

Pharmacy Department
Pending changes to the Approved Drug List
November 2021



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
Pharmacy	Aimovig (erenumab)	Migraine	Traditional	T4, PA, QL	T4, PA, QL	ADD prior authorization criteria for continuation	\$639/month		1/1/2022			No
			EG-Optimized	T4, PA, QL	T4, PA, QL	ADD prior authorization criteria for continuation						
			PPACA-Optimized	T4, PA, QL	T4, PA, QL	ADD prior authorization criteria for continuation						
			Medicaid									
	All strengths	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Ajovy (fremanezumab)	Migraine	Traditional	T4, PA, QL	T4, PA, QL	ADD prior authorization criteria for continuation	\$633/month		1/1/2022			No
			EG-Optimized	T4, PA, QL	T4, PA, QL	ADD prior authorization criteria for continuation						
			PPACA-Optimized	T4, PA, QL	T4, PA, QL	ADD prior authorization criteria for continuation						
			Medicaid									
	All Strengths	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Aminocaproic acid (geq for Amicar)	Prevent bleeding	Traditional	T4	T4	ensure that specialty drugs are appropriately coded that way with Express Scripts and/or are displayed on our ADL	\$1,600/claim		1/1/2021			No
			EG-Optimized	T4	T4	ensure that specialty drugs are appropriately coded that way with Express Scripts and/or are displayed on our ADL						
			PPACA-Optimized	T4	T4	ensure that specialty drugs are appropriately coded that way with Express Scripts and/or are displayed on our ADL						
			Medicaid									
			5gm/20mg (250mg/ml)	Medicare	Part D: Part B:	Part D: Part B:						
Pharmacy	Asacol HD (Mesalamine)	Ulcerative Colitis	Traditional	T5, ST, QL	T5, ST, QL	UPDATE step therapy to Must try mesalamine 0.375 mg ER capsule, mesalamine 1.2g DR tablet, or mesalamine 400 mg ER capsule.	\$11.28/tablet AWP		1/1/2022			No
			EG-Optimized	T5, ST, QL	T5, ST, QL	UPDATE step therapy to Must try mesalamine 0.375 mg ER capsule, mesalamine 1.2g DR tablet, or mesalamine 400 mg ER capsule.						
			PPACA-Optimized	T5, ST, QL	T5, ST, QL	UPDATE step therapy to Must try mesalamine 0.375 mg ER capsule, mesalamine 1.2g DR tablet, or mesalamine 400 mg ER capsule.						
			Medicaid									
	800 mg DR tablet	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Asenapine (geq for Saphris)	schizophrenia/ Bipolar disorder	Traditional	T3, ST, QL	T3,ST, QL	UPDATE step therapy to Must first try one of the following: olanzapine, quetiapine, quetiapine ER, risperidone, ziprasidone, or aripiprazole	\$351/claim		9/23/2021			No
			EG-Optimized	T3, ST, QL	T3, ST, QL	UPDATE step therapy to Must first try one of the following: olanzapine, quetiapine, quetiapine ER, risperidone, ziprasidone, or aripiprazole						
			PPACA-Optimized	T3, ST, QL	T3, ST, QL	UPDATE step therapy to Must first try one of the following: olanzapine, quetiapine, quetiapine ER, risperidone, ziprasidone, or aripiprazole						
			Medicaid									
	tablet	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							

PA-Prior Authorization
 SP- Specialty Pharmacy
 QL- Quantity Limit
 AL-Age Limits
 ST- Step Therapy
 MPD- member pay difference

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Pharmacy	Avonex (interferon beta 1a)	multiple sclerosis	Traditional				\$8,646.65/kit AWP		10/1/2021			No
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	30mcg/0.5ml pre-filled syringe		Medicare	Part D: Part B:	Part D: T5 Part B:	Part D: NEW formulation, ADDED to formulary Part B:						
Pharmacy	Bystolic (Nebivolol)	High Blood Pressure	Traditional				\$190/month AWP		11/1/2021			No - generic available
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	Oral tablet		Medicare	Part D: T4 Part B:	Part D: NF Part B:	Part D: REMOVE from formulary, generic available Part B:						
Medical	Bivigam (IVIG)	Multiple Uses	Traditional	T7, PA, SOS	NF	REMOVE from formulary	\$70.49/unit		12/1/2021		0	No - No Utilization
			EG-Optimized	T7, PA, SOS	NF	REMOVE from formulary						
			PPACA-Optimized	T7, PA, SOS	NF	REMOVE from formulary						
			Medicaid	Covered, PA, SOS	NF	REMOVE from formulary						
	J1556		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Medical	Bortezomib (non-Velcade)	Cancer	Traditional			REMOVE prior authorization requirement when billed with ICD-10 codes:C90.00-C90.32 (multiple myeloma)	\$640/vial ASP		12/1/2021			No
			EG-Optimized			REMOVE prior authorization requirement when billed with ICD-10 codes:C90.00-C90.32 (multiple myeloma)						
			PPACA-Optimized			REMOVE prior authorization requirement when billed with ICD-10 codes:C90.00-C90.32 (multiple myeloma)						
			Medicaid			REMOVE prior authorization requirement when billed with ICD-10 codes:C90.00-C90.32 (multiple myeloma)						
	All Strengths/formulations		Medicare	Part D: Part B: Medicare Chemo, PA	Part D: Part B: Medicare Chemo, no PA	Part D: Part B: REMOVE prior authorization requirement						
Pharmacy	Briviact (brivaracetam)	Seizures	Traditional	T3, QL, AL	T3, QL	REMOVE age limit restriction	\$24.29/tablet AWP		1/1/2022			No
			EG-Optimized	T3, QL, AL	T3, QL	REMOVE age limit restriction						
			PPACA-Optimized	T3, QL, AL	T3, QL	REMOVE age limit restriction						
			Medicaid									
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						

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Pharmacy	buprenorphine (geq for Belbuca)	Pain/Opioid addiction	Traditional				\$5.72-\$13.95/unit		10/1/2021			No
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	Buccal film	Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW generic, NOT added to formulary Part B:							
Medical	Carimmune (IVIG)	Multiple uses	Traditional	T7, PA, SOS	NF	REMOVE from formulary	\$69.56/unit		COMM - 7/1/2022 CAID 12/1/2021		COMM -1? CAID - 0	COMM - Yes
			EG-Optimized	T7, PA, SOS	NF	REMOVE from formulary						
			PPACA-Optimized	T7, PA, SOS	NF	REMOVE from formulary						
			Medicaid	Covered, PA, SOS	NF	REMOVE from formulary						
	J1566	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Chlorzoxazone (geq for Parafon Forte DSC)	Muscle relaxer	Traditional	T1	T2	INCREASE Tier	\$200/rx	Baclofen, cyclobenzaprine	7/1/2022			Yes
			EG-Optimized	T1	T2	INCREASE Tier						
			PPACA-Optimized	T1	T2	INCREASE Tier						
			Medicaid									
	500 mg tablets	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Delzicol (geq for Mesalamine)	Ulcerative Colitis	Traditional	T5, ST	T3, QL	DECREASE tier, REMOVE step therapy, ADD quantity limits of 180/30 days	\$4.66/capsule AWP		1/1/2022			No
			EG-Optimized	T5, ST	T3, QL	DECREASE tier, REMOVE step therapy, ADD quantity limits of 180/30 days						
			PPACA-Optimized	T5, ST	T3, QL	DECREASE tier, REMOVE step therapy, ADD quantity limits of 180/30 days						
			Medicaid									
	400mg ER capsule	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Desonide (geq for DesOwen)	Topical inflammatory conditions/ (Steroid cream)	Traditional	T1, ST	T1	REMOVE STEP THERAPY	\$75/Rx	Positive	Trad - 11-1-2021 EG-Opt-1-1-2022 (benchmark)		274	No
			EG-Optimized	NF	T1b	ADDED to formulary (Sept 2021 P & T)						
			PPACA-Optimized	NF	T1b	ADDED to formulary						
			Medicaid									
	CREAM ONLY	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							

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Pharmacy	Desonide (geq for DesOwen)	Topical inflammatory conditions/ (Steroid cream)	Traditional	T1, ST	T1	REMOVE STEP THERAPY	\$55/Rx	Positive	Trad - 11-1-2021 EG-Opt-1-1-2022 (benchmark)		274	No
			EG-Optimized	NF	T1b	ADDED to formulary (Sept 2021 P & T)						
			PPACA-Optimized	NF	T1b	ADDED to formulary						
			Medicaid									
	OINTMENT ONLY	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	dextroamphetamine sulfate (geq for Zenzedi)	Use	Traditional				\$7.49 AWP		10/1/2021			No
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	15mg, 20 mg, and 30 mg tablet ONLY	Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW generic, NOT added to formulary Part B:							
Pharmacy	difluprednate (geq for Durezol)	Use	Traditional				\$220/5 ml bottle AWP		11/1/2021			No
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	Eye drops		Medicare	Part D: Part B:	Part D: T3, ST Part B:	Part D: NEW generic, ADDED to formulary with step therapy:Must first try one generic steroid eye drop. Part B:						
Pharmacy	Dupixent (dupilumab)	Atopic Dermatitis/ Asthma	Traditional			LOWER age limit minimum to 6 years	\$961-\$1,922/ unit AWP		1/1/2022			No
			EG-Optimized			LOWER age limit minimum to 6 years						
			PPACA-Optimized			LOWER age limit minimum to 6 years						
			Medicaid									
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Durezol (difluprednate)	Eye inflammation/ pain	Traditional				\$250/5 ml bottle AWP		11/1/2021			No - generic available
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
			Eye drops	Medicare	Part D: T3, ST Part B:	Part D: NF Part B:						
Pharmacy	Emgality (ggalcanezumab-gnlm)	migraine	Traditional			ADD prior authorization criteria for continuation	\$627/month		1/1/2022			No
			EG-Optimized			ADD prior authorization criteria for continuation						
			PPACA-Optimized			ADD prior authorization criteria for continuation						
			Medicaid									

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	500 unit and 2,500 unit		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Enalapril (geq for Epaned)	Hypertension/ heart failure	Traditional				\$612/150ml bottle		10/1/2021			No
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	1 mg/ml Oral Solution ONLY		Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW generic, NOT added to formulary Part B:						
Pharmacy	Erleada (apalutamide)	Prostate cancer	Traditional	T4, PA, QL	T4, PA, QL	ADD must first try abiraterone to prior authorization requirements	\$11,886/rx		1/1/2022			No
			EG-Optimized	T4, PA, QL	T4, PA, QL	ADD must first try abiraterone to prior authorization requirements						
			PPACA-Optimized	T4, PA, QL	T4, PA, QL	ADD must first try abiraterone to prior authorization requirements						
			Medicaid									
		Tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:					
Pharmacy	Exkivity (mobocertinib)	Lung Cancer	Traditional		T4, PA, QL	NEW DRUG, ADDED to formulary as Tier 4 with prior authorization (oncology policy) and quantity limits of 56 capsules/14 days	\$300,000/year WAC		1/1/2022			No
			EG-Optimized		T4, PA, QL	NEW DRUG, ADDED to formulary as Tier 4 with prior authorization (oncology policy) and quantity limits of 56 capsules/14 days						
			PPACA-Optimized		T4, PA, QL	NEW DRUG, ADDED to formulary as Tier 4 with prior authorization (oncology policy) and quantity limits of 56 capsules/14 days						
			Medicaid			NEW Drug, pending MDHHS review						
		All Strengths/formulations		Medicare	Part D: Part B:	Part D: T5, PA, QL Part B:	Part D: NEW DRUG, ADDED to formulary as Tier 5 with prior authorization (oncology policy) and quantity limits of 120 capsules/30 days Part B: N/A - Pharmacy drug					
Pharmacy	Feiba NF (Anti-Inhibitor Coagulant Complex)	Hemophilia	Traditional	T2	T4	INCREASE tier, add to specialty to match other products (all strengths on specialty tier)	\$1,435-\$7,200/ vial AWP		7/1/2022			Yes
			EG-Optimized	T2	T4	INCREASE tier, add to specialty to match other products (all strengths on specialty tier)						
			PPACA-Optimized	T2	T4	INCREASE tier, add to specialty to match other products (all strengths on specialty tier)						
			Medicaid									
		500 unit and 2,500 unit		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:					
Pharmacy	Fragmin (dalteparin)	Anticoagulant	Traditional	T3	T5	INCREASE tier, add to specialty to match other products	\$4,500/month		7/1/2022			Yes
			EG-Optimized	T3	T5	INCREASE tier, add to specialty to match other products						
			PPACA-Optimized	T3	T5	INCREASE tier, add to specialty to match other products						
			Medicaid									
		12,000, 15,000, & 18,000 Unit		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:					

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Medical	Gammagard S/D (IVIG)	Multiple uses	Traditional	T7, PA, SOS	NF	REMOVE from formulary	\$69.56/unit		COMM -7/1/2022 CAID 12/1/2021		COMM -1? CAID - 0	COMM - Yes
			EG-Optimized	T7, PA, SOS	NF	REMOVE from formulary						
			PPACA-Optimized	T7, PA, SOS	NF	REMOVE from formulary						
			Medicaid	Covered, PA, SOS	NF	REMOVE from formulary						
	J1566		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	hydroxychloroquine	Malaria	Traditional				\$2.23-8.95/unit		11/1/2021			No
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	100mg, 300mg, 400mg oral tablet ONLY		Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW strength, NOT added to formulary Part B:						
Pharmacy	ibuprofen/famotidine (geq for Duexis)	Pain	Traditional				\$11/tablet AWP		10/1/2021			No
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	800-26.6mg		Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW generic, NOT added to formulary Part B:						
Pharmacy	Idhifa (Enasidenib)	Leukemia	Traditional			UPDATE prior authorization requirements to oncology policy	\$1,130/tablet AWP		1/1/2022			No
			EG-Optimized			UPDATE prior authorization requirements to oncology policy						
			PPACA-Optimized			UPDATE prior authorization requirements to oncology policy						
			Medicaid									
	capsules		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Medical	Iluvien (fluocinolone acetonide intraocular implant)	Diabetic Macular Edema	Traditional				\$3,000/Year ASP		2/1/2022	Yes		No
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	0.19 mg		Medicare	Part D: Part B: T7, ST	Part D: Part B: T7, PA	Part D: Part B: REMOVE step therapy, ADD Prior Authorization - Must be used for a MAI**; limited to 1 injection per eye every 36 months; Continuation requires documentation of stability or improvement in condition						

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Pharmacy	Inrebic (Fedratinib)	Myelofibrosis	Traditional			UPDATE prior authorization requirements to oncology policy and include step therapy requirements of must try hydroxyurea AND Jakafi	\$21,910/rx		1/1/2022	Yes		No
			EG-Optimized			UPDATE prior authorization requirements to oncology policy and include step therapy requirements of must try hydroxyurea AND Jakafi						
			PPACA-Optimized			UPDATE prior authorization requirements to oncology policy and include step therapy requirements of must try hydroxyurea AND Jakafi						
			Medicaid									
	capsules		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Medical OR Pharmacy	Invega Hafyera (paliperidone palmitate)	Schizophrenia	Traditional		T7	NEW strength, Added to formulary at Tier 7 under the medical benefit	\$4,000-\$4,233/ 6 months		12/1/2021			No
			EG-Optimized		T7	NEW strength, Added to formulary at Tier 7 under the medical benefit						
			PPACA-Optimized		T7	NEW strength, Added to formulary at Tier 7 under the medical benefit						
			Medicaid		Carve-out	Carve-out						
	6 month formulation-1,092 mg/3.5ml and 1,560mg/5ml		Medicare	Part D: Part B:	Part D: T5, QL Part B:	Part D: NEW strength, ADDED to formulary with quantity limits Part B: No PA Required						
Pharmacy	Jakafi (ruxolitinib)	myelofibrosis	Traditional			UPDATE prior authorization requirements to oncology policy	\$12,695/rx		1/1/2022			No
			EG-Optimized			UPDATE prior authorization requirements to oncology policy						
			PPACA-Optimized			UPDATE prior authorization requirements to oncology policy						
			Medicaid									
	capsules		Medicare	Part D: Part B:	Part D: Part B:	Part D: UPDATED prior authorization criteria for new indication of chronic graft vs host disease Part B:						
Pharmacy	Kaletra (lopinavir-ritonavir)	HIV	Traditional	T4	T5	INCREASE tier	\$615/ 160 ml bottle AWP	geq available - no letter needed	1/1/2022			No - Generic available
			EG-Optimized	T4	T5	INCREASE tier						
			PPACA-Optimized	T4	T5	INCREASE tier						
			Medicaid									
	80mg-20mg/ml oral solution (400mg-100mg/5ml)		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Koate (Antihemophilic Factor VIII Lyophilisate for solution for injection)	Hemophilia	Traditional	T4	T4	ensure that specialty drugs are appropriately coded that way with Express Scripts and/or are displayed on our ADL - Hemophilia Pharmacy	\$415-\$1,660/ vial AWP		1/1/2022			No
			EG-Optimized	T4	T4	ensure that specialty drugs are appropriately coded that way with Express Scripts and/or are displayed on our ADL - Hemophilia Pharmacy						
			PPACA-Optimized	T4	T4	ensure that specialty drugs are appropriately coded that way with Express Scripts and/or are displayed on our ADL - Hemophilia Pharmacy						
			Medicaid									
	250, 500, 1,000 unit		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						

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Medical	Kymriah (tisagenlecleucel)	Cancer	Traditional			ADD to prior authorization requirements: Must have an Eastern Cooperative Oncology Group (ECOG) score between 0 and 2.			1/1/2022			No
			EG-Optimized			ADD to prior authorization requirements: Must have an Eastern Cooperative Oncology Group (ECOG) score between 0 and 2.						
			PPACA-Optimized			ADD to prior authorization requirements: Must have an Eastern Cooperative Oncology Group (ECOG) score between 0 and 2.						
			Medicaid									
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Lialda (Mesalamine)	Ulcerative Colitis	Traditional	T5, QL	T3, QL	DECREASE tier	\$11.23/ tablet AWP		1/1/2022			No
			EG-Optimized	T5, QL	T3, QL	DECREASE tier						
			PPACA-Optimized	T5, QL	T3, QL	DECREASE tier						
			Medicaid									
	1.2 gram DR tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Lopinavir/ritonavir (geq for Kaletra)	HIV	Traditional	NF?	T4	NEW generic - ADD to formulary as Tier 4	\$521/ 160 ml bottle AWP		1/1/2022			No
			EG-Optimized	NF?	T4	NEW generic - ADD to formulary as Tier 4						
			PPACA-Optimized	NF?	T4	NEW generic - ADD to formulary as Tier 4						
			Medicaid									
	80mg-20mg/ml oral solution (400mg-100mg/5ml)		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Loreev XR (lorazepam, extended release)	Anxiety	Traditional		NF	NEW DRUG, NOT added to formulary	\$342/month		1/1/2022			No
			EG-Optimized		NF	NEW DRUG, NOT added to formulary						
			PPACA-Optimized		NF	NEW DRUG, NOT added to formulary						
			Medicaid		Carve Out	NEW DRUG, Carve-out						
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: Part B:	Part D: NEW DRUG, NOT added to formulary Part B:						
Pharmacy	Lumakras (sotorasib)	Use	Traditional				\$89.50/tablet AWP		11/1/2021			No
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	All Strengths/formulations		Medicare	Part D:T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: INCREASED quantity limit to #240/30 days Part B:						

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Medical	Lumizyme (alglucosidase alfa)	Pompe disease	Traditional				\$751,170/year AWP		2/1/2022	Yes		No
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
		Medicare	Part D: Part B: T7	Part D: Part B: T7, PA	Part D: Part B: ADD Prior Authorization							
Pharmacy	Lybalvi (Olanzapine & Samidorphan)	Schizophrenia/ Bipolar I disorder	Traditional		NF	NEW DRUG, NOT added to formulary	\$20,016/year AWP		1/1/2022			No
			EG-Optimized		NF	NEW DRUG, NOT added to formulary						
			PPACA-Optimized		NF	NEW DRUG, NOT added to formulary						
			Medicaid		Carve-out	NEW DRUG, Carve-Out						
	All Strengths/formulations	Medicare	Part D: Part B:	Part D: T5, PA Part B:	Part D: NEW DRUG, ADDED to formaulary with prior authorization criteria and quantity limit of #30/30 days Part B:							
Pharmacy	Marinol (dronabinol)	Chemo Nausea/vomiting	Traditional	T3, QL	T4, QL	INCREASE Tier	\$53.08/capsule AWP		1/1/2022			No - generic available
			EG-Optimized	T3, QL	T4, QL	INCREASE Tier						
			PPACA-Optimized	T3, QL	T4, QL	INCREASE Tier						
			Medicaid									
	10 mg capsule ONLY	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Mesalamine (geq for Apriso)	Ulcerative Colitis	Traditional	T3, QL	T3, QL		\$435/month		9/23/2021			No
			EG-Optimized	T3, QL	T3, QL							
			PPACA-Optimized	T3, QL	T3, QL							
			Medicaid									
	0.375 gram ER capsule	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Mesalamine (geq for Delzicol)	Ulcerative Colitis	Traditional	T5, ST	T3, QL	DECREASE tier, REMOVE step therapy, ADD quantity limits of 180/30 days	\$322/month		1/1/2022			No
			EG-Optimized	T5, ST	T3, QL	DECREASE tier, REMOVE step therapy, ADD quantity limits of 180/30 days						
			PPACA-Optimized	T5, ST	T3, QL	DECREASE tier, REMOVE step therapy, ADD quantity limits of 180/30 days						
			Medicaid									
	400mg ER capsule	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
Pharmacy	Mesalamine (geq Asacol HD)	Ulcerative Colitis	Traditional	T5, QL	T5, ST, QL	ADD step therapy: Must try mesalamine 0.375 mg ER capsule, mesalamine 1.2g DR tablet, or mesalamine 400 mg ER capsule.	\$780/month		7/1/2022			Yes
			EG-Optimized	T5, QL	T5, ST, QL	ADD step therapy: Must try mesalamine 0.375 mg ER capsule, mesalamine 1.2g DR tablet, or mesalamine 400 mg ER capsule.						
			PPACA-Optimized	T5, QL	T5, ST, QL	ADD step therapy: Must try mesalamine 0.375 mg ER capsule, mesalamine 1.2g DR tablet, or mesalamine 400 mg ER capsule.						
			Medicaid									
	800 mg DR tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Mesalamine (geq Lialda)	Ulcerative Colitis	Traditional	T4, QL	T3, QL	DECREASE tier	\$556/month		1/1/2022			No
			EG-Optimized	T4, QL	T3, QL	DECREASE tier						
			PPACA-Optimized	T4, QL	T3, QL	DECREASE tier						
			Medicaid									
	1.2 gram DR tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	methocarbamol (geq for Robaxin)	Muscle relaxer	Traditional	T1	T1,	Remove step therapy: Must first try tizanidine, baclofen or cyclobenzaprine	\$18/rx		1/1/2022			No
			EG-Optimized	T1	T1,	Remove step therapy: Must first try tizanidine, baclofen or cyclobenzaprine						
			PPACA-Optimized	T1	T1,	Remove step therapy: Must first try tizanidine, baclofen or cyclobenzaprine						
			Medicaid									
	tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Myrbetriq (mirabegron)	Overactive bladder	Traditional				\$664/month		10/1/2021			No
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	8mg/ml ER granules for suspension		Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW dosage form, NOT added to Formulary Part B:						
Pharmacy	Nebivolol (geq for Bystolic)	High Blood Pressure	Traditional				\$100-\$172/month AWP		11/1/2021			No
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	Oral tablet		Medicare	Part D: Part B:	Part D: T4 Part B:	Part D: NEW generic. ADDED to formulary Part B:						

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
Medical	Nexviazyme (avalglucosidase alfa-ngpt)	late-onset Pompe disease	Traditional		T8, PA	NEW DRUG, ADDED to coverage under the medical benefit with prior authorization criteria	\$751,170/year AWP		12/1/2021			No
			EG-Optimized		T8, PA	NEW DRUG, ADDED to coverage under the medical benefit with prior authorization criteria						
			PPACA-Optimized		T8, PA	NEW DRUG, ADDED to coverage under the medical benefit with prior authorization criteria						
			Medicaid		RX: Carve-out Medical: Covered, PA, SOS	RX: NEW DRUG, Carve-Out Medical: NEW DRUG, ADDED to coverage under the medical benefit with Prior Authorization requirements and Site of Service will apply						
	All strengths/formulations	Medicare	Part D: Part B:	Part D: NF Part B: NPS, PA	Part D: NEW DRUG, NOT added to formulary Part B: NEW DRUG, ADDED with Prior Authorization requirements							
Pharmacy	Nubeqa (darolutamide)	Prostate Cancer	Traditional	T4, PA, QL	T4, PA, QL	ADD must first try abiraterone to prior authorization requirements	\$11,865/rx		1/1/2022	Yes		No
			EG-Optimized	T4, PA, QL	T4, PA, QL	ADD must first try abiraterone to prior authorization requirements						
			PPACA-Optimized	T4, PA, QL	T4, PA, QL	ADD must first try abiraterone to prior authorization requirements						
			Medicaid									
	capsules	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							
Medical	Nucale (mepolizumab)	Hypereosinophilic conditions	Traditional				\$3,800/unit AWP		2/1/2022	Yes		No
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	VIAL	Medicare	Part D: Part B:T8, ST	Part D: Part B: T8, PA	Part D: Part B: REMOVE step therapy, ADD prior authorization							
Pharmacy	Nurtec (rimegepant)	Migraine	Traditional		T5, PA, QL	ADD to formulary, with Prior Authorization criteria and quantity limits of #8/30 days	\$1,785/month		1/1/2022			No
			EG-Optimized		T5, PA, QL	ADD to formulary, with Prior Authorization criteria and quantity limits of #8/30 days						
			PPACA-Optimized		T5, PA, QL	ADD to formulary, with Prior Authorization criteria and quantity limits of #8/30 days						
			Medicaid									
	500 mg tablets	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Opioids	Pain	Traditional			REMOVED Acute pain conditions from prior authorization criteria			1/1/2022			No
			EG-Optimized			REMOVED Acute pain conditions from prior authorization criteria						
			PPACA-Optimized			REMOVED Acute pain conditions from prior authorization criteria						
			Medicaid									
	Quantity Limit Exception	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
Pharmacy	Oxycodone/ Acetaminophen (geq for Prolate)	pain	Traditional				\$60/tablet AWP		10/1/2021			No
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	5mg/300mg and 10mg/300mg tablets ONLY		Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW dosage form, NOT added to formulary Part B:						
Pharmacy	Ozobax (Baclofen)	Multiple Sclerosis	Traditional		NF	NEW DRUG, NOT added to formulary	\$2/ml		1/1/2022			
			EG-Optimized		NF	NEW DRUG, NOT added to formulary						
			PPACA-Optimized		NF	NEW DRUG, NOT added to formulary						
			Medicaid			NEW DRUG, Pending MDHHS review						
	5mg/5ml oral solution		Medicare	Part D: Part B:	Part D: EXCLUDED Part B:	Part D: Excluded, if Part D eligibility changes, product will be Non-formulary Part B:						
Medical	Ozurdex (dexamethasone intravitreal implant)	Eye Inflammation	Traditional				\$2,800/year		2/1/2022	Yes		No
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	0.7 mg		Medicare	Part D: Part B: T7, PA req depends on DX	Part D: Part B: T7, PA	Part D: Part B: ADD Prior Authorization for all indications - Must be used for a MAI**; Limited to 1 injection per eye every 6 months (4 doses/year); Continuation requires documentation of stability or improvement in condition						
Pharmacy	Paliperidone ER (geq for Invega)	schizophrenia	Traditional	T3, ST, QL	T3, ST, QL	UPDATE step therapy to Must first try one of the following: olanzapine, quetiapine, quetiapine ER, risperidone, ziprasidone, or aripiprazole	\$550/claim		9/23/2021			Yes
			EG-Optimized	T3, ST, QL	T3, ST, QL	UPDATE step therapy to Must first try one of the following: olanzapine, quetiapine, quetiapine ER, risperidone, ziprasidone, or aripiprazole						
			PPACA-Optimized	T3, ST, QL	T3, ST, QL	UPDATE step therapy to Must first try one of the following: olanzapine, quetiapine, quetiapine ER, risperidone, ziprasidone, or aripiprazole						
			Medicaid									
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Medical	Panzyga (IVIG)	Multiple uses	Traditional	T7, PA, SOS	NF	REMOVE from formulary	\$83.75/unit		COMM 7/1/2022 CAID 12/1/2021		COMM 3 CAID 0	Yes
			EG-Optimized	T7, PA, SOS	NF	REMOVE from formulary						
			PPACA-Optimized	T7, PA, SOS	NF	REMOVE from formulary						
			Medicaid	Covered, PA, SOS	NF	REMOVE from formulary						
	J1599		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
Pharmacy	Pentasa ER (mesalamine)	Ulcerative Colitis	Traditional	T5, QL	T5, ST, QL	ADD step therapy: Must try mesalamine 0.375 mg ER capsule, mesalamine 1.2g DR tablet, or mesalamine 400 mg ER capsule.	\$1073/month		7/1/2022			Yes
			EG-Optimized	T5, QL	T5, ST, QL	ADD step therapy: Must try mesalamine 0.375 mg ER capsule, mesalamine 1.2g DR tablet, or mesalamine 400 mg ER capsule.						
			PPACA-Optimized	T5, QL	T5, ST, QL	ADD step therapy: Must try mesalamine 0.375 mg ER capsule, mesalamine 1.2g DR tablet, or mesalamine 400 mg ER capsule.						
			Medicaid									
	capsules		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Medical	Perjeta (Pertuzumab)	Breast Cancer	Traditional			REMOVE prior authorization for DX of C50	\$6,636/ 14 ml vial AWP		12/1/2021			No
			EG-Optimized			REMOVE prior authorization for DX of C50						
			PPACA-Optimized			REMOVE prior authorization for DX of C50						
			Medicaid			REMOVE prior authorization for DX of C50						
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	potassium chloride ER (geq for Klor-Con)	Hypokalemia	Traditional				\$0.15/tablet		10/1/2021			No
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	15 mEq tablet		Medicare	Part D: Part B:	Part D: T2 Part B:	Part D: NEW generic, ADDED to formulary Part B:						
Pharmacy	potassium chloride	Hypokalemia	Traditional	T1	T3	INCREASE tier	\$229-\$635/rx		7/1/2022			Yes
			EG-Optimized	T1	T3	INCREASE tier						
			PPACA-Optimized	T1	T3	INCREASE tier						
			Medicaid									
	10% Oral Solution		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Profilnine (Coagulation Factor IX Concentrates Lyophilisate)	Hemophilia	Traditional	NF?	T5	ADD to formulary at Tier 5 - Hemophilia pharmacy only	\$830-\$2500/ vial AWP		1/1/2022			No
			EG-Optimized	NF?	T5	ADD to formulary at Tier 5 - Hemophilia pharmacy only						
			PPACA-Optimized	NF?	T5	ADD to formulary at Tier 5 - Hemophilia pharmacy only						
			Medicaid									
	500, 1,000, & 1,500 unit		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
Pharmacy	Quilipita (atogepant)	Preventive treatment of episodic migraine in adults	Traditional	N/A	T5, PA, QL	NEW DRUG -ADDED to formulary with prior authorization requirements and quantity limit of #30/30 days	\$11,892/yeat WAC	Aimovig, Emgality, Ajovy	1/1/2022			No
			EG-Optimized	N/A	T5, PA, QL	NEW DRUG -ADDED to formulary with prior authorization requirements and quantity limit of #30/30 days						
			PPACA-Optimized	N/A	T5, PA, QL	NEW DRUG -ADDED to formulary with prior authorization requirements and quantity limit of #30/30 days						
			Medicaid			NEW DRUG, Pending MDHHS review						
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW DRUG, not added to formulary Part B: N/A - pharmacy only drug						
Pharmacy	Ramelteon (geq for Rozerem)	Insomnia	Traditional	T3, ST, QL, AL	T1, QL, AL	DECREASE tier, REMOVE step therapy (Combination therapy restrictions remain)	\$105/30 days		1/1/2022			No
			EG-Optimized	T3, ST, QL, AL	T1, QL, AL	DECREASE tier, REMOVE step therapy (Combination therapy restrictions remain)						
			PPACA-Optimized	T3, ST, QL, AL	T1, QL, AL	DECREASE tier, REMOVE step therapy (Combination therapy restrictions remain)						
			Medicaid									
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Medical	Retisert (fluocinolone acetonide intravitreal implant)	Eye inflammation	Traditional				\$8,000/year		2/1/2022			No
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	0.59 mg		Medicare	Part D: Part B: T7, PA	Part D: Part B: T8, PA	Part D: Part B: UPDATE prior authorization criteria - Must be used for a MAI**; Must try and fail Ozurdex and Yutiq; Limited to 1 implant per eye every 30 months; Continuation requires documentation of stability or improvement in condition						
Pharmacy	Reyvow (lasmiditan)	Migraine	Traditional	NF	T5, PA, QL	ADDED to formulary with prior authorization criteria and quantity limits of #4/30 days	\$672/rx		1/1/2022			No
			EG-Optimized			Update Prior Authorization criteria - (added to fomulary at Sept P & T)						
			PPACA-Optimized			Update Prior Authorization criteria - (added to fomulary at Sept P & T)						
			Medicaid									
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						

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Pharmacy	Rezurock (Belumosudil)	Chronic Graft vs Host disease	Traditional		T5, PA, QL	NEW DRUG, ADDED to formulary with prior authorization criteria and quantity limits of #30/30 days	\$223,200/ year AWP		1/1/2022			No
			EG-Optimized		T5, PA, QL	NEW DRUG, ADDED to formulary with prior authorization criteria and quantity limits of #30/30 days						
			PPACA-Optimized		T5, PA, QL	NEW DRUG, ADDED to formulary with prior authorization criteria and quantity limits of #30/30 days						
			Medicaid			NEW DRUG, pending MDHHS review						
	All Strengths/formulations	Medicare	Part D: Part B:	Part D: T5, PA, QL Part B:	Part D: NEW DRUG, ADDED to formulary with prior authorization criteria and quantity limits of #30/30 days Part B: N/A - Pharmacy only							
Pharmacy	Rozerem (Ramelteon)	Insomnia	Traditional	T3, ST, QL, AL	T1, QL, AL	DECREASE tier, REMOVE step therapy (Combination therapy restrictions remain)	\$15.56/tablet AWP		1/1/2022			No
			EG-Optimized	T3, ST, QL, AL	T1, QL, AL	DECREASE tier, REMOVE step therapy (Combination therapy restrictions remain)						
			PPACA-Optimized	T3, ST, QL, AL	T1, QL, AL	DECREASE tier, REMOVE step therapy (Combination therapy restrictions remain)						
			Medicaid									
	All Strengths/formulations	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Rydapt (Midostaurin)	Leukemia/ myelodysplastic syndrome	Traditional			UPDATE prior authorization reuirements to oncology policy	\$6,259/rx		1/1/2022			No
			EG-Optimized			UPDATE prior authorization reuirements to oncology policy						
			PPACA-Optimized			UPDATE prior authorization reuirements to oncology policy						
			Medicaid									
	capsules	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							
Medical	Saphnelo (atogepant)	anifrolumab	Traditional	N/A	NF	NEW DRUG, NOT added to formulary	\$55,212/year WAC		12/1/2021			No
			EG-Optimized	N/A	NF	NEW DRUG, NOT added to formulary						
			PPACA-Optimized	N/A	NF	NEW DRUG, NOT added to formulary						
			Medicaid		Not covered	NEW DRUG, NOT added to the medical benefit						
	All Strengths/formulations	Medicare	Part D: Part B:	Part D: NF Part B: NPS, PA	Part D: NEW DRUG, not added to formulary Part B: NEW DRUG, ADDED to coverage with Prior Authorization Requirements							
Pharmacy	Sevelamer carbonate (geq for Renvela)	Decrease blood phosphorus/ Kidney Dialysis	Traditional	T4, QL	T2, QL	DECREASE tier	\$237/30 days		1/1/2022			No
			EG-Optimized	T4, QL	T2, QL	DECREASE tier						
			PPACA-Optimized	T4, QL	T2, QL	DECREASE tier						
			Medicaid									
	800 mg tablet	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							

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Pharmacy	Sodium phenylbutyrate (geq for Buphenyl)	urea cycle disorders ornithine transcarbamoylase (OTC) deficiency, carbamoyl phosphate synthetase (CPS) deficiency, or argininosuccinic acid synthetase (AAS) deficiency	Traditional	T4	T4	ensure that specialty drugs are appropriately coded that way with Express Scripts and/or are displayed on our ADL	\$26.78/tablet AWP		1/1/2022			No
			EG-Optimized	T4	T4	ensure that specialty drugs are appropriately coded that way with Express Scripts and/or are displayed on our ADL						
			PPACA-Optimized	T4	T4	ensure that specialty drugs are appropriately coded that way with Express Scripts and/or are displayed on our ADL						
			Medicaid									
	500mg tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Sunitinib (geq for Sutent)	Cancer	Traditional				\$218-\$760/ capsule AWP		10/1/2021			No
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	capsules		Medicare	Part D: Part B:	Part D: T5, PA Part B:	Part D: NEW generic, ADDED to formulary with prior authorization Part B:						
Pharmacy	Sutent (Sunitinib)	Use	Traditional				\$177,316/year WAC		10/1/2021			No - Generic available
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	capsules		Medicare	Part D: T5, PA Part B:	Part D: NF Part B:	Part D: REMOVE from formulary, generic now available Part B:						
Medical	Tecartus (Brexucabtagene autoleucel)	Leukemia/ lymphoma	Traditional			ADD to prior authorization requirements: Must have an Eastern Cooperative Oncology Group (ECOG) score between 0 and 2.			1/1/2022			No
			EG-Optimized			ADD to prior authorization requirements: Must have an Eastern Cooperative Oncology Group (ECOG) score between 0 and 2.						
			PPACA-Optimized			ADD to prior authorization requirements: Must have an Eastern Cooperative Oncology Group (ECOG) score between 0 and 2.						
			Medicaid									
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	theophylline anhydrous (geq for Theochron)	Asthma	Traditional				\$6.04/tablet AWP		10/1/2021			No
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	ER (SR) 450 mg (12 hr) tablet		Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW generic, NOT added to formulary Part B:						

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
Medical	Tivdak (tisotumab vedotin-tftv)	Cervical Cancer	Traditional		T7, PA	NEW DRUG, ADDED to coverage under the medical benefit with prior authorization criteria	\$400,180/year WAC		12/1/2021			No
			EG-Optimized		T7, PA	NEW DRUG, ADDED to coverage under the medical benefit with prior authorization criteria						
			PPACA-Optimized		T7, PA	NEW DRUG, ADDED to coverage under the medical benefit with prior authorization criteria						
			Medicaid		Covered(Pref Spec), PA	NEW DRUG, ADDED to coverage under the medical benefit with prior authorization criteria						
	All Strengths/formulations	Medicare	Part D: Part B:	Part D: NF Part B: Medicare Chemo, PA	Part D: Non-Formulary until added to FRF*, then T5 BvD Part B: NEW DRUG, ADDED with prior authorization requirements (ONC)							
Pharmacy	Topiramate ER (geq for Qudexy)	Seizures	Traditional	T4, ST, QL	T3, ST, QL	DECREASE tier	\$493/claim		1/1/2022			No
			EG-Optimized	T4, ST, QL	T3, ST, QL	DECREASE tier						
			PPACA-Optimized	T4, ST, QL	T3, ST, QL	DECREASE tier						
			Medicaid									
	24 hr sprinkle capsules	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Ubrelvy (ubrogepant)	Migraine	Traditional			ADD prior authorization criteria for continuation	\$890/month		1/1/2022			No
			EG-Optimized			ADD prior authorization criteria for continuation						
			PPACA-Optimized			ADD prior authorization criteria for continuation						
			Medicaid									
	500 unit and 2,500 unit	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Upravi (selexipag)	pulmonary arterial hypertension	Traditional				\$770/day		10/1/2022			No
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	vial for IV injection ONLY	Medicare	Part D: Part B:	Part D: T5, PA, QL Part B:	Part D: NEW dosage form, ADDED to formulary with prior authorization and quantity limits Part B:							

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Medical	Velcade (Bortezomib)	Cancer	Traditional			REMOVE prior authorization requirement when billed with ICD-10 codes:C90.00-C90.32 (multiple myeloma)	\$1500/vial		12/1/2021			No
			EG-Optimized			REMOVE prior authorization requirement when billed with ICD-10 codes:C90.00-C90.32 (multiple myeloma)						
			PPACA-Optimized			REMOVE prior authorization requirement when billed with ICD-10 codes:C90.00-C90.32 (multiple myeloma)						
			Medicaid			REMOVE prior authorization requirement when billed with ICD-10 codes:C90.00-C90.32 (multiple myeloma)						
	BRAND		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Medical	Vyepti (belzutifan)	Migraine prevention	Traditional	NF	T8, PA, QL	ADDED to medical benefit with prior authorization criteria and quantity limit of 100mg/90 days	\$1,532/rx		1/1/2022			No
			EG-Optimized	NF	T8, PA, QL	ADDED to medical benefit with prior authorization criteria and quantity limit of 100mg/90 days						
			PPACA-Optimized	NF	T8, PA, QL	ADDED to medical benefit with prior authorization criteria and quantity limit of 100mg/90 days						
			Medicaid	NF	Covered, PA, SOS	ADDED to medical benefit with prior authorization criteria and Site of Service will apply						
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Welireg (belzutifan)	von Hippel-Lindau (VHL) disease	Traditional		T4, PA, QL	NEW DRUG, ADDED to formulary with prior authorization requirements and quantity limit of #42/14 day supply	\$316,800/year WAC		1/1/2022			No
			EG-Optimized		T4, PA, QL	NEW DRUG, ADDED to formulary with prior authorization requirements and quantity limit of #42/14 day supply						
			PPACA-Optimized		T4, PA, QL	NEW DRUG, ADDED to formulary with prior authorization requirements and quantity limit of #42/14 day supply						
			Medicaid		Carve-Out	NEW DRUG, Carve-Out						
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: T5, PA, QL Part B:	Part D: NEW DRUG, ADDED to formulary with prior authorization requirements and quantity limit of #90/30 days Part B: N/A Pharmacy only drug						
Pharmacy	Wilate (Antihemophilic Factor VIII/ von Willebrand Factor Complex Lyophilisate)	Hemophilia	Traditional	NF?	T4	ADD to formulary at Tier 4 - Hemophilia pharmacy only	\$910-\$1,820/ kit AWP		1/1/2022			No
			EG-Optimized	NF?	T4	ADD to formulary at Tier 4 - Hemophilia pharmacy only						
			PPACA-Optimized	NF?	T4	ADD to formulary at Tier 4 - Hemophilia pharmacy only						
			Medicaid									
	All strengths		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						

PA- Prior Authorization
 SP- Specialty Pharmacy
 QL- Quantity Limit
 AL- Age Limits
 ST- Step Therapy
 MPD- member pay difference

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
Pharmacy	Xofluza (atogepant)		Traditional				\$185.40/ tablet		11/1/2021			No
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	40mg and 80 mg		Medicare	Part D: Part B:	Part D: T4, QL Part B:	Part D: NEW formulation -ADDED to formulary, quantity limit of #4/365 days for 40 mg, #2/365 days for 80 mg Part B:						
Medical	Xolair (omalizumab)	Asthma/	Traditional				\$1,400/unit AWP		2/1/2022			No
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	VIAL & PFS		Medicare	Part D: Part B: T7, ST depends on DX	Part D: Part B: T7, PA criteria depends on DX	Part D: Part B: UPDATE PA Criteria						
Medical	Xtandi (Enzalutamide)	Prostate Cancer	Traditional			ADD to oncology policy criteria with must first try abiraterone to prior authorization requirements	\$5,011/rx		1/1/2022			No
			EG-Optimized			ADD to oncology policy criteria with must first try abiraterone to prior authorization requirements						
			PPACA-Optimized			ADD to oncology policy criteria with must first try abiraterone to prior authorization requirements						
			Medicaid									
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Xyntha (Antihemophilic Factor VIII, Plasma/Albumin-Free Lyophilisate)	Hemophilia	Traditional	T4	T4	ensure that specialty drugs are appropriately coded that way with Express Scripts and/or are displayed on our ADL - Hemophilia Pharmacy	\$478-\$3,820/ kit AWP		1/1/2022			No
			EG-Optimized	T4	T4	ensure that specialty drugs are appropriately coded that way with Express Scripts and/or are displayed on our ADL - Hemophilia Pharmacy						
			PPACA-Optimized	T4	T4	ensure that specialty drugs are appropriately coded that way with Express Scripts and/or are displayed on our ADL - Hemophilia Pharmacy						
			Medicaid									
	250, 500, 1,000, & 2,000, unit kit		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
Pharmacy	Xyntha Solofuse (Antihemophilic Factor VIII, Plasma/Albumin-Free Lyophilisate)	Hemophilia	Traditional	NF	T4	ADD to formulary - ensure that specialty drugs are appropriately coded that way with Express Scripts and/or are displayed on our ADL - Hemophilia Pharmacy	\$478-\$5,730/ kit AWP		1/1/2022			No
			EG-Optimized	NF	T4	ADD to formulary - ensure that specialty drugs are appropriately coded that way with Express Scripts and/or are displayed on our ADL - Hemophilia Pharmacy						
			PPACA-Optimized	NF	T4	ADD to formulary - ensure that specialty drugs are appropriately coded that way with Express Scripts and/or are displayed on our ADL - Hemophilia Pharmacy						
			Medicaid									
	250, 500, 1,000, 2,000, & 3,000 unit kit	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							
Medical	Yescarta (Axicabtagene ciloleucel)	Lymphoma	Traditional			ADD to prior authorization requirements: Must have an Eastern Cooperative Oncology Group (ECOG) score between 0 and 2.			1/1/2022			No
			EG-Optimized			ADD to prior authorization requirements: Must have an Eastern Cooperative Oncology Group (ECOG) score between 0 and 2.						
			PPACA-Optimized			ADD to prior authorization requirements: Must have an Eastern Cooperative Oncology Group (ECOG) score between 0 and 2.						
			Medicaid									
	All Strengths/formulations	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							
Medical	Yutiq (fluocinolone acetonide intravitreal implant)	Eye Inflammation	Traditional				\$3,080/year		2/1/2022	Yes		No
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	0.18 mg	Medicare	Part D: Part B: T7, ST	Part D: Part B: T7, PA	Part D: Part B: REMOVE step therapy, ADD Prior Authorization - Must be used for a MAI*; Yutiq limited to 1 injection per eye every 36 months; Continuation requires documentation of stability or improvement in condition							
Pharmacy	Zyvox (linezolid)	Antibiotic	Traditional	T4	T5	INCREASE tier - generic available at a lower tier	\$810/ 150 ml bottle AWP		1/1/2022			No - generic available
			EG-Optimized	T4	T5	INCREASE tier - generic available at a lower tier						
			PPACA-Optimized	T4	T5	INCREASE tier - generic available at a lower tier						
			Medicaid									
	100mg/5ml Suspension ONLY	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							