin)



<b>Infectious Disease Agents: Antifungals</b>	<b>Brexafemme</b> (ibrexafungerp)
<b>Infectious Disease Agents: Antiretrovirals (ARVs) – HIV Treatment and Prevention* LEGACY CATEGORY</b>	<b>Fuzeon</b> (enfuvirtide) <b>Symfi Lo</b> (efavirenz/lamivudine/tenofovir disoproxil fumarate)
<b>Ophthalmic Agents: Antibiotic and Antibiotic-Steroid Combination Drops and Ointments</b>	sulfacetamide sodium oint 10%
<b>Respiratory Agents: Inhaled Agents</b>	<b>Armonair Digihaler</b> (fluticasone propionate) <b>Proair Digihaler</b> (albuterol) <b>QVAR</b> (beclomethasone dipropionate inhaled aerosol)
<b>Respiratory Agents: Nasal Preparations</b>	<b>Beconase AQ</b> (beclomethasone dipropionate)

## Brand Preferred over Generic Additions

<b>Therapeutic Class</b>	<b>Drug name</b>
<b>Cardiovascular Agents: Angina, Hypertension, and Heart Failure</b>	<b>Edarbi</b> (azilsartan)
<b>Central Nervous System (CNS) Agents: Fibromyalgia Agents</b>	<b>Savella</b> (milnacipran)
<b>Infectious Disease Agents: Antiretrovirals (ARVs) – HIV Treatment and Prevention* LEGACY CATEGORY</b>	<b>Edurant</b> (rilpivirine) tab
<b>Ophthalmic Agents: Glaucoma Agents</b>	<b>Lumigan</b> (bimatoprost)
<b>Otic Agents: Antibacterial and Antibacterial/Steroid Combinations</b>	<b>Cipro HC</b> (ciprofloxacin/hydrocortisone)
<b>Respiratory Agents: Inhaled Agents</b>	<b>Atrovent</b> (ipratropium) <b>Incruse</b> (umeclidinium)
<b>Respiratory Agents: Pulmonary Fibrosis</b>	<b>Ofev</b> (nintedanib)

## Brand Preferred over Generic Removals

<b>Therapeutic Class</b>	<b>Drug name</b>
<b>Central Nervous System (CNS) Agents: Anticonvulsants* LEGACY CATEGORY</b>	<b>Briviact</b> (brivaracetam)
<b>Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents</b>	<b>Vyvanse</b> (lisdexamfetamine) chewable tab
<b>Endocrine Agents: Diabetes – Insulin</b>	<b>Lantus</b> (insulin glargine) pen, vial
<b>Endocrine Agents: Diabetes – Non-Insulin</b>	<b>Victoza</b> (liraglutide)

## Summary of Criteria Changes Made to UPDL Categories

### Analgesic Agents: NSAIDs

#### Additional Vyscoxa (celecoxib susp) Criteria:

- Must have had an inadequate clinical response of at least 30 days with naproxen susp (this may count as 1 of the 2 preferred trials listed above)

### Cardiovascular Agents: Angina, Hypertension, and Heart Failure

#### Non-Preferred Kerendia (finerenone) Criteria:

- ~~Must be prescribed by or in consultation with a cardiologist or nephrologist (or applicable specialist)~~ [Removed as of 7/1/2026]
- For **Heart Failure with Preserved Ejection Fraction (HFpEF) with LVEF >40%**:
  - Must currently be on a SGLT2 inhibitor **OR**
  - Must provide documentation of an inadequate clinical response to a SGLT2 inhibitor **OR** provide documentation of medical necessity beyond convenience for why the patient cannot try a SGLT2 inhibitor
- For **Chronic Kidney Disease associated with Type 2 Diabetes**:
  - Must currently be on a SGLT2 inhibitor **OR**
  - Must provide documentation of an inadequate clinical response to a SGLT2 inhibitor **OR** provide documentation of medical necessity beyond convenience for why the patient cannot try a SGLT2 inhibitor **AND**
  - Must be on a maximally tolerated dose of an angiotensin-converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB) **OR** have an allergy, contraindication, or intolerance to ACEI and ARB

#### Additional Camzyos (mavacamten) Criteria:

- Must be prescribed by or in consultation with a cardiologist **AND**
- Must provide documentation (chart notes) of NYHA Class II-III symptoms and left ventricular ejection fraction  $\geq 55\%$  **AND**
- Must provide documentation of previous trial and therapy failure at maximally tolerated dose, or intolerance, or contraindication to at least 2 of the following:
  - Non-vasodilating beta blocker (e.g., atenolol, metoprolol, bisoprolol, propranolol);
  - Non-dihydropyridine calcium channel blocker (e.g., verapamil, diltiazem);
  - Combination therapy with disopyramide plus beta blocker or disopyramide plus a non-dihydro calcium channel blocker

#### Additional Inpefa (sotagliflozin) Criteria:

- Must have had an ~~provide documentation of an~~ inadequate clinical response to at least 2 SGLT2 inhibitors (refer to Endocrine Agents: Diabetes – Non-Insulin class for complete list)

**Additional Qbrelis (lisinopril soln) Criteria:**

- Must have had an inadequate clinical response of at least 30 days with enalapril soln

**Additional Verquvo (vericiguat) Criteria:**

- Must provide documentation (chart notes) of ejection fraction < 45%
- Must have been hospitalized for the treatment of heart failure in the previous 180 days or needs treatment with an outpatient intravenous diuretic in the previous 90 days
- Must be treated with an agent from **ALL** the following unless contraindicated:
  - Angiotensin-converting enzyme inhibitor, angiotensin II receptor blocker, **OR** an angiotensin receptor neprilysin inhibitor
  - Beta-blocker
  - Aldosterone antagonist and/or SGLT2 inhibitor as appropriate for renal function

**Central Nervous System (CNS) Agents: Anticonvulsants\* LEGACY CATEGORY**

**Diacomit (stiripentol) Criteria:**

- Exempt from Legacy rules
- Must be prescribed by or in consultation with a neurologist
- Must be concurrently taking **Onfi** (clobazam)
- Must provide documentation (chart notes) of addressed comorbidities and baseline hematologic testing (CBC)
  - Patients with phenylketonuria (PKU) must provide evidence of total daily amount of phenylalanine
  - Prescribers must include management plans for patients with neutrophil counts < 1,500 cells/mm<sup>3</sup> or platelet count < 150,000/ $\mu$ L
- Must provide documentation of patient's weight
- Maximum daily dose does not exceed: 50 mg/kg/day or 3,000mg/day

**Additional Fintepla (fenfluramine) Criteria:**

- Prescribed by or in consultation with a neurologist
- ~~When prescribed for~~ Lennox-Gastaut syndrome: must have had a ~~Required~~ trial of valproic acid (or a derivative) in combination with lamotrigine for at least 30 days
- ~~When prescribed for~~ Dravet syndrome: must have had a ~~Required~~ trial of valproic acid (or a derivative) in combination with 1 other preferred agent from this UPDL category for at least 30 days

~~AR – a PA is required for patients 12 years and older: Briviact (brivaracetam) soln, topiramate soln~~

~~AR – topiramate soln: a PA is required for patients 12 years and older~~

~~AR – a PA is required for patients 2 years and older: vigabatrin powder, Vigafyde (vigabatrin soln)~~

~~AR – VIGAFYDE SOLN: a PA is required for patients 2 years and older~~



## Central Nervous System (CNS) Agents: Fibromyalgia Agents

All products are covered without a PA

**Length of Authorization:** 365 days

### **Non-Preferred Criteria:**

- Must have had an inadequate clinical response of at least 30 days with at least 2 preferred drugs in this UPDL category and indicated for diagnosis

## Endocrine Agents: Diabetes – Non-Insulin

### **Non-Preferred Criteria:**

- Must have had an inadequate clinical response of at least 120 days with at least 3 preferred drugs in this UPDL category and indicated for diagnosis, if available
  - An inadequate clinical response is defined as the ability to reach A1C goal after at least 120 days of current regimen, with the use of 2 or more drugs concurrently per ADA guidelines, documented adherence, and appropriate dose escalation (must achieve maximum recommended dose or document that maximum recommended dose is not tolerated or is clinically inappropriate)

## Immunomodulator Agents: Monoclonal Antibody Biologics/Small-Molecule Kinase Inhibitors

### **Clinical PA Criteria:**

- For **Chronic Obstructive Pulmonary Disease (COPD)**:
  - The patient must have an eosinophilic count of greater than or equal to 150 cells/~~per~~ mCL within 12 months prior to initiation of therapy **AND**
  - The patient **must have had** ~~has a~~ history of uncontrolled disease, as indicated by greater than or equal to 1 COPD exacerbation resulting in a hospitalization despite being on standard of care, defined as triple therapy (LAMA+LABA+ICS) for at least 3 months prior to request, and at a stable dose for at least 1 month prior.

### **Additional Exensur (depemokimab) Criteria:**

- Must have had an inadequate clinical response of at least 90 days with at least 1 additional preferred drug in this UPDL category and indicated for diagnosis



## Respiratory Agents: Inhaled Agents

### Additional Ohtuvayre (ensifentrine) Criteria:

- Must have a diagnosis of moderate to severe refractory COPD, defined as a Forced Expiratory Volume (FEV<sub>1</sub>)/Forced Vital Capacity (FVC) ratio of less than 0.70 **AND** persistent symptoms of everyday dyspnea despite optimized standard therapy **AND**
- Must have had an inadequate clinical response of at least 90 days of concurrent treatment with at least 1 LABA **AND** 1 LAMA either as individual or combination therapy **OR** triple therapy (ICS/LAMA/LABA) in this UPDL category and indicated for diagnosis, if available

## Respiratory Agents: Pulmonary Fibrosis

### Additional Jascayd (nerandomilast) Criteria:

- **Monotherapy:**
  - Must have had an inadequate clinical response of at least 90 days with at least 2 preferred drugs in this UPDL category and indicated for diagnosis
- **Add-on Therapy:**
  - Must provide documentation (chart notes) demonstrating that the patient has been on a stable dose of **Ofev** (nintedanib) for at least 90 days **AND** will be concomitantly taking **Ofev** (nintedanib)
  - Must provide documentation (chart notes) that demonstrates physiological or radiologic evidence of disease progression, such as:
    - Worsening respiratory symptoms **OR**
    - Decline in Forced Vital Capacity (FVC) **OR**
    - Decline in Diffusing Capacity of the Lungs for Carbon Monoxide (DLCO)

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