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

Pharmacy Department Pending Changes to the Approved Drug List January 2022

Priority Health™

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	**Accrufer** (ferric carboxymaltose)	Iron Replacement	Traditional	T5, PA, QL	T5, PA, QL	REMOVE Prior Authorization criteria of disease state requirement of IBD or CKD		3/1/2022
			EG-Optimized	T5, PA, QL	T5, PA, QL	REMOVE Prior Authorization criteria of disease state requirement of IBD or CKD		
			PPACA-Optimized	T5, PA, QL	T5, PA, QL	REMOVE Prior Authorization criteria of disease state requirement of IBD or CKD		
			Medicaid					
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	**Adakveo** (crizanlizumab-tmca)	Sickle Cell Amenia	Traditional	T8, PA	T8, PA, SOS	ADD Site Of Service		4/1/2022
			EG-Optimized	T8, PA	T8, PA, SOS	ADD Site Of Service		
			PPACA-Optimized	T8, PA	T8, PA, QL, SOS	ADD Site Of Service		
			Medicaid					
	J0791		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**adapalene/ benzoyl peroxide** (geq for Epiduo Forte)	Acne	Traditional					2/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	0.3-2.5% gel with pump		Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW DRUG (generic) - not added to formulary Part B:		
Pharmacy	**Afinitor** (everolimus)	Cancer	Traditional					2/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	10mg tablet		Medicare	Part D: T5, PA Part B:	Part D: NF Part B:	Part D: REMOVE from formulary - generic available Part B:		
Pharmacy	**Afinitor Disperz** (everolimus)	Cancer	Traditional					2/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	oral tablets for suspension		Medicare	Part D: T5, PA Part B:	Part D: NF Part B:	Part D: REMOVE from formulary - generic available Part B:		
Pharmacy	**Ambrisentan** (geq for Letairis)	Pulmonary Arterial hypertension	Traditional	T4, PA	T4, PA	REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		3/1/2022
			EG-Optimized	T4, PA	T4, PA	REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
			PPACA-Optimized	T4, PA	T4, PA	REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
			Medicaid					
	tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Amphetamine/ dextroamphetamine XR** (geq for Adderall XR)	ADHD	Traditional	T1, QL	T1, QL	CHANGE Quantity limit to 2 per day (match 20mg, 25mg, and 30mg)		3/1/2022
			EG-Optimized	T1b, QL	T1b, QL	CHANGE Quantity limit to 2 per day (match 20mg, 25mg, and 30mg)		
			PPACA-Optimized	T1b, QL	T1b, QL	CHANGE Quantity limit to 2 per day (match 20mg, 25mg, and 30mg)		
			Medicaid					
	5mg, 10mg, 15mg capsules		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Azasan** (azathioprine)	Transplant anti-rejection, rheumatoid arthritis	Traditional					2/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	75mg and 100mg tablets		Medicare	Part D T4, BvD Part B:	Part D: NF Part B:	Part D: REMOVE from formulary - generic available Part B:		
Pharmacy	**azathioprine** (geq for Azasan)	Transplant anti-rejection, rheumatoid arthritis	Traditional					12/1/2021
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	75mg and 100mg tablets		Medicare	Part D: Part B:	Part D: T4, BvD Part B: BvsD	Part D: NEW DRUG (generic), ADDED to formulary at Tier 4, with Part B vs Part D coverage requirements Part B: Part B vs Part D coverage requirements		
Pharmacy	**Biktarvy** (Bictegravir/emtricitabine/ tenofovir alafenamide)	HIV	Traditional					2/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	30mg-120mg-15mg tablet		Medicare	Part D: Part B:	Part D: T5, QL Part B:	Part D: NEW DRUG (formulation) - ADDED to formiulary at Tier 5, and Quantity Limit of 30 tablets/30 days Part B:		
Pharmacy	**Bosentan** (geq for Tracleer)	Pulmonary Arterial hypertension	Traditional	T4, PA	T4, PA	REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		3/1/2022
			EG-Optimized	T4, PA	T4, PA	REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
			PPACA-Optimized	T4, PA	T4, PA	REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
			Medicaid					
	tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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Pending Changes to the
Approved Drug List
January 2022

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	**Carglumic acid** (geq for Carbaglu)	High ammonia levels in the blood	Traditional					2/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	200 mg tablet		Medicare	Part D: Part B:	Part D: T5, QL Part B:	Part D: NEW DRUG (generic) - ADDED to formiulary at Tier 5, with Prior Authorization requirements (Limited Access drug) Part B:		
Medical or Pharmacy	**Cimzia** (Certolizumab pegol)	Inflammatory conditions	Traditional	Rx:T5, PA, QL Medical: NPS	Rx:T5, PA, QL Medical: NPS	ADD options to Prior Authorization Criteria - For Psoriatic Arthritis – add Rinvoq as trial medication; For Plaque Psoriasis - Add Enbrel as trial medication		2/1/2022
			EG-Optimized	Rx:T5, PA, QL Medical: NPS	Rx:T5, PA, QL Medical: NPS	ADD options to Prior Authorization Criteria - For Psoriatic Arthritis – add Rinvoq as trial medication; For Plaque Psoriasis - Add Enbrel as trial medication		
			PPACA-Optimized	Rx:T5, PA, QL Medical: NPS	Rx:T5, PA, QL Medical: NPS	ADD options to Prior Authorization Criteria - For Psoriatic Arthritis – add Rinvoq as trial medication; For Plaque Psoriasis - Add Enbrel as trial medication		
			Medicaid					
	All strengths		Medicare	Part D:				
Medical	**Cinqair** (reslizumab)	Eosinophilic Asthma	Traditional	NPS (T8), PA	NPS (T8), PA,	ADD Site Of Service, REMOVE Prior Authorization criteria of trial/failure with Fasenra		4/1/2022 new Starts Up to 7-1-2022 for current auths
			EG-Optimized	NPS (T8), PA	NPS (T8), PA,	ADD Site Of Service, REMOVE Prior Authorization criteria of trial/failure with Fasenra		
			PPACA-Optimized	NPS (T8), PA	NPS (T8), PA,	ADD Site Of Service, REMOVE Prior Authorization criteria of trial/failure with Fasenra		
			Medicaid					
	J2786		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	**Crysvita** (burosumab)	X-linked hypophosphatemia (XLH)	Traditional	Pref Spec (T7),	Pref Spec (T7),	ADD Site Of Service		4/1/2022 new Starts Up to 7-1-2022 for current auths
			EG-Optimized	Pref Spec (T7),	Pref Spec (T7),	ADD Site Of Service		
			PPACA-Optimized	Pref Spec (T7),	Pref Spec (T7),	ADD Site Of Service		
			Medicaid					
	J0584		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Cytomel** (Liothyronine)	Hypothyroidism	Traditional	T3	T2	DECREASE Tier from Tier 3 to Tier 2		3/1/2022
			EG-Optimized	T3	T2	DECREASE Tier from Tier 3 to Tier 2		
			PPACA-Optimized	T3	T2	DECREASE Tier from Tier 3 to Tier 2		
			Medicaid					
	All strengths		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	**Dalvance** (dalbavacin)	Antibiotic	Traditional	NPS (T8), PA	NPS (T8), PA,	ADD Site Of Service		4/1/2022 for New Starts
			EG-Optimized	NPS (T8), PA	NPS (T8), PA,	ADD Site Of Service		
			PPACA-Optimized	NPS (T8), PA	NPS (T8), PA,	ADD Site Of Service		
			Medicaid					
	J0875		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Dengvaxia** (Dengue fever vaccine)	Dengue Fever Prevention	Traditional					2/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	Vaccine		Medicare	Part D: Part B:	Part D: T3 Part B:	Part D: NEW VACCINE - ADDED to coverage at Tier 3 Part B:		
Pharmacy	**Desrx** (Desonide)	inflammatory skin conditions	Traditional					2/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	gel		Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW DRUG (generic) - Not added to formulary Part B:		
Pharmacy	**diclofenac potassium**	pain/inflammation	Traditional					12/1/2021
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	25 mg tablet		Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW DRUG (strength) - not added to formulary Part B:		
Pharmacy	**doxycycline hyclate** (geq for Targadox)	Antibiotic	Traditional					12/1/2021
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	50mg tablet		Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW DRUG (strength) - not added to formulary Part B:		

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Pharmacy	**Dupixent** (Dupilumab)	Inflammatory conditions	Traditional	T4, PA, QL	T4, PA, QL	REMOVE Prior Authorization criteria of trial/failure with Fasenra, ADD Continuation criteria of adherence to therapy for diagnosis with Chronic rhinosinusitis with nasal Polyps (CRSwNP)		2/1/2022
			EG-Optimized	T4, PA, QL	T4, PA, QL	REMOVE Prior Authorization criteria of trial/failure with Fasenra, ADD Continuation criteria of adherence to therapy for diagnosis with Chronic rhinosinusitis with nasal Polyps (CRSwNP)		
			PPACA-Optimized	T4, PA, QL	T4, PA, QL	REMOVE Prior Authorization criteria of trial/failure with Fasenra, ADD Continuation criteria of adherence to therapy for diagnosis with Chronic rhinosinusitis with nasal Polyps (CRSwNP)		
			Medicaid					
	All covered strengths (Commercial) 100mg/0.67 ml (Medicare ONLY)		Medicare	Part D: Part B:	Part D: T5, PA Part B:	Part D: NEW DRUG (strength) - ADDED to formiulary at Tier 5, with Prior Authorization Part B:		
Medical	**Empaveli** (pegcetacoplan)	paroxysmal nocturnal hemoglobinuria (PNH)	Traditional					2/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Not Covered	Covered for Home infusion, PA	ADD Site Of Service - Home Infusion (medication added to MDHHS FFS carve-out under the pharmacy benefit)		
	J3490		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	**Entyvio** (vedolizumab)	Crohns Disease, Ulcerative Colitis	Traditional	NPS (T8), PA, SOS	NPS (T8), PA, SOS	REMOVE Prior Authorization criteria of 1. Must be compliant in taking the medication as prescribed; 2. Must tolerate the medication; 3. Must not experience any severe adverse reactions while taking the medication; and 4. Must have documentation of response to treatment. ADD Prior Authorization criteria: Must have a positive clinical response to Entyvio (e.g., decrease in bowel movements per day, no blood in stool, decrease in oral corticosteroid use; OR decrease in inflammatory markers such as fecal calprotectin, C-reactive protein).		2/1/2022
			EG-Optimized	NPS (T8), PA, SOS	NPS (T8), PA, SOS	REMOVE Prior Authorization criteria of 1. Must be compliant in taking the medication as prescribed; 2. Must tolerate the medication; 3. Must not experience any severe adverse reactions while taking the medication; and 4. Must have documentation of response to treatment. ADD Prior Authorization criteria: Must have a positive clinical response to Entyvio (e.g., decrease in bowel movements per day, no blood in stool, decrease in oral corticosteroid use; OR decrease in inflammatory markers such as fecal calprotectin, C-reactive protein).		
			PPACA-Optimized	NPS (T8), PA, SOS	NPS (T8), PA, SOS	REMOVE Prior Authorization criteria of 1. Must be compliant in taking the medication as prescribed; 2. Must tolerate the medication; 3. Must not experience any severe adverse reactions while taking the medication; and 4. Must have documentation of response to treatment. ADD Prior Authorization criteria: Must have a positive clinical response to Entyvio (e.g., decrease in bowel movements per day, no blood in stool, decrease in oral corticosteroid use; OR decrease in inflammatory markers such as fecal calprotectin, C-reactive protein).		
			Medicaid					
	J3380		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Epinephrine** (geq for Epi-pen & Adrenaclix)	Anaphylaxsis	Traditional	T2, QL	T2, QL	ADD Quantity Limits of 4 per 30 days and 6 per 365 days		3/1/2022
			EG-Optimized	T2, QL	T2, QL	ADD Quantity Limits of 4 per 30 days and 6 per 365 days		
			PPACA-Optimized	T2, QL	T2, QL	ADD Quantity Limits of 4 per 30 days and 6 per 365 days		
			Medicaid					
	0.15mg/0.15ml 0.15mg/0.3ml 0.3mg/0.3ml autoinjectors		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Eprontia** (topiramate)	Seizures	Traditional					2/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	25mg/ml solution		Medicare	Part D: Part B:	Part D: T4, ST, QL Part B:	Part D: NEW DRUG (formulation) - ADDED to formulary with Step Therapy Requirements: Must try and fail topiramate sprinkles, and Quantity Limits of 16 ml/day Part B:		
Medical	**Evenity** (romosozumab)	osteoporosis	Traditional	Pref Spec (T7),	Pref Spec (T7),	ADD Site Of Service		4/1/2022 for new starts
			EG-Optimized	Pref Spec (T7),	Pref Spec (T7),	ADD Site Of Service		
			PPACA-Optimized	Pref Spec (T7),	Pref Spec (T7),	ADD Site Of Service		
			Medicaid					
	J3111		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
B vs D	**everolimus** (geq for Zortress)	Cancer, Transplant anti-rejection medication	Traditional					2/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	1mg tablet		Medicare	Part D: Part B:	Part D: T5, BvD Part B: BvD	Part D: ADDED to formulary at Tier 5, with Part B vs Part D requirements Part B: Part B vs Part D requirements		
Pharmacy	**everolimus** (geq for Afinitor)	Cancer	Traditional					12/1/2021
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	10mg tablet		Medicare	Part D: Part B:	Part D: T5, PA Part B:	Part D: NEW DRUG (generic) - ADDED to formulary at Tier 5, with Prior Authorization Requirements Part B:		

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	**everolimus** (geq for Afinitor Disperz)	Cancer	Traditional					12/1/2021
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	oral tablets for suspension		Medicare	Part D: Part B:	Part D: T5, PA Part B:	Part D: NEW DRUG (generic) - ADDED to formulary at Tier 5, with Prior Authorization Requirements Part B:		
Medical	**Exparel** (bupivacaine liposome injection)	post surgical pain	Traditional					2/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	J3490, C9290		Medicare	Part D: Part B:PA, ST	Part D: Part B:	Part D: Part B; REMOVE Step Therapy - will be covered for Medically Accepted Indications only		
Medical	**Fasenra** (benralizumab)	Eosinophilic Asthma	Traditional	Pref Spec (T7),	Pref Spec (T7),	ADD Site Of Service		4/1/2022 New Starts Up to 7-1-2022 for current auths
			EG-Optimized	Pref Spec (T7),	Pref Spec (T7),	ADD Site Of Service		
			PPACA-Optimized	Pref Spec (T7),	Pref Spec (T7),	ADD Site Of Service		
			Medicaid					
	J0517		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Fenofibrate** (geq for Antara)	High Cholesterol/ High triglyceride	Traditional					2/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	30mg and 90 mg capsule		Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW DRUG (generic) - Not added to formulary Part B:		
Pharmacy	**Gattex** (teduglutide)	Short Bowel Syndrome	Traditional	T5, PA	T5, PA	REMOVE Prior Authorization Criteria -The following laboratory results must be assessed within 6 months before starting Gattex and at least every 6 months while using the drug: Alkaline phosphatase; Amylase; Bilirubin; and Lipase; and For a 24-week continuation, patient must have met the following requirements: The patient tolerated the medication; The patient did not experience any severe adverse reactions while taking the medication. ADD criteria of continuation will be approved one time only		3/1/2022
			EG-Optimized	T5, PA	T5, PA	REMOVE Prior Authorization Criteria -The following laboratory results must be assessed within 6 months before starting Gattex and at least every 6 months while using the drug: Alkaline phosphatase; Amylase; Bilirubin; and Lipase; and For a 24-week continuation, patient must have met the following requirements: The patient tolerated the medication; The patient did not experience any severe adverse reactions while taking the medication. ADD criteria of continuation will be approved one time only		
			PPACA-Optimized	T5, PA	T5, PA	REMOVE Prior Authorization Criteria -The following laboratory results must be assessed within 6 months before starting Gattex and at least every 6 months while using the drug: Alkaline phosphatase; Amylase; Bilirubin; and Lipase; and For a 24-week continuation, patient must have met the following requirements: The patient tolerated the medication; The patient did not experience any severe adverse reactions while taking the medication. ADD criteria of continuation will be approved one time only		
			Medicaid					
	subcutaneous injection		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Genotropin** (Somatropin)	Human Growth Hormone	Traditional	T4, PA	NF	REMOVE from formulary	Norditropin	7/1/2022
			EG-Optimized	T4, PA	NF	REMOVE from formulary		
			PPACA-Optimized	T4, PA	NF	REMOVE from formulary		
			Medicaid					
	Injection		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Gvoke** (Glucagon)	Low Blood Sugar	Traditional					2/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	!mg/0.2 ml Kit/Vial		Medicare	Part D: Part B:	Part D: T3, QL Part B:	Part D: NEW DRUG (formulations) - ADDED to formiulary at Tier 3, with Quantity Limit of 4 injectors/pre-filled syringes per 30 days Part B:		

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Pharmacy	**Hemlibra** (emicizumab)	Hemophilia	Traditional	T4, PA	T4, PA	ADD Continuation criteria of Must have evidence of efficacy (i.e., less breakthrough bleeds as documented in the treatment log and/or chart notes; AND reduced overall usage of factor VIII replacement products or bypassing agents). ADD approval duration of 6 months. ADD Coverage Note: Coverage of Hemlibra is limited to the FDA approved dosing of 3 mg/kg for the first 4 weeks of therapy, then 1.5 mg/kg once every week, or 3 mg/kg once every two weeks, or 6 mg/kg once every four weeks. Hemlibra is available in the following presentations: 30 mg/mL (1 mL); 60 mg/0.4 mL (0.4 mL); 105 mg/0.7 mL (0.7 mL); 150 mg/mL (1 mL). Dosing should be provided through the nearest available vial size and/or dosing interval that will produce the lease amount of waste per dose. If necessary, more than one injection can be provided per dose.		2/1/2022
			EG-Optimized	T4, PA	T4, PA	ADD Continuation criteria of Must have evidence of efficacy (i.e., less breakthrough bleeds as documented in the treatment log and/or chart notes; AND reduced overall usage of factor VIII replacement products or bypassing agents). ADD approval duration of 6 months. ADD Coverage Note: Coverage of Hemlibra is limited to the FDA approved dosing of 3 mg/kg for the first 4 weeks of therapy, then 1.5 mg/kg once every week, or 3 mg/kg once every two weeks, or 6 mg/kg once every four weeks. Hemlibra is available in the following presentations: 30 mg/mL (1 mL); 60 mg/0.4 mL (0.4 mL); 105 mg/0.7 mL (0.7 mL); 150 mg/mL (1 mL). Dosing should be provided through the nearest available vial size and/or dosing interval that will produce the lease amount of waste per dose. If necessary, more than one injection can be provided per dose.		
			PPACA-Optimized	T4, PA	T4, PA	ADD Continuation criteria of Must have evidence of efficacy (i.e., less breakthrough bleeds as documented in the treatment log and/or chart notes; AND reduced overall usage of factor VIII replacement products or bypassing agents). ADD approval duration of 6 months. ADD Coverage Note: Coverage of Hemlibra is limited to the FDA approved dosing of 3 mg/kg for the first 4 weeks of therapy, then 1.5 mg/kg once every week, or 3 mg/kg once every two weeks, or 6 mg/kg once every four weeks. Hemlibra is available in the following presentations: 30 mg/mL (1 mL); 60 mg/0.4 mL (0.4 mL); 105 mg/0.7 mL (0.7 mL); 150 mg/mL (1 mL). Dosing should be provided through the nearest available vial size and/or dosing interval that will produce the lease amount of waste per dose. If necessary, more than one injection can be provided per dose.		
			Medicaid					
	subcutaneous injection		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	**Ilumya** (Tildrakizumab)	Inflammatory conditions	Traditional	NPS (T8), PA	NPS (T8), PA	ADD option to Prior Authorization Criteria - Enbrel as trial medication		2/1/2022
			EG-Optimized	NPS, (T8), PA	NPS, (T8), PA	ADD option to Prior Authorization Criteria - Enbrel as trial medication		
			PPACA-Optimized	NPS, (T8), PA	NPS, (T8), PA	ADD option to Prior Authorization Criteria - Enbrel as trial medication		
			Medicaid					
	All strengths		Medicare	Part D:				
Medical	**Kanuma** (sebelipase alfa)	lysosomal acid lipase deficiency	Traditional	Pref Spec (T7),	Pref Spec (T7),	ADD Site Of Service		4/1/2022 New Starts Up to 7-1-2022 for current auths
			EG-Optimized	Pref Spec (T7),	Pref Spec (T7),	ADD Site Of Service		
			PPACA-Optimized	Pref Spec (T7),	Pref Spec (T7),	ADD Site Of Service		
			Medicaid					
	J2840		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	**Krystexxa** (pegloticase)	Gout	Traditional		SOS	ADD Site Of Service		4/1/2022 New Starts Up to 7-1-2022 for current auths
			EG-Optimized		SOS	ADD Site Of Service		
			PPACA-Optimized		SOS	ADD Site Of Service		
			Medicaid					
	J2507		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Livmarli** (maralixibat)	Cholestatic pruitus	Traditional		NF	NEW DRUG - not added to formulary		3/1/2022
			EG-Optimized		NF	NEW DRUG - not added to formulary		
			PPACA-Optimized		NF	NEW DRUG - not added to formulary		
			Medicaid		Pending	NEW DRUG - pending Medicaid Common Formulary review		
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW DRUG - not added to formulary Part B: N/A - Pharmacy Only		
Pharmacy	**Lofena** (diclofenac potassium)	pain/inflammation	Traditional					2/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	25 mg tablet		Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW DRUG (generic) - Not added to formulary Part B:		
Medical	**Lumizyme** (alglucosidase alfa)	Pompe Disease	Traditional		SOS	ADD Site Of Service -ADD Prior Authorization requirement of not covered in combination with Nexviazyme and dose rounding in adult patients		4/1/2022 New Starts Up to 7-1-2022 for current auths
			EG-Optimized		SOS	ADD Site Of Service -ADD Prior Authorization requirement of not covered in combination with Nexviazyme and dose rounding in adult patients		
			PPACA-Optimized		SOS	ADD Site Of Service -ADD Prior Authorization requirement of not covered in combination with Nexviazyme and dose rounding in adult patients		
			Medicaid					
	J0221		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	Preferred covered alternatives	Implementation Date
Pharmacy	**Lymepak** (Doxycycline Hyclate)	Early Lyme Disease	Traditional			NEW DRUG - not added to formulary		3/1/2022
			EG-Optimized			NEW DRUG - not added to formulary		
			PPACA-Optimized			NEW DRUG - not added to formulary		
			Medicaid			NEW DRUG - Pending Medicaid Common Formulary review		
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: Excluded Part B:	Part D: NEW DRUG - Excluded - If Part D eligibility changes, not added to formulary Part B:		
Pharmacy	**Mavyret** (Glecaprevir and Pibrentasvir)	Hepatitis C	Traditional					2/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	50-20 packet		Medicare	Part D: Part B:	Part D: T5, PA, QL Part B:	Part D: NEW DRUG (formulation) - ADDED to formulary at Tier 5, with Prior Authorization Requirements and Quantity Limit of 5 packets per day Part B:		
Pharmacy	**Meprobamate** (generic for Miltown)	Anxiety	Traditional	NF	NF		Positive	3/1/2022
			EG-Optimized	T3, ST	T3	REMOVE Step Therapy through buspirone, doxepin, or hydroxyzine		
			PPACA-Optimized	T3, ST	T3	REMOVE Step Therapy through buspirone, doxepin, or hydroxyzine		
			Medicaid					
	200 mg and 400mg tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	**Nexviazyme** (avalglucosidase alfa)	Pompe Disease	Traditional	NPS (T8), PA	NPS (T8), PA, SOS	ADD Site Of Service - ADD prior Authorization criteria of not covered in combination with Lumizyme		4/1/2022 New Starts Up to 7-1-2022 for current auths
			EG-Optimized	NPS (T8), PA	NPS (T8), PA, SOS	ADD Site Of Service - ADD prior Authorization criteria of not covered in combination with Lumizyme		
			PPACA-Optimized	NPS (T8), PA	NPS (T8), PA, SOS	ADD Site Of Service - ADD prior Authorization criteria of not covered in combination with Lumizyme		
			Medicaid					
	J3590, C9085		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	**Nucala** (mepolizumab)	Eosinophilic Asthma	Traditional	NPS (T8), PA	NPS (T8), PA,	ADD Site Of Service - REMOVE Prior Authorization criteria of trial/failure with Fasenra		4/1/2022 New Starts Up to 7-1-2022 for current auths
			EG-Optimized	NPS (T8), PA	NPS (T8), PA,	ADD Site Of Service - REMOVE Prior Authorization criteria of trial/failure with Fasenra		
			PPACA-Optimized	NPS (T8), PA	NPS (T8), PA,	ADD Site Of Service - REMOVE Prior Authorization criteria of trial/failure with Fasenra		
			Medicaid					
	J2182		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	**Nulojix** (belatacept)	Kidney Transplant anti-rejection	Traditional	NPS (T8), PA	NPS (T8), PA,	ADD Site Of Service		4/1/2022 New Starts Up to 7-1-2022 for current auths
			EG-Optimized	NPS (T8), PA	NPS (T8), PA,	ADD Site Of Service		
			PPACA-Optimized	NPS (T8), PA	NPS (T8), PA,	ADD Site Of Service		
			Medicaid					
	J0485		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Ofev** (nintedanib)	Idiopathic Pulmonary Fibrosis	Traditional	T4, PA, QL, AL	T4, PA, QL, AL	REMOVE Prior Authorization criteria: Patient's liver function is being monitored regularly		2/1/2022
			EG-Optimized	T4, PA, QL, AL	T4, PA, QL, AL	REMOVE Prior Authorization criteria: Patient's liver function is being monitored regularly		
			PPACA-Optimized	T4, PA, QL, AL	T4, PA, QL, AL	REMOVE Prior Authorization criteria: Patient's liver function is being monitored regularly		
			Medicaid					
	All strengths		Medicare	Part D:				
Pharmacy	**Olumiant** (Baricitinib)	Inflammatory Conditions	Traditional	T5, PA, QL	T5, PA, QL	ADD Prior Authorization criteria:Patient must have a trial with a TNF inhibitor for a period of at least 3 months.		2/1/2022
			EG-Optimized	T5, PA, QL	T5, PA, QL	ADD Prior Authorization criteria:Patient must have a trial with a TNF inhibitor for a period of at least 3 months.		
			PPACA-Optimized	T5, PA, QL	T5, PA, QL	ADD Prior Authorization criteria:Patient must have a trial with a TNF inhibitor for a period of at least 3 months.		
			Medicaid					
	All strengths		Medicare	Part D:				
Medical	**Omidria** (Phenylephrine/ketorolac ophthalmic irrigation solution)	post surgical pain	Traditional					2/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	J1097		Medicare	Part D: Part B:	Part D: Part B: Non	Part D: Part B: ADD to coverage - Covered for Medically Accepted Indications only		
Pharmacy and Medical	**Oncology Medication**	Cancer	Traditional	Varies	Varies	ADD Prior Authorization continuation criteria:Current chart notes detailing response and compliance to therapy; and Coverage may be discontinued: Patient is noncompliant with medical or pharmacologic therapy and/or Disease progression has occurred after initiation of drug therapy		2/1/2022
			EG-Optimized	Varies	Varies	ADD Prior Authorization continuation criteria:Current chart notes detailing response and compliance to therapy; and Coverage may be discontinued: Patient is noncompliant with medical or pharmacologic therapy and/or Disease progression has occurred after initiation of drug therapy		
			PPACA-Optimized	Varies	Varies	ADD Prior Authorization continuation criteria:Current chart notes detailing response and compliance to therapy; and Coverage may be discontinued: Patient is noncompliant with medical or pharmacologic therapy and/or Disease progression has occurred after initiation of drug therapy		
			Medicaid					
	All strengths		Medicare	Part D:	Part D:			

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Medical	**Onpattro** (patisiran)	polyneuropathy in hereditary transthyretin-mediated amyloidosis	Traditional	Pref. Spec (T7),	Pref. Spec (T7),	ADD Site Of Service		4/1/2022 New Starts Up to 7-1-2022 for current auths
			EG-Optimized	Pref. Spec (T7),	Pref. Spec (T7),	ADD Site Of Service		
			PPACA-Optimized	Pref. Spec (T7),	Pref. Spec (T7),	ADD Site Of Service		
			Medicaid					
	J0222		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Opsumit** (macitentan)	Pulmonary Arterial hypertension	Traditional	T5, PA	T5, PA	REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		3/1/2022
			EG-Optimized	T5, PA	T5, PA	REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
			PPACA-Optimized	T5, PA	T5, PA	REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
			Medicaid					
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Opzelura** (ruxolitinib)	Atopic Dermatitis	Traditional		NF	NEW DRUG - not added to formulary		3/1/2022
			EG-Optimized		NF	NEW DRUG - not added to formulary		
			PPACA-Optimized		NF	NEW DRUG - not added to formulary		
			Medicaid		Pending	NEW DRUG - pending Medicaid Common Formulary review		
	1.5% Cream		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW DRUG - not added to formulary Part B: N/A - Pharmacy Only		
Pharmacy	**Orenitram ER** (treprostinil)	Pulmonary Arterial hypertension	Traditional	T4, PA	T4, PA	ADD Prior Authorization criteria: Patient must have tried and failed, or have contraindication to one drug from both of the following classes: (a) Phosphodiesterase inhibitor (i.e. sildenafil or tadalafil); AND (b) Endothelin receptor antagonist (i.e. ambrisentan or bosentan) REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		3/1/2022
			EG-Optimized	T4, PA	T4, PA	ADD Prior Authorization criteria: Patient must have tried and failed, or have contraindication to one drug from both of the following classes: (a) Phosphodiesterase inhibitor (i.e. sildenafil or tadalafil); AND (b) Endothelin receptor antagonist (i.e. ambrisentan or bosentan) REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
			PPACA-Optimized	T4, PA	T4, PA	ADD Prior Authorization criteria: Patient must have tried and failed, or have contraindication to one drug from both of the following classes: (a) Phosphodiesterase inhibitor (i.e. sildenafil or tadalafil); AND (b) Endothelin receptor antagonist (i.e. ambrisentan or bosentan) REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
			Medicaid					
	tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Oxandrolone** (geq for Oxandrin)	Anabolic Steroid	Traditional	T2	T3	INCREASE Tier from Tier 2 to Tier 3	N/A	7/1/2022
			EG-Optimized	T2	T3	INCREASE Tier from Tier 2 to Tier 3		
			PPACA-Optimized	T2	T3	INCREASE Tier from Tier 2 to Tier 3		
			Medicaid					
	2.5mg & 10 mg		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	**Oxlumo** (lumasiran)	Primary hyperoxaluria type 1 (PH1)	Traditional	Pref. Spec (T7),	Pref. Spec (T7),	ADD Site Of Service		4/1/2022 new Starts Up to 7-1-2022 for current auths
			EG-Optimized	Pref. Spec (T7),	Pref. Spec (T7),	ADD Site Of Service		
			PPACA-Optimized	Pref. Spec (T7),	Pref. Spec (T7),	ADD Site Of Service		
			Medicaid					
	J0224		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Oxycodone/ acetaminophen** (geq for Prolate)	Pain	Traditional					2/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	10mg-300mg/5 ml solution		Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW DRUG (generic) - Not added to formulary Part B:		
Pharmacy	**paroxetine** (geq for Paxil)	Depression	Traditional					12/1/2021
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	Oral Suspension ONLY		Medicare	Part D: Part B:	Part D: T4 Part B:	Part D: ADDED to Formulary as Tier 4 Part B:		
Pharmacy	**Paxil** (paroxetine)	Depression	Traditional					2/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	Oral Suspension ONLY		Medicare	Part D:T4 Part B:	Part D: NF Part B:	Part D: REMOVED from Formulary, generic available Part B:		

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Medical	**Quzyttir** (cetirizine IV)	acute uticaria	Traditional					4/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	J1201		Medicare	Part D: Part B:NPS (T8),	Part D: Part B: NPS (T8),	Part D: Part B: ADD Step Therapy: Must try and fail injectable diphenhydramine and hydroxyzine		
Medical	**Qutenza** (capsaicin patch)	Diabetic Peripheral Neuropathy, Postherpetic Neuralgia	Traditional					4/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	J7336		Medicare	Part D: Part B:	Part D: Part B: PA, ST	Part D: Part B: ADD Step Must try and faillidocaine 5% patch AND at least 1 of thefollowing (depending on the indication):duloxetine, venlafaxine, pregabalin, gabapentin, or a tricyclic antidepressant (e.g., amitriptyline, nortriptyline)		
Medical	**Radicava** (edaravone)	ALS	Traditional	NPS (T8), PA	NPS (T8), PA,	ADD Site Of Service		4/1/2022 New Starts Up to 7-1-2022 for current auths
			EG-Optimized	NPS (T8), PA	NPS (T8), PA,	ADD Site Of Service		
			PPACA-Optimized	NPS (T8), PA	NPS (T8), PA,	ADD Site Of Service		
			Medicaid					
	J1301		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Rinvoq** (upadacitinib)	Inflammatory conditions	Traditional	T4, PA	T4, PA	ADD Prior Authorization Criteria - For Psoriatic Arthritis – Patient will use Rinvoq along with methotrexate or another conventional synthetic DMARD; AND Patient has tried at least one traditional non-biologic systemic agent (e.g., methotrexate, leflunomide, sulfasalazine, or azathioprine) for a period of at least 3 months; AND Patient has tried at least ONE of the following: Enbrel or Humira, for a period of at least 3 months. For Rheumatoid Arthritis - Patient has tried at least ONE of the following: Enbrel or Humira, for a period of at least 3 months.		3/1/2022
			EG-Optimized	T4, PA	T4, PA	ADD Prior Authorization Criteria - For Psoriatic Arthritis – Patient will use Rinvoq along with methotrexate or another conventional synthetic DMARD; AND Patient has tried at least one traditional non-biologic systemic agent (e.g., methotrexate, leflunomide, sulfasalazine, or azathioprine) for a period of at least 3 months; AND Patient has tried at least ONE of the following: Enbrel or Humira, for a period of at least 3 months. For Rheumatoid Arthritis - Patient has tried at least ONE of the following: Enbrel or Humira, for a period of at least 3 months.		
			PPACA-Optimized	T4, PA	T4, PA	ADD Prior Authorization Criteria - For Psoriatic Arthritis – Patient will use Rinvoq along with methotrexate or another conventional synthetic DMARD; AND Patient has tried at least one traditional non-biologic systemic agent (e.g., methotrexate, leflunomide, sulfasalazine, or azathioprine) for a period of at least 3 months; AND Patient has tried at least ONE of the following: Enbrel or Humira, for a period of at least 3 months. For Rheumatoid Arthritis - Patient has tried at least ONE of the following: Enbrel or Humira, for a period of at least 3 months.		
			Medicaid					
	All strengths		Medicare	Part D:				
Pharmacy	**Sajazir** (icatibant)	Hereditary Angioedema	Traditional					2/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	Injection		Medicare	Part D: Part B:	Part D: T5, PA Part B:	Part D: NEW DRUG (branded generic) - ADDED to formulary at Tier 5, with Prior Authorization requirements Part B:		
Pharmacy	**Scemblix** (asciminib)	Leukemia (CML)	Traditional		T5, PA, QL	NEW DRUG - ADDED to Formulary at Tier 5, with Prior Authorization criteria)1. Over 18 years old; 2. prescribed by/in consultation with oncologist; 3. Initial authorization duration based on diagnosis (3-6 months); 4. For PH+CML-CP with T315I mutation - must try/fail Iclusig; 6. ECOG 0-1; and 6. For continuation - must document compliance; clinical response; and toleration of Side Effects; and Quantity Limits based on diagnosis - (2 - 10 tablets per day)		3/1/2022
			EG-Optimized		T5, PA, QL	NEW DRUG - ADDED to Formulary at Tier 5, with Prior Authorization criteria)1. Over 18 years old; 2. prescribed by/in consultation with oncologist; 3. Initial authorization duration based on diagnosis (3-6 months); 4. For PH+CML-CP with T315I mutation - must try/fail Iclusig; 6. ECOG 0-1; and 6. For continuation - must document compliance; clinical response; and toleration of Side Effects; and Quantity Limits based on diagnosis - (2 - 10 tablets per day)		
			PPACA-Optimized		T5, PA, QL	NEW DRUG - ADDED to Formulary at Tier 5, with Prior Authorization criteria)1. Over 18 years old; 2. prescribed by/in consultation with oncologist; 3. Initial authorization duration based on diagnosis (3-6 months); 4. For PH+CML-CP with T315I mutation - must try/fail Iclusig; 6. ECOG 0-1; and 6. For continuation - must document compliance; clinical response; and toleration of Side Effects; and Quantity Limits based on diagnosis - (2 - 10 tablets per day)		
			Medicaid		Carve Out	NEW DRUG - Carve-out		
	tablets		Medicare	Part D: Part B:	Part D: T5, PA, QL Part B: N/A	Part D: ADDED to formulary as Tier 5 with Prior Authorization requirements: 1. ECOG 0-1; 2. Over 18 years old; 3. prescribed by/in consultation with oncologist; 4. For PH+ CML-CP without mutation - 60 tablets per 30 days. For PH+ CML-CP with T315I mutation - 300 tablets per 30 days; 5. For PH+ CML-CP with T315I mutation - must try/fail Iclusig and submit documentation confirming mutation. Part B: N/A - Pharmacy Only		

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Pharmacy	**insulin glargine-yfgn** (Semglee)	Diabetes	Traditional					2/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	All formulations		Medicare	Part D: Part B:	Part D: NF Part B:	Part D: BIOSIMILAR to Lantus/Toujeo/Basaglar - Not added to formulary Part B:		
Pharmacy	**sertraline**	Depression	Traditional					2/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	150mg and 200mg CAPSULES		Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW DRUG (strength/formulation) - not added to formulary Part B:		
Pharmacy	**Sildenafil** (geq for Revatio)	Pulmonary Arterial hypertension	Traditional	T4, PA	T4, PA	REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		3/1/2022
			EG-Optimized	T4, PA	T4, PA	REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
			PPACA-Optimized	T4, PA	T4, PA	REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
			Medicaid					
	20mg tablet only		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Skytrofa** (lonapegsomatropin-tcgd)	Growth Hormone deficiency	Traditional		NF	NEW DRUG - not added to formulary	Norditropin	3/1/2022
			EG-Optimized		NF	NEW DRUG - not added to formulary		
			PPACA-Optimized		NF	NEW DRUG - not added to formulary		
			Medicaid		Pending	NEW DRUG - Pending Medicaid Common Formulary review		
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW DRUG - not added to formulary Part B: N/A - Pharmacy Only		
Pharmacy	**Solu-cortef** (hydrocortisone)	adrenal insufficiency	Traditional	NF	T2, QL	ADD to formulary at Tier 2 with Quantity Limits of 2 vials per 365 days		3/1/2022
			EG-Optimized	NF	T2, QL	ADD to formulary at Tier 2 with Quantity Limits of 2 vials per 365 days		
			PPACA-Optimized	NF	T2, QL	ADD to formulary at Tier 2 with Quantity Limits of 2 vials per 365 days		
			Medicaid					
	100 mg vial		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	**Stelara** (Ustekinumab)	Change applies to these diseases only: Crohn's disease, Ulcerative colitis	Traditional	Pref. Spec (T7), PA, SOS	Pref. Spec (T7), PA, SOS	ADD Prior Authorization criteria note: When used for Crohn's disease or ulcerative colitis, a single IV induction dose will be covered under the medical benefit. Subsequent maintenance doses will be covered uner the pharmacy benefit		7/1/2022?
			EG-Optimized	Pref. Spec (T7), PA, SOS	Pref. Spec (T7), PA, SOS	ADD Prior Authorization criteria note: When used for Crohn's disease or ulcerative colitis, a single IV induction dose will be covered under the medical benefit. Subsequent maintenance doses will be covered under the pharmacy benefit		
			PPACA-Optimized	Pref. Spec (T7), PA, SOS	Pref. Spec (T7), PA, SOS	ADD Prior Authorization criteria note: When used for Crohn's disease or ulcerative colitis, a single IV induction dose will be covered under the medical benefit. Subsequent maintenance doses will be covered under the pharmacy benefit		
			Medicaid					
	J3358- IV ONLY		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	**Susvimo** (RANOBIZUMAB)	Wet Age-related Macular Degeneration	Traditional		Not Covered	NEW DRUG - not added to medical benefit	Avastin, Lucentis	2/1/2022
			EG-Optimized		Not Covered	NEW DRUG - not added to medical benefit		
			PPACA-Optimized		Not Covered	NEW DRUG - not added to medical benefit		
			Medicaid		Not Covered	NEW DRUG - not added to medical benefit		
	Injection		Medicare	Part D: Part B:	Part D: Excluded Part B: NPS, PA	Part D: Excluded Part B: NEW DRUG - ADDED coverage as Non-Preferred Specialty under the medical benefit with Prior authorization Requirements: 1. Must try/fail Avastin for at least 3 months (not required in cases of serous pigment epithelial detachment (PED), hemorrhagic PED, subretinal hemorrhage, or posterior uveal bleeding syndrome); 2. Must try and unable to continue receiving Lucentis; 3. Follow and LCD/NCD requirements. For continuation, must have disease response (indicated by stable/improved BCVA score compared to baseline). 4. Baseline Best-Corrected Visual Acuity (BCVA) score.		
Pharmacy	**Tadalafil** (geq for Adcirca)	Pulmonary Arterial hypertension	Traditional	T4, PA	T4, PA	REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		3/1/2022
			EG-Optimized	T4, PA	T4, PA	REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
			PPACA-Optimized	T4, PA	T4, PA	REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
			Medicaid					
	tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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Pharmacy	**Tavneos** (avacopan)	ANCA - associated vasculitis	Traditional		T4, PA, QL	NEW DRUG - ADDED to Formulary at Tier 4 with Prior Authorization Requirements: 1. Patient must be 18 years old. 2. Patient does not require dialysis, have kidney transplant, or plasma exchange in past 12 weeks; 2. eGFR >= 15mL/min/1.72m2; 3. At least 1 major item, 3 non-major items, or 2 renal items of proteinuria and hematuria on the Birmingham Vasculitis Activity Score (BVAS); 4. Positive test for either anti-PR3 or anti-MPO; 5. Prescribed by/in consultation with a specialist; 6. used in combination with cyclophosphamide, rituximab, and glucocorticoids; 7. Patient must have medical need to reduce steroid use if not previously relapsed; 8. For continuation: Must have reduced (Birmingham Vasculitis Activity Score) BVAS relative to baseline; Must have a positive clinical response to Tavneos as evidenced by experiencing disease stability or improvement; and Must have a reduction in steroid dose. Quantity Limits will be 180/30 days.		3/1/2022
			EG-Optimized		T4, PA, QL	NEW DRUG - ADDED to Formulary at Tier 4 with Prior Authorization Requirements: 1. Patient must be 18 years old. 2. Patient does not require dialysis, have kidney transplant, or plasma exchange in past 12 weeks; 2. eGFR >= 15mL/min/1.72m2; 3. At least 1 major item, 3 non-major items, or 2 renal items of proteinuria and hematuria on the Birmingham Vasculitis Activity Score (BVAS); 4. Positive test for either anti-PR3 or anti-MPO; 5. Prescribed by/in consultation with a specialist; 6. used in combination with cyclophosphamide, rituximab, and glucocorticoids; 7. Patient must have medical need to reduce steroid use if not previously relapsed; 8. For continuation: Must have reduced (Birmingham Vasculitis Activity Score) BVAS relative to baseline; Must have a positive clinical response to Tavneos as evidenced by experiencing disease stability or improvement; and Must have a reduction in steroid dose. Quantity Limits will be 180/30 days.		
			PPACA-Optimized		T4, PA, QL	NEW DRUG - ADDED to Formulary at Tier 4 with Prior Authorization Requirements: 1. Patient must be 18 years old. 2. Patient does not require dialysis, have kidney transplant, or plasma exchange in past 12 weeks; 2. eGFR >= 15mL/min/1.72m2; 3. At least 1 major item, 3 non-major items, or 2 renal items of proteinuria and hematuria on the Birmingham Vasculitis Activity Score (BVAS); 4. Positive test for either anti-PR3 or anti-MPO; 5. Prescribed by/in consultation with a specialist; 6. used in combination with cyclophosphamide, rituximab, and glucocorticoids; 7. Patient must have medical need to reduce steroid use if not previously relapsed; 8. For continuation: Must have reduced (Birmingham Vasculitis Activity Score) BVAS relative to baseline; Must have a positive clinical response to Tavneos as evidenced by experiencing disease stability or improvement; and Must have a reduction in steroid dose. Quantity Limits will be 180/30 days.		
			Medicaid		Carve Out	NEW DRUG - Carve Out		
	All Strengths/formulations	ANCA - associated vasculitis	Medicare	Part D: Part B:	Part D: T5, PA, QL Part B:	Part D: NEW DRUG - ADDED to formulary at Tier 5 with Prior Authorization criteria: 1. Must be 18 years old; 2. Must be prescribed by/in consultation with a specialist; 3. Documentation of the following to support the diagnosis must be provided: (a) eGFR ≥15 mL/min/1.72 m2, (b) at least 1 major item, 3 non-major items, or 2 renal items of proteinuria and hematuria on the Birmingham Vasculitis Activity Score (BVAS) – AND – (c) positive test for either anti-PR3 or anti-MPO; 4: Patient does not require dialysis, have kidney transplant, or plasma exchange in past 12 weeks; 5. used in combination with cyclophosphamide, rituximab, and glucocorticoids; 6. Patient must have medical need to reduce steroid use if not previously relapsed; 7. For continuation: Patient must have medical need to reduce steroid use. Quantity Limits will be 180/30 days. Part B: N/A - Pharmacy only		
Pharmacy	**Taysofy** (geq for Taytulla)	Oral Contraceptive	Traditional					2/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	Softgel capsules		Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW DRUG (generic) - Not added to formulary Part B:		
Pharmacy	**teriparatide** (geq for Forteo)	Osteoporosis	Traditional	T5, PA	T5, PA	ADD Prior Authorization Criteria - 1. must also have documented treatment failure, contraindication or ineffective response in addtion to trial with Step Therapy medications; and 2. trial medications must be used for 12 months (excluding Tymlos) ADD continuation criteria of must have a positive clinical reponse of T score stable/improved or no new fractures during use.		3/1/2022
			EG-Optimized	T5, PA	T5, PA	ADD Prior Authorization Criteria - 1. must also have documented treatment failure, contraindication or ineffective response in addtion to trial with Step Therapy medications; and 2. trial medications must be used for 12 months (excluding Tymlos) ADD continuation criteria of must have a positive clinical reponse of T score stable/improved or no new fractures during use.		
			PPACA-Optimized	T5, PA	T5, PA	ADD Prior Authorization Criteria - 1. must also have documented treatment failure, contraindication or ineffective response in addtion to trial with Step Therapy medications; and 2. trial medications must be used for 12 months (excluding Tymlos) ADD continuation criteria of must have a positive clinical reponse of T score stable/improved or no new fractures during use.		
			Medicaid					
	pen-jector		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Thalitone** (chlorthalidone)	Diuretic	Traditional					12/1/2021
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	15mg tablet		Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW DRUG (strength) - not added to formulary Part B:		

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	**Tobramycin Inhalation**	Lung infection due to Pseudomonas in cystic fibrosis	Traditional	Varies	Varies	ADD Prior Authorization criteria - Cystic Fibrosis is confirmed by appropriate diagnostic or genetic testing (documentation of cystic fibrosis) ICD-10 code within the last 12 months must be submitted to Priority Health) ADD Continuation criteria: Continues to require treatment of Pseudomonas aeruginosa infection and Documentation of stabilization or improvement by pulmonologist or CF specialist.		2/1/2022
			EG-Optimized	Varies	Varies	ADD Prior Authorization criteria - Cystic Fibrosis is confirmed by appropriate diagnostic or genetic testing (documentation of cystic fibrosis) ICD-10 code within the last 12 months must be submitted to Priority Health) ADD Continuation criteria: Continues to require treatment of Pseudomonas aeruginosa infection and Documentation of stabilization or improvement by pulmonologist or CF specialist.		
			PPACA-Optimized	Varies	Varies	ADD Prior Authorization criteria - Cystic Fibrosis is confirmed by appropriate diagnostic or genetic testing (documentation of cystic fibrosis) ICD-10 code within the last 12 months must be submitted to Priority Health) ADD Continuation criteria: Continues to require treatment of Pseudomonas aeruginosa infection and Documentation of stabilization or improvement by pulmonologist or CF specialist.		
			Medicaid					
	J		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Tritocin** (triamcinolone)	inflammatory skin conditions	Traditional					2/1/2021
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	0.05% ointment		Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW DRUG (strength/formulation) - not added to formulary Part B:		
Pharmacy	**Trudhesa** (dihydroergotamine)	Migraine treatment	Traditional		NF	NEW DRUG - not added to formulary		3/1/2022
			EG-Optimized		NF	NEW DRUG - not added to formulary		
			PPACA-Optimized		NF	NEW DRUG - not added to formulary		
			Medicaid		Pending	NEW DRUG - Pending Medicaid Common Formulary review		
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: Excluded Part B:	Part D: NEW DRUG - Excluded - If Part D eligibility changes - ADD to formulary at Tier 4 with Prior Authorization requirements (trial/failure of one triptan drug AND Ubrelvy or Reyvow), and Quantity Limit of 4ml/30 days Part B:		
Pharmacy	**Tymlos**	Osteoporosis	Traditional	T4, PA, QL	T4, PA, QL	ADD Prior Authorization continuation criteria: Must have a positive clinical response to Tymlos (i.e., T-score stable or improved while using Tymlos OR No new fractures have occurred while using Tymlos		3/1/2022
			EG-Optimized	T4, PA, QL	T4, PA, QL	ADD Prior Authorization continuation criteria: Must have a positive clinical response to Tymlos (i.e., T-score stable or improved while using Tymlos OR No new fractures have occurred while using Tymlos		
			PPACA-Optimized	T4, PA, QL	T4, PA, QL	ADD Prior Authorization continuation criteria: Must have a positive clinical response to Tymlos (i.e., T-score stable or improved while using Tymlos OR No new fractures have occurred while using Tymlos		
			Medicaid					
	All strengths		Medicare	Part D:				
Pharmacy	**Tyrvaya** (varenicline tatrtrate)	Dry Eye Disease	Traditional		NF	NEW DRUG - not added to formulary	Xiidra	
			EG-Optimized		NF	NEW DRUG - not added to formulary		
			PPACA-Optimized		NF	NEW DRUG - not added to formulary		
			Medicaid		Pending	NEW DRUG - Pending Medicaid Common Formulary review		
	Nasal Spray		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW DRUG - not added to formulary Part B: N/A - Pharmacy Only		
Medical	**Tysabri** (natalizumab)	Crohn's disease, Multiple Sclerosis	Traditional	NPS (T8), PA	NPS (T8), PA, SOS	ADD Site Of Service - ADD Prior Authorization continuation criteria of Must have a positive clinical response to Tysabri as evidenced by experiencing disease stability or improvement		4/1/2022 new Starts Up to 7-1-2022 for current auths
			EG-Optimized	NPS (T8), PA	NPS (T8), PA, SOS	ADD Site Of Service - ADD Prior Authorization continuation criteria of Must have a positive clinical response to Tysabri as evidenced by experiencing disease stability or improvement		
			PPACA-Optimized	NPS (T8), PA	NPS (T8), PA, SOS	ADD Site Of Service - ADD Prior Authorization continuation criteria of Must have a positive clinical response to Tysabri as evidenced by experiencing disease stability or improvement		
			Medicaid					
	J2323		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	Preferred covered alternatives	Implementation Date
Medical or Pharmacy	**Tyvaso** (treprostinil)	Pulmonary Arterial hypertension	Traditional	RX: T4, PA Medical: Prefer. Spec. (T7), PA, SOS	RX: T4, PA Medical: Prefer. Spec. (T7), PA, SOS	ADD Prior Authorization criteria: Patient must have tried and failed, or have contraindication to one drug from both of the following classes: (a) Phosphodiesterase inhibitor (i.e. sildenafil or tadalafil); AND (b) Endothelin receptor antagonist (i.e. ambrisentan or bosentan) REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		3/1/2022
			EG-Optimized	RX: T4, PA Medical: Prefer. Spec. (T7), PA, SOS	RX: T4, PA Medical: Prefer. Spec. (T7), PA, SOS	ADD Prior Authorization criteria: Patient must have tried and failed, or have contraindication to one drug from both of the following classes: (a) Phosphodiesterase inhibitor (i.e. sildenafil or tadalafil); AND (b) Endothelin receptor antagonist (i.e. ambrisentan or bosentan) REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
			PPACA-Optimized	RX: T4, PA Medical: Prefer. Spec. (T7), PA, SOS	RX: T4, PA Medical: Prefer. Spec. (T7), PA, SOS	ADD Prior Authorization criteria: Patient must have tried and failed, or have contraindication to one drug from both of the following classes: (a) Phosphodiesterase inhibitor (i.e. sildenafil or tadalafil); AND (b) Endothelin receptor antagonist (i.e. ambrisentan or bosentan) REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
			Medicaid					
	nebulizer		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	**Uplinza** (inebilizumab-cdon)	neuromyelitis optica spectrum disorder (NMOSD)	Traditional	Pref Spec (T7),	Pref Spec (T7),	ADD Site Of Service		4/1/2022 New Starts Up to 7-1-2022 for current auths
			EG-Optimized	Pref Spec (T7),	Pref Spec (T7),	ADD Site Of Service		
			PPACA-Optimized	Pref Spec (T7),	Pref Spec (T7),	ADD Site Of Service		
			Medicaid					
	J1823		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Uptravi** (selexipag)	Pulmonary Arterial hypertension	Traditional	T4, PA	T4, PA	ADD Prior Authorization criteria: Patient must have tried and failed, or have contraindication to one drug from both of the following classes: (a) Phosphodiesterase inhibitor (i.e. sildenafil or tadalafil); AND (b) Endothelin receptor antagonist (i.e. ambrisentan or bosentan) REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		3/1/2022
			EG-Optimized	T4, PA	T4, PA	ADD Prior Authorization criteria: Patient must have tried and failed, or have contraindication to one drug from both of the following classes: (a) Phosphodiesterase inhibitor (i.e. sildenafil or tadalafil); AND (b) Endothelin receptor antagonist (i.e. ambrisentan or bosentan) REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
			PPACA-Optimized	T4, PA	T4, PA	ADD Prior Authorization criteria: Patient must have tried and failed, or have contraindication to one drug from both of the following classes: (a) Phosphodiesterase inhibitor (i.e. sildenafil or tadalafil); AND (b) Endothelin receptor antagonist (i.e. ambrisentan or bosentan) REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
			Medicaid					
	tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical or Pharmacy	**Ventavis** (iloprost)	Pulmonary Arterial hypertension	Traditional	RX: T2, PA Medical: NPS (T8), PA , SOS	RX: T2, PA Medical: NPS (T8), PA , SOS	ADD Prior Authorization criteria: Patient must have tried and failed, or have contraindication to one drug from both of the following classes: (a) Phosphodiesterase inhibitor (i.e. sildenafil or tadalafil); AND (b) Endothelin receptor antagonist (i.e. ambrisentan or bosentan) REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		3/1/2022
			EG-Optimized	RX: T4, PA Medical: NPS (T8), PA , SOS	RX: T4, PA Medical: NPS (T8), PA , SOS	ADD Prior Authorization criteria: Patient must have tried and failed, or have contraindication to one drug from both of the following classes: (a) Phosphodiesterase inhibitor (i.e. sildenafil or tadalafil); AND (b) Endothelin receptor antagonist (i.e. ambrisentan or bosentan) REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
			PPACA-Optimized	RX: T4, PA Medical: NPS (T8), PA , SOS	RX: T4, PA Medical: NPS (T8), PA , SOS	ADD Prior Authorization criteria: Patient must have tried and failed, or have contraindication to one drug from both of the following classes: (a) Phosphodiesterase inhibitor (i.e. sildenafil or tadalafil); AND (b) Endothelin receptor antagonist (i.e. ambrisentan or bosentan) REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
			Medicaid					
	Inhalation		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	**Xaracoll** (Bupivacaine, collagen-matrix implant)	post surgical pain	Traditional					2/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	J3490, C9089		Medicare	Part D: Part B:	Part D: Part B:Non-	Part D: Part B: ADD to coverage - Covered for Medically Accepted Indications only		

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Pharmacy	**Xeljanz/Xeljanz XR** (tofacitinib)	Inflammatory Conditions	Traditional	T4, PA, QL	T4, PA, QL	ADD Prior Authorization Criteria -For Ankylosing Spondylitis, Juvenile Idiopathic Arthritis, Psoriatic Arthritis, and Rheumatoid Arthritis: Patient has tried at least ONE of the following: Enbrel or Humira, for a period of at least 3 months. For Ankylosing Spondylitis only: Patient must be 18 years of age or older. REMOVE Prior Authorization criteria for Juvenile Idiopathic Arthritis - Patient has tried at least ONE other agent for this condition (e.g., methotrexate, sulfasalazine, leflunomide, nonsteroidal anti-inflammatory drug, a biologic [Humira, Orencia, Enbrel, Kineret, Actemra]) for a period of at least 3 months; OR Patient will be starting on Xeljanz® concurrently with methotrexate, sulfasalazine, or leflunomide, OR Patient has aggressive disease, as determined by the prescribing physician.		2/1/2022
			EG-Optimized	T4, PA, QL	T4, PA, QL	ADD Prior Authorization Criteria -For Ankylosing Spondylitis, Juvenile Idiopathic Arthritis, Psoriatic Arthritis, and Rheumatoid Arthritis: Patient has tried at least ONE of the following: Enbrel or Humira, for a period of at least 3 months. For Ankylosing Spondylitis only: Patient must be 18 years of age or older. REMOVE Prior Authorization criteria for Juvenile Idiopathic Arthritis - Patient has tried at least ONE other agent for this condition (e.g., methotrexate, sulfasalazine, leflunomide, nonsteroidal anti-inflammatory drug, a biologic [Humira, Orencia, Enbrel, Kineret, Actemra]) for a period of at least 3 months; OR Patient will be starting on Xeljanz® concurrently with methotrexate, sulfasalazine, or leflunomide, OR Patient has aggressive disease, as determined by the prescribing physician.		
			PPACA-Optimized	T4, PA, QL	T4, PA, QL	ADD Prior Authorization Criteria -For Ankylosing Spondylitis, Juvenile Idiopathic Arthritis, Psoriatic Arthritis, and Rheumatoid Arthritis: Patient has tried at least ONE of the following: Enbrel or Humira, for a period of at least 3 months. For Ankylosing Spondylitis only: Patient must be 18 years of age or older. REMOVE Prior Authorization criteria for Juvenile Idiopathic Arthritis - Patient has tried at least ONE other agent for this condition (e.g., methotrexate, sulfasalazine, leflunomide, nonsteroidal anti-inflammatory drug, a biologic [Humira, Orencia, Enbrel, Kineret, Actemra]) for a period of at least 3 months; OR Patient will be starting on Xeljanz® concurrently with methotrexate, sulfasalazine, or leflunomide, OR Patient has aggressive disease, as determined by the prescribing physician.		
			Medicaid					
	All strengths		Medicare	Part D:				
Medical	**Xolair** (omalizumab)	Asthma, Chronic idiopathic uticaria	Traditional	Pref Spec (T7),	Pref Spec (T7),	ADD Site Of Service		4/1/2022 New Starts Up to 7-1-2022 for current auths
			EG-Optimized	Pref Spec (T7),	Pref Spec (T7),	ADD Site Of Service		
			PPACA-Optimized	Pref Spec (T7),	Pref Spec (T7),	ADD Site Of Service		
			Medicaid					
	J2357		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Xulane** (ethinyl estradiol / norelgestromin)	Contraceptive	Traditional	T2	T2, QL	ADD Quantity Limits of #4/28 days		3/1/2022
			EG-Optimized	T2	T2, QL	ADD Quantity Limits of #4/28 days		
			PPACA-Optimized	T2	T2, QL	ADD Quantity Limits of #4/28 days		
			Medicaid					
	transdermal patch		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Zafemy** (ethinyl estradiol / norelgestromin)	Contraceptive	Traditional	T2	T2, QL	ADD Quantity Limits of #4/28 days		3/1/2022
			EG-Optimized	T2	T2, QL	ADD Quantity Limits of #4/28 days		
			PPACA-Optimized	T2	T2, QL	ADD Quantity Limits of #4/28 days		
			Medicaid					
	transdermal patch		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Zolmitriptan** (triamcinolone)	migraine	Traditional					2/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	nasal spray		Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW DRUG (generic) - not added to formulary Part B:		

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Medical	**Zulresso** (RANOBIZUMAB)	Postpartum Depression	Traditional	NPS (T8), PA	NPS (T8), Smart PA	PA not required with a diagnosis of Post-partum Depression (DX F53.0) REMOVE criteria of Diagnosis of postpartum depression per DSM-5 criteria; Symptom onset no sooner than third trimester and no later than 4 weeks post delivery; Not currently more than 6 months postpartum; Must have Hamilton Depression Rating Scale (HAM-D) score at least 26; and Prescribed by, or in consultation with, a psychiatrist.	Positive	2/1/2022
			EG-Optimized	NPS (T8), PA	NPS (T8), Smart PA	PA not required with a diagnosis of Post-partum Depression (DX F53.0) REMOVE criteria of Diagnosis of postpartum depression per DSM-5 criteria; Symptom onset no sooner than third trimester and no later than 4 weeks post delivery; Not currently more than 6 months postpartum; Must have Hamilton Depression Rating Scale (HAM-D) score at least 26; and Prescribed by, or in consultation with, a psychiatrist.		
			PPACA-Optimized	NPS (T8), PA	NPS (T8), Smart PA	PA not required with a diagnosis of Post-partum Depression (DX F53.0) REMOVE criteria of Diagnosis of postpartum depression per DSM-5 criteria; Symptom onset no sooner than third trimester and no later than 4 weeks post delivery; Not currently more than 6 months postpartum; Must have Hamilton Depression Rating Scale (HAM-D) score at least 26; and Prescribed by, or in consultation with, a psychiatrist.		
			Medicaid					
	Injection - J1629		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	**Zynrelef** (bupivacaine/meloxicam instillation)	post surgical pain	Traditional					2/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
	J3490, C9088		Medicare	Part D: Part B:PA, ST	Part D: Part B:	Part D: Part B: REMOVE Step Therapy - will be covered for Medically Accepted Indications only		