

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional	T5, PA, QL	T5, PA, QL	REMOVE Prior Authorization criteria of disease state requirement of IBD or CKD		
macy	Accrufer		EG-Optimized	T5, PA, QL	T5, PA, QL	REMOVE Prior Authorization criteria of disease state requirement of IBD or CKD		
arma	(ferric carboxymaltose)	Iron Replacement	PPACA-Optimized Medicaid	T5, PA, QL	T5, PA, QL	REMOVE Prior Authorization criteria of disease state requirement of IBD or CKD	-	3/1/2022
モー				Part D:	Part D:	Part D:		
	All Strengths/formulations		Medicare	Part B:	Part B:	Part B:		
	Adeleses		Traditional	T8, PA	T8, PA, SOS	ADD Site Of Service		
耍	Adakveo (crizanlizumab-tmca)		EG-Optimized PPACA-Optimized	T8, PA T8, PA	T8, PA, SOS T8, PA, QL, SOS	ADD Site Of Service ADD Site Of Service	-	
ledic	(crizaniizumao-unca)	Sickle Cell Amenia	Medicaid	10, FA	10, FA, QL, 303	ADD Site Of Service	-	4/1/2022
_	J0791		Medicare	Part D:	Part D:	Part D:		
	30791			Part B:	Part B:	Part B:		
	adapalene/		Traditional					
nacy	benzoyl peroxide		EG-Optimized PPACA-Optimized				-	
E	(geq for Epiduo Forte)	Acne	Medicaid				-	2/1/2022
1	0.3-2.5% gel with pump		Medicare	Part D:	Part D: NF	Part D: NEW DRUG (generic) - not added to formulary		
	o.o z.o.o go. wier pump			Part B:	Part B:	Part B:		
	Afinitor		Traditional EC Ontimized		+		-	
Jacy	(everolimus)	_	EG-Optimized PPACA-Optimized		+			
ham	(0.0.0	Cancer	Medicaid					2/1/2022
۱ ا	10mg tablet		Medicare	Part D: T5, PA	Part D: NF	Part D: REMOVE from formulary - generic available		
_	roing about			Part B:	Part B:	Part B:		
	Afinitar Dienarz		Traditional				-	
macy	Afinitor Disperz (everolimus)	EG-Optimized PPACA-Optimized				†		
E	(everoninas)	Cancer	Medicaid				-	2/1/2022
-	oral tablets for suspension			Part D: T5, PA	Part D: NF	Part D: REMOVE from formulary - generic available		
	oral tablets for suspension		Medicare	Part B:	Part B:	Part B:		
	A b b b		Traditional	T4, PA	T4, PA	REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
acy	Ambrisentan (geq for Letairis) bulmonary Arterial hypertension	Dulmonany Artorial	EG-Optimized PPACA-Optimized	T4, PA T4, PA	T4, PA T4, PA	REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms	-	
ä			Medicaid	14, FA	14, FA	REMOVE Prior Authorization Chiefra requiring WHO functional class if or greater symptoms	-	3/1/2022
£ –			Part D:	Part D:	Part D:	-		
	tablets		Medicare	Part B:	Part B:	Part B:		
	Amphetamine/		Traditional	T1, QL	T1, QL	CHANGE Quantity limit to 2 per day (match 20mg, 25mg, and 30mg)		
nacy	dextroamphetamine XR		EG-Optimized PPACA-Optimized	T1b, QL T1b, QL	T1b, QL T1b, QL	CHANGE Quantity limit to 2 per day (match 20mg, 25mg, and 30mg) CHANGE Quantity limit to 2 per day (match 20mg, 25mg, and 30mg)		
ä	(geq for Adderall XR)	ADHD	Medicaid	I ID, QL	I ID, QL	CHANGE Quantity limit to 2 per day (match 20mg, 25mg, and 30mg)		3/1/2022
돈 -				Part D:	Part D:	Part D:	-	
	5mg, 10mg, 15mg capsules		Medicare	Part B:	Part B:	Part B:		
	_		Traditional					
acy	Azasan	Transplant anti-	EG-Optimized		1			
arm	(azathioprine)	rejection, rheumatoid	PPACA-Optimized Medicaid	-	+			2/1/2022
à		arthritis		Part D T4, BvD	Part D: NF	Part D: REMOVE from formulary - generic available		
	75mg and 100mg tablets		Medicare	Part B:	Part B:	Part B:		
T	41.		Traditional					· · · · · · · · · · · · · · · · · · ·
٠	azathioprine	Transplant anti-	EG-Optimized		1			
macy	(geq for Azasan)	rejection, rheumatoid	PPACA-Optimized Medicaid	-	+			12/1/2021
Pha.		arthritis	wedicald			D 40 MEMORIO (1) ADDED (4 MED 40 D 40		12/1/2021
	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		
	Biktarvy		Traditional					
>	(Bictegravir/emtricitabine/		EG-Optimized PPACA-Optimized		+			
macy	tenofovir alafenamide)	HIV	Medicaid		+		+	2/1/2022
E L	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:		
+			Traditional	T4, PA	T4, PA	REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
	Bosentan		EG-Optimized	T4, PA	T4, PA	REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
nacy	(geq for Tracleer)	Pulmonary Arterial	PPACA-Optimized	T4, PA	T4, PA	REMOVE Prior Authorization Criteria requiring WHO functional class If or greater symptoms	†	2/4/2000
nam	/J-1-:-/	hypertension	Medicaid		,	, , , , , , , , , , , , , , , , , , , ,	j	3/1/2022
- [tablets		Medicare	Part D:	Part D:	Part D:		
- 1		Me		Part B:	Part B:	Part B:	1	

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional					
	Carglumic acid		EG-Optimized				requirements (Limited Access drug) medication; For Plaque Psoriasis - medication; For Plaque Psoriasis -	
macy	(geq for Carbaglu)	High ammonia levels in	PPACA-Optimized					
	· · · · · · · · · · · · · · · · · · ·	the blood	Medicaid					2/1/2022
Phar	200 mg tablet	are blood	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:		
acy			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		
r Pharmacy	Cimzia (Certolizumab pegol)	Inflammatory conditions	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		2/1/2022
Medical or	(contained page)	, , , , , , , , , , , , , , , , , , , ,	PPACA-Optimized Medicaid	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	All strengths		Medicare	Part D:				
	All strelights		Traditional	NPS (T8), PA	NPS (T8), PA,	ADD Site Of Service. REMOVE Prior Authorization criteria of trial/failure with Fasenra		
	Cingair		EG-Optimized	NPS (T8), PA	NPS (T8), PA,	ADD Site Of Service, REMOVE Prior Authorization criteria of trial/failure with Fasenra		
ca	(reslizumab)		PPACA-Optimized	NPS (T8), PA	NPS (T8), PA,	ADD Site Of Service, REMOVE Prior Authorization criteria of trial/failure with Fasenra		4/1/2022 new Starts
Medi	, ,	Eosinophilic Asthma	Medicaid	Part D:	Part D:	Part D:		
	J2786		Medicare	Part B:	Part B:	Part B:		
	Crysvita (burosumab)		Traditional	Pref Spec (T7),	Pref Spec (T7),	ADD Site Of Service		
		X-linked	EG-Optimized	Pref Spec (T7),	Pref Spec (T7),	ADD Site Of Service		
ical			PPACA-Optimized	Pref Spec (T7),	Pref Spec (T7),	ADD Site Of Service		
Med	(**************************************	hypophosphatemia (XLH)	Medicaid					
	J0584		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional	T3	T2	DECREASE Tier from Tier 3 to Tier 2		
acy	Cytomel (Liothyronine)		EG-Optimized	T3	T2	DECREASE Tier from Tier 3 to Tier 2		
ä E		Hypothyroidism	PPACA-Optimized	T3	T2	DECREASE Tier from Tier 3 to Tier 2		3/1/2022
Pha —	All strengths	Hypothyroidism	Medicaid Medicare	Part D:	Part D:	Part D:		
	All strengths		wedicare	Part B:	Part B:	Part B:		
			Traditional	NPS (T8), PA	NPS (T8), PA,	ADD Site Of Service		
_	Dalvance		EG-Optimized	NPS (T8), PA	NPS (T8), PA,	ADD Site Of Service		
dica	(dalbavacin)	Antibiotic	PPACA-Optimized	NPS (T8), PA	NPS (T8), PA,	ADD Site Of Service		4/1/2022 for New Starts
Me		7 triablotto	Medicaid					
	J0875		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional					
ે	Dengvaxia		EG-Optimized					
armacy	(Dengue fever vaccine)	Dengue Fever	PPACA-Optimized	1	1			2/1/2022
Phar	Vaccine	Prevention	Medicaid Medicare	Part D:	Part D: T3	Part D: NEW VACCINE - ADDED to coverage at Tier 3		
$\vdash \vdash$				Part B:	Part B:	Part B:		
	D		Traditional	1				
acy	Desrx	inflammeter: -lile	EG-Optimized	1	1			
ame	(Desonide)	inflammatory skin conditions	PPACA-Optimized	1	1			2/1/2022
-F		conditions	Medicaid	Part D:	Part D: NF	Part D: NEW DRUG (generic) - Not added to formulary		
	gel		Medicare	Part B:	Part B:	Part B:		
	district and a second		Traditional	1				
ò	diclofenac potassium		EG-Optimized					
Pharmacy		pain/inflammation	PPACA-Optimized	1				12/1/2021
Pha			Medicaid	Part D:	Part D: NF	Part D: NEW DRUG (strength) - not added to formulary		
	25 mg tablet		Medicare	Part D: Part B:	Part B:	Part D: NEW DRUG (strength) - not added to formulary Part B:		
			Traditional					
macy	doxycycline hyclate		EG-Optimized	1				
E I	(geq for Targadox)	Antibiotic	PPACA-Optimized	1	1			12/1/2021
Phar			Medicaid	Part D:	Part D: NF	Part D: NEW DRUG (strength) - not added to formulary		12/1/2021
	50mg tablet		Medicare	Part B:	Part B:	Part D: NEW DRUG (strength) - not added to formulary Part B:		

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional	T4, PA, QL	T4, PA, QL	REMOVE Prior Authorization criteria of trial/failure with Fasenra, ADD Continuation criteria of adherance to therapy for diagnosis with Chronic rhinosinusitis with nasal Polyps (CRSwNP)		2/1/2022 2/1/2022 2/1/2022 3/1/2022 4/1/2022 for new starts
-≲	Dupixent (Dupilumab) All covered strengths (Commercial) 100mg/0.57 ml (Medicare ONLY) Empaveli (pegcetacoplan) Pine Begin Prine (geq for Epi-pen & Adrenaclix) 0.15mg/0.15ml 0.15mg/		EG-Optimized	T4, PA, QL	T4, PA, QL	plagificists with Circuite influsionations with reast incluyer (CRSWNP) REMOVE Prior Authorization criteria of trialifailure with Fasenra, ADD Continuation criteria of adherance to therapy for diagnosis with Chronic rhinosinusitis with nasal Polyps (CRSwNP)		
Pharmacy	(Dupilumab)	Inflammatory conditions	PPACA-Optimized	T4, PA, QL	T4, PA, QL	plagifiosis with Circuite Introductions with reast Polyps (CRSWNP) REMOVE Prior Authorization criteria of trialifailure with Fasenra, ADD Continuation criteria of adherance to therapy for diagnosis with Chronic rhinosinusitis with nasal Polyps (CRSWNP)		2/1/2022
ď			Medicaid	1		uragnosis with chilothic minosinusius with hasal Polyps (CRSWNP)		
1	All covered strengths (Commercial)			Part D:	Part D: T5, PA	Part D: NEW DRUG (strength) - ADDED to formiulary at Tier 5, with Prior Authorization		
	100mg/0.67 ml (Medicare ONLY)		Medicare	Part B:	Part B:	Part B:		
			Traditional				2/1/2022 2/1/2022 3/1/2022 4/1/2022 for new starts	
	Empavoli		EG-Optimized					2/1/2022 2/1/2022 2/1/2022 3/1/2022 4/1/2022 for new starts
Medical		paroxysmal nocturnal hemoglobinuria (PNH)	PPACA-Optimized Medicaid	Not Covered	Covered for Home	ADD Site Of Service - Home Infusion (medication added to MDHHS FFS carve-out under the pharmacy benefit)		2/1/2022
-	12400	, ,		Part D:	infusion, PA Part D:	Part D:		
	J243U		Medicare	Part B:	Part B:	Part B:		
			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).		
Medical		Crohns Disease, Ulcerative Colitis	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 infammatory markers such as fecal calprotectin, C-reactive protein).		2/1/2022 2/1/2022 2/1/2022 4/1/2022 for new starts 2/1/2022
			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:		
			Traditional	T2. QL	T2. QL	ADD Quantity Limits of 4 per 30 days and 6 per 365 days		
	Epinephrine		EG-Optimized	T2, QL	T2. QL	ADD Quantity Limits of 4 per 30 days and 6 per 365 days		
macy	P · P		PPACA-Optimized	T2, QL	T2, QL	ADD Quantity Limits of 4 per 30 days and 6 per 365 days		
harn		Anaphylaxsis	Medicaid					3/1/2022
а.	0.15mg/0.3ml		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional					
_			EG-Optimized					
macy	(topiramate)	Seizures	PPACA-Optimized	-				2/4/2022
Phar	25mg/ml solution	Seizures	Medicaid 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		2/1/2022
			Traditiona!	Pref Spec (T7),	Pref Spec (T7),	Part B: ADD Site Of Service		
			Traditional EG Optimized	Pref Spec (17), Pref Spec (T7),	Pref Spec (17), Pref Spec (T7),	ADD Site Of Service ADD Site Of Service		
_			EG-Optimized PPACA-Optimized	Pref Spec (17), Pref Spec (T7),	Pref Spec (17), Pref Spec (T7),	ADD Site of Service ADD Site Of Service		
Medica	(romosozumab)	osteoporosis	Medicaid	i isi opec (i i),	rior opec (17),	OILE OIL GETTING	formulation) - ADDED to formulary with Step Therapy Requirements: Must try and fail topiramate by Limits of 16 ml/day	
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
	J3111	N		+ =: 1 = :				
	J3111	Т	Traditional					
			Traditional EG-Optimized					
(\$ D			EG-Optimized PPACA-Optimized					2/1/2022
B vs D	everolimus		EG-Optimized					2/1/2022
BvsD	everolimus		EG-Optimized PPACA-Optimized Medicaid 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		2/1/2022
BvsD	everolimus (geq for Zortress)		EG-Optimized PPACA-Optimized Medicaid Medicare Traditional					2/1/2022
lacy B vs D	everolimus (geq for Zortress) 1mg tablet everolimus	rejection medication	EG-Optimized PPACA-Optimized Medicaid Medicare Traditional EG-Optimized					
	everolimus (geq for Zortress)		EG-Optimized PPACA-Optimized Medicaid Medicare Traditional					2/1/2022

everolimus q for Afinitor Disperz) ral tablets for suspension Exparel caine liposome injection) J3490, C9290	ontina)	Cancer	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	Part D:				
q for Afinitor Disperz) ral tablets for suspension Exparel caine liposome injection)	ontina)	Cancer	PPACA-Optimized Medicaid Medicare					
ral tablets for suspension Exparel caine liposome injection)	ontina)	ancer	Medicaid Medicare					
Exparel (caine liposome injection)	ootion)		Medicare					12/1/2021
Exparel (caine liposome injection)	ootion)		*****		Part D: T5, PA	Part D: NEW DRUG (generic) - ADDED to formulary at Tier 5, with Prior Authorization Requirements		
caine liposome injection)	ection) post s			Part B:	Part B:	Part B:		
caine liposome injection)	ection) post s		Traditional					
	ection) post s		EG-Optimized					
J3490, C9290	-	urgical pain	PPACA-Optimized					2/1/2022
J3490, C9290			Medicaid	Part D:	Part D:	Part D:		
			Medicare	Part B:PA, ST	Part B:	Part B: REMOVE Step Therapy - will be covered for Medically Accepted Indications only		
			Traditional	Pref Spec (T7),		ADD Site Of Service		
Fasenra			EG-Optimized	Pref Spec (T7),		ADD Site Of Service		
(benralizumab)	Enginer	ohilic Asthma	PPACA-Optimized	Pref Spec (T7),		ADD Site Of Service		4/1/2022 New Starts
. ,	Eosinop	Julio Astrima	Medicaid					Up to 7-1-2022 for current auths
J0517		Ī	Medicare	Part D:	Part D:	Part D:		
00011				Part B:	Part B:	Part B:		
F Ch			Traditional					
Fenofibrate (geg for Antara) High Cholesterol/	EG-Optimized							
(geq for Antara)	High triglyceride		PPACA-Optimized Medicaid					2/1/2022
	riigii	uigiyceiide		Part D:	Part D: NF	Part D: NEW DRUG (generic) - Not added to formulary		
80mg and 90 mg capsule			Medicare	Part B:	Part B:	Part B:		
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		
	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		3/1/2022		
		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:		
			Traditional					
		ŀ		T4. PA	NF.			
Genotropin	Hum			T4, PA	NF	REMOVE from formulary	Marditrania	7/1/2022
Genotropin (Somatropin)	He		Medicaid			·	ivoraitropin	11112022
	Hor		Madicara	Part D:	Part D:	Part D:		
(Somatropin)				Part B:	Part B:	Part B:		
		Trac	Traditional					
(Somatropin)					1		 	
(Somatropin) Injection Gvoke			EG-Optimized					
(Somatropin)	15							2/1/2022
		Somatropin) Hum	Somatropin) Human Growth Hormone	Somatropin) Human Growth Hormone Medicaid Medicare	Fenotropin Somatropin) Human Growth Hormone Ho	Traditional T4, PA	Traditional T4, PA	Traditional 14, PA

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			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 Hemilibra 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. Hemilibra 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 2/1/2022 4/1/2022 New Starts Up to 7-1-2022 for current auths 4/1/2022 New Starts Up to 7-1-2022 for current auths
Phamacy	Hemlibra (emicizumab)	Common size		2/1/2022				
	subcutaneous injection		PPACA-Optimized	T4, PA	T4, PA	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 Hemilibra 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 flow weeks, or 6 mg/kg once every four weeks. Hemilibra 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	2/1/2022 2/1/2022	
				Part D:	Part D:	Part D:		
	subcutaneous injection			Part B:	Part B:	Part B:		
al	llumya							2/1/2022
Medic	(Tildrakizumab)	Inflammatory conditions	Medicaid			ADD option to Prior Authorization Criteria - Enbrel as trial medication		2/1/2022
	All strengths				Prof Spec (T7)	ADD Site Of Service		
	Kanuma	All strengths N T Kanuma E	EG-Optimized	Pref Spec (T7),	Pref Spec (T7),	ADD Site Of Service		
edical	(sebelipase alfa)	.,	PPACA-Optimized					2/1/2022 4/1/2022 New Starts Up to 7-1-2022 for current auths 4/1/2022 New Starts
M		iipase deticiency		Part D:	Part D:	Part D:	-	OP to 1-1-2022 IOI CUITEIIL AUTIS
	J2840				Part B:	Part B:		
	Knyetovya							
ical								4/1/2022 New Starts
Medi	(1-3)	Gout						Up to 7-1-2022 for current auths
	J2507		Medicare					
			Traditional	ıı alt D.				
5	Livmarli		EG-Optimized		NF	NEW DRUG - not added to formulary		
armacy	(maralixibat)	Cholestatic pruitus		1				3/1/2022
Pha		1		Part D:				
	All Strengths/formulations							
	1.46							
ласу	(diclofenac potassium)		PPACA-Optimized					2/1/2022 4/1/2022 New Starts Up to 7-1-2022 for current auths 4/1/2022 New Starts Up to 7-1-2022 for current auths
ham	(2.2.orondo potacoldin)	pain/inflammation	Medicaid					2/1/2022
4	25 mg tablet		Medicare	Part D: Part B:	Part D: NF	Part D: NEW DRUG (generic) - Not added to formulary Part B:		
			Traditional	rait b.	Part B: SOS	ADD Site Of Service -ADD Prior Authorization requirement of not covered in combination with Nexviazyme and dose		
	Lumizyme		EG-Optimized		SOS	rounding in adult patients ADD Site Of Service -ADD Prior Authorization requirement of not covered in combination with Nexviazyme and dose rounding in adult patients		
Medica	(alglucosidase alfa)	Pompe Disease	PPACA-Optimized		sos	NOOD IT IN CONTROL TO A CONTROL		
			Medicaid		Part D:			
		21 Mei		Part D:		Part D:		

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional			NEW DRUG - not added to formulary		3/1/2022 2/1/2022 3/1/2022 4/1/2022 New Starts Up to 7-1-2022 for current auths 4/1/2022 New Starts Up to 7-1-2022 for current auths 4/1/2022 New Starts Up to 7-1-2022 for current auths 2/1/2022 New Starts Up to 7-1-2022 for current auths
macy	Lymepak		EG-Optimized			NEW DRUG - not added to formulary		
	(Doxycycline Hyclate)	Early Lyme Disease	PPACA-Optimized			NEW DRUG - not added to formulary		3/1/2022
Pha			Medicaid	Part D:	Part D: Excluded	NEW DRUG - Pending Medicaid Common Formulary review Part D: NEW DRUG - Excluded - If Part D eligibility changes, not added to formulary		
	All Strengths/formulations		Medicare	Part B:	Part B:	Part B:		
			Traditional					
_	Mavyret		EG-Optimized					
ласу	(Glecaprevir and Pibrentasvir)		PPACA-Optimized					
Pham		Hepatitis C	Medicaid			Part D: NEW DRUG (formulation) - ADDED to formulary at Tier 5, with Prior Authorization Requirements and Quantity Limit		2/1/2022
Ь	50-20 packet		Medicare	Part D: Part B:	Part D: T5, PA, QL Part B:	Part D. New DROG (formulation) - ADDED to formularly at their 5, with Prior Adultofization Requirements and Quantity Limit of 5 packets per day Part B:		
			Traditional	NF	NF			
25	Meprobamate		EG-Optimized	T3, ST	T3	REMOVE Step Therapy through buspirone, doxepin, or hydroxyzine		
macy	(generic for Miltown)	Anxiety	PPACA-Optimized	T3, ST	T3	REMOVE Step Therapy through buspirone, doxepin, or hydroxyzine	Positive	3/1/2022
Pha			Medicaid	D- 4 D	D- 4 D	D-4D		
	200 mg and 400mg tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
					NPS (T8), PA,			
	Novview		Traditional	NPS (T8), PA	SOS NPS (T8), PA,	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 4/1/2022 New Starts Up to 7-1-2022 for current auths
75	Nexviazyme (avalglucosidase alfa)		EG-Optimized	NPS (T8), PA	SOS	ADD Site Of Service - ADD prior Authorization criteria of not covered in combination with Lumizyme		
Medic	(avaigiucositiase alla)	Pompe Disease	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	Part D:	Part D:	Part D:		
	J3590, C9085		Medicare	Part B:	Part B:	Part B:		
			Traditional			ADD Site Of Service - REMOVE Prior Authorization criteria of trial/failure with Fasenra		
	Nucala		EG-Optimized			ADD Site Of Service - REMOVE Prior Authorization criteria of trial/failure with Fasenra		
ical	(mepolizumab)	Casinanhilia Aathana	PPACA-Optimized	raditional NPS (T8), PA NPS (T8), PA, ADD Site Of Service - REMO' G-Optimized NPS (T8), PA NPS (T8), PA, ADD Site Of Service - REMO' PACA-Optimized NPS (T8), PA NPS (T8), PA, ADD Site Of Service - REMO' ledicaid Part D: Part D: Part D: Part D:	ADD Site Of Service - REMOVE Prior Authorization criteria of trial/failure with Fasenra		4/1/2022 New Starts	
Med		Eosinophilic Asthma	Medicaid	1				Up to 7-1-2022 for current auths
	J2182		Medicare					
				Part B:	Part B:	Part B:	Up to 7-1-2022 for curre	
	Nulojix		Traditional EG-Optimized	NPS (T8), PA NPS (T8), PA	NPS (T8), PA, NPS (T8), PA,	ADD Site Of Service ADD Site Of Service	Op to 7-1-2022 for current	
dical	(belatacept)	Kidney Transplant anti-rejection	PPACA-Optimized	NPS (T8), PA	NPS (T8), PA,	ADD Site of Service		Up to 7-1-2022 for current auths 4/1/2022 New Starts
Me		una rejection	Medicaid					Up to 7-1-2022 for current auths
	J0485		Medicare	Part D:	Part D:	Part D:	1	
			Traditional	Part B: T4. PA. QL. AL	Part B: T4. PA. QL. AL	Part B: REMOVE Prior Authorization criteria: Patient's liver function is being monitored regularly		
acy	Ofev		EG-Optimized	T4, PA, QL, AL	T4, PA, QL, AL	REMOVE Prior Authorization criteria: Patient's liver function is being monitored regularly		
ma	(nintedanib)	Idiopathic Pulmonary Fibrosis	PPACA-Optimized	T4, PA, QL, AL	T4, PA, QL, AL	REMOVE Prior Authorization criteria: Patient's liver function is being monitored regularly		2/1/2022
Pha	(Medicaid					
	All strengths		Medicare	Part D:				
			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.		
ırmacy	Olumiant (Baricitinib)	Inflammatory	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.		2/1/2022
Pha		Conditions	PPACA-Optimized Medicaid	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.		
	All strengths		Medicare	Part D:	1			
			Traditional	. art D.				
	Omidria		EG-Optimized					
dical	(Phenylephrine/ketorolac ophthalmic irrigation solution)	post surgical pain	PPACA-Optimized					2/1/2022
Me	opnicialinio imgalion solution)	post surgical pail	Medicaid					2.112022
	J1097		Medicare	Part D: Part B:	Part D: Part B: Non	Part D: Part D: ADD to opportude. Covered for Medicelly Accounted Indications only		
			Traditional	Varies	Varies	Part B: ADD to coverage - Covered for Medically Accepted Indications only 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		
Medical	Oncology		EG-Optimized	Varies	Varies	progression has occurred after initiation of drug therapy ADD Prior Authorization continuation criteria:Current chart notes detailing response and compliance to therapy; and		
macy and Med	Medication	Cancer	EG-Optimized	valles	vailes	Coverage may be discontinued: Patient is noncompliant with medical or pharmacologic therapy and/or Disease progression has occurred after initiation of drug therapy [ADD Prior Authorization continuation criteria Current chart notes detailing response and compliance to therapy; and		2/1/2022
Pharm			PPACA-Optimized	Varies	Varies	Coverage may be discontinued: Patient is noncompliant with medical or pharmacologic therapy and/or Disease progression has occurred after initiation of drug therapy		
	All above 12		Medicaid	Deet D.	Deat D.			
	All strengths		Medicare	Part D:	Part D:			

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional	Pref. Spec (T7),		ADD Site Of Service		
_	Onpattro	polyneuropathy in	EG-Optimized	Pref. Spec (T7),	Pref. Spec (T7),	ADD Site Of Service		
gdica	(patisiran)	hereditary transthyretin-	PPACA-Optimized	Pref. Spec (T7),	Pref. Spec (T7),	ADD Site Of Service		4/1/2022 New Starts Up to 7-1-2022 for current auths
<u> </u>		mediated amyloidosis	Medicaid	Part D:	Part D:	Part D:		Up to 7-1-2022 for current auths
	J0222		Medicare	Part B:	Part B:	Part B:		
			Traditional	T5, PA	T5, PA	REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
24	Opsumit		EG-Optimized	T5, PA	T5, PA	REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
macy	(macitentan)	Pulmonary Arterial	PPACA-Optimized	T5, PA	T5, PA	REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		3/1/2022
Phar —		hypertension	Medicaid	Part D:	Part D:	D. d D.		
	All Strengths/formulations		Medicare	Part D: Part B:	Part D:	Part D: Part B:		
			Traditional	rarrb.	NF	NEW DRUG - not added to formulary		
_	Opzelura		EG-Optimized		NF	NEW DRUG - not added to formulary		
r a	(ruxolitinib)	Atopic Dermatitis	PPACA-Optimized		NF	NEW DRUG - not added to formulary		3/1/2022
		Atopic Demiatitis	Medicaid		Pending	NEW DRUG - pending Medicaid Common Formulary review		0/1/2022
	1.5% Cream		Medicare	Part D:	Part D: NF	Part D: NEW DRUG - not added to formulary		
-				Part B:	Part B: N/A			
			1			ADD Prior Authorization criteria: Patient must have tried and failed, or have contraindication to one drug from both of the		
			Traditional	T4. PA	T4. PA			
			Traditional	,	,			
				Part B: NA Part B: N/A Pharmacy Only 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 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 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				
			ADD Prior Authorization criteria: Patient must have tried and failed, or have contraindication to one drug from both of the					
	(treprostinil) Pulmonary Arterial hypertension	50 0 W 1 1	T4 D4	T4 D4			0.440000	
		EG-Optimized	14, PA	14, PA				
forman						functional class II or greater symptoms		3/1/2022
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PPACA-Optimized	T4 PA	T4 PA	following classes: (a) Phosphodiesterase inhibitor (i.e. sildenafil or tadalafil); AND		
			·	,	.,			
			Medicaid	Ded Di	Part D:	D. d D.		
	tablet		Medicare	Part D: Part B:	Part D:	Part D: Part B:		
			Traditional	T2	T3	INCREASE Tier from Tier 2 to Tier 3		
	Oxandrolone		EG-Optimized	T2	T3	INCREASE Tier from Tier 2 to Tier 3	N/A	
٠	(geq for Oxandrin)	Anabolic Steroid	PPACA-Optimized	T2	T3	INCREASE Tier from Tier 2 to Tier 3		7/1/2022
		Anabolic Steroid	Medicaid				IVA	
	2.5mg & 10 mg		Medicare	Part D:	Part D:	Part D:		
_				Part B:	Part B:	Part B:		
	Oxlumo		Traditional EG-Optimized	Pref. Spec (T7), Pref. Spec (T7),	Pref. Spec (T7), Pref. Spec (T7),	ADD Site Of Service ADD Site Of Service		
	(lumasiran)	Primary hyperoxaluria	PPACA-Optimized	Pref. Spec (17), Pref. Spec (T7),	Pref. Spec (17), Pref. Spec (T7),	ADD Site Of Service ADD Site Of Service		4/1/2022 new Starts
	(IUIIIaSII aII)	type 1 (PH1)	Medicaid	1 131. Opec (17),	1 101. Opec (17),	ADD OILE OF GENERAL		Up to 7-1-2022 for current auths
	J0224	21	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
	Oxycodone/		Traditional					
	acetaminophen		EG-Optimized					
	(geg for Prolate)	Pain	PPACA-Optimized					2/1/2022
	(5-1)		Medicaid	Part D:	Part D: NF	Part D: NEW DRUG (generic) - Not added to formulary		
	10mg-300mg/5 ml solution		Medicare	Part B:	Part B:	Part B:		
			Traditional	·				
	paroxetine		EG-Optimized					
	(geq for Paxil)	Depression	PPACA-Optimized					12/1/2021
-		-,	Medicaid	Port D:	Port D: T4	Ded D. ADDED to Fermillani so Ties 4		
	Oral Suspension ONLY		Medicare	Part D: Part B:	Part D: T4 Part B:	Part D: ADDED to Formulary as Tier 4 Part B:		
+-			Traditional	rail D.	rai(B.	Irali D.		
	Paxil		EG-Optimized					
	(paroxetine)	B	PPACA-Optimized					0/4/0000
	(paronouno)	Depression	Medicaid					2/1/2022
	Oral Suspension ONLY		Medicare	Part D:T4	Part D: NF	Part D: REMOVED from Formulary, generic available		
	Grai Guaperiaron GNL I		wicultate	Part B:	Part B:	Part B:		1

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date	
	O		Traditional						
<u>isal</u>	Quzyttir (cetirizine IV)		EG-Optimized PPACA-Optimized	1	-			4/1/2022 4/1/2022 New Starts Up to 7-1-2022 for current auths 3/1/2022	
Med	, ·/	acute uticaria	Medicaid					4/1/2022	
	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			
			Traditional	r art Birth O (10),	raic B. III O (10),	Tart B. Abb Old Therapy, mast by and lain injectable approximation and materyzine			
	Qutenza (capsaicin patch)		EG-Optimized PPACA-Optimized						
dical	(capsaiciii patcii)	Diabetic Peripheral Neuropathy,	Medicaid					4/1/2022 4/1/2022 New Starts Up to 7-1-2022 for current auths 3/1/2022	
Me	J7336	Postherpetic Neuralgia	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)			
	Dedienn		Traditional	NPS (T8), PA	NPS (T8), PA,	ADD Site Of Service			
Es	Radicava (edaravone)		EG-Optimized PPACA-Optimized	NPS (T8), PA NPS (T8), PA	NPS (T8), PA, NPS (T8), PA,	ADD Site Of Service ADD Site Of Service		4/1/2022 New Starts	
Medi	(oddiarono)	ALS	Medicaid	1	1				
	J1301		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
			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: Enbrol or Humira, for a period of at least 3 months; For Rheumatoid Arthritis - Patient has tried at least ONE of the following: Enbrol or Humira, for a period of at least 3 months.			
Pharmacy	Rinvoq (upadacitinib)	Inflammatory conditions	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.		4/1/2022 4/1/2022 4/1/2022 New Starts Up to 7-1-2022 for current auths	
	- 1			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 Traditional	Part D:					
	Sajazir		EG-Optimized						
пасу	(icatibant)	Hereditary	PPACA-Optimized					2/4/2022	
Phan	Injection	- Angioedema	Medicare 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:		2112022	
			Traditional		T5, PA, QL	NEW DRUG - ADDED to Formulary at Tier 5, with Prior Authorization criteria 11. 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)			
ÁS.	Scemblix (asciminib)		EG-Optimized		T5, PA, QL	NEW DRUG - ADDED to Formulary at Tier 5, with Prior Authorization criteria 11. 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 tryffail 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)			
Phamacy		Leukemia (CML)	PPACA-Optimized		T5, PA, QL	NEW DRUG - ADDED to Formulary at Tier 5, with Prior Authorization criteria 11. 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	
		+	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			

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional					
5	insulin glargine-yfgn		EG-Optimized					
Pharmacy	(Semglee)	Diabetes	PPACA-Optimized					2/1/2022
- Pha			Medicaid	Part D:	Part D: NF	Part D: BIOSIMILAR to Lantus/Toujeo/Basaglar - Not added to formulary		
	All formulations		Medicare	Part D:	Part B:	Part D: BIOSIMILAR to Lantus/Toujeo/Basagiar - Not added to formulary Part B:		
			Traditional	i ait b.	I dit D.	rdit D.		
	sertraline		EG-Optimized					
Pharmacy		Depression	PPACA-Optimized					2/1/2022
har		Depression	Medicaid					ZI IIZUZZ
	150mg and 200mg CAPSULES		Medicare	Part D:	Part D: NF	Part D: NEW DRUG (strength/formulation) - not added to formulary		
-	, ,			Part B: T4. PA	Part B: T4. PA	Part B: REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
	Sildenafil		Traditional EG-Optimized	T4, PA	14, PA T4. PA	REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
macy	(geg for Revatio)	Pulmonary Arterial	PPACA-Optimized	T4, PA	T4, PA	REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
ham	(god for trevatio)	hypertension	Medicaid	,	,	The state of the s		3/1/2022
oc	20mg tablet only	2		Part D:	Part D:	Part D:		
	Zunig lablet only		Medicare	Part B:	Part B:	Part B:		
T			Traditional		NF	NEW DRUG - not added to formulary		3/1/2022
ç	Skytrofa (Ionapegsomatropin-togd) All Strengtheformulations Growth Hormone deficiency	EG-Optimized		NF NF	NEW DRUG - not added to formulary			
amacy			PPACA-Optimized Medicaid		NF Pending	NEW DRUG - not added to formulary NEW DRUG - Pending Medicaid Common Formulary review	Norditropin	3/1/2022
- Pha				Part D:	Part D: NF	Part D: NEW DRUG - not added to formulary		
			Medicare	Part B:	Part B: N/A	Part B: N/A - Pharmacy Only		
7			Traditional	NF	T2, QL	ADD to formulary at Tier 2 with Quantity Limits of 2 vials per 365 days		
~	Solu-cortef (hydrocortisone)		EG-Optimized	NF	T2, QL	ADD to formulary at Tier 2 with Quantity Limits of 2 vials per 365 days		
.mac		adrenal insufficiency	PPACA-Optimized	NF	T2, QL	ADD to formulary at Tier 2 with Quantity Limits of 2 vials per 365 days		3/1/2022
Pharmacy		adional incomorning	Medicaid					
	100 mg vial		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
_								
			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		7/1/20227
cal	Stelara (Ustekinumab)	Change applies to these diseases only:	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		
Medi	(cotolananas)	Crohn's disease, Ulcerative colitis	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					
				Part D:	Part D:	Part D:		
	J3358- IV ONLY		Medicare	Part B:	Part B:	Part B:		
			Traditional		Not Covered	NEW DRUG - not added to medical benefit		
	Susvimo		EG-Optimized	1	Not Covered	NEW DRUG - not added to medical benefit		
	(RANOBIZUMAB)		PPACA-Optimized		Not Covered	NEW DRUG - not added to medical benefit		3/1/2022 7/1/2022? 2/1/2022
			Medicaid		Not Covered	NEW DRUG - not added to medical benefit		
Medical	Injection	Wet Age-related Macular Degeneration	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 tryftal 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.	Avastin, Lucentis	2/1/2022
			Traditional	T4, PA	T4, PA	REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
	Tadalafil		EG-Optimized	T4, PA	T4, PA	REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
rmacy	(geg for Adcirca)	Pulmonary Arterial	PPACA-Optimized	T4. PA	T4, PA	REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
Pharm	13-7 1401104/	hypertension	Medicaid					3/1/2022
۵.	tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
		ANCA - associated vasculitis	Traditional		T4, PA, QL	NEW DRUG - ADUEL to Formulary at 1 ter 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; 3.4 telast 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 steriod use if not previously relapsed; 8. For continuation: What 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 18/10/7 days.		3.11202.2
у	ANCA - associated vasculitis Traditional Tayneos (avacopan) EG-Optimized AI Strengtheformulations ANCA - associated vasculitis Traditional EG-Optimized AI Strengtheformulations ANCA - associated vasculitis Traditional EG-Optimized AI Strengtheformulations Medicare ANCA - associated vasculitis ANCA - associated vasculitis Traditional ANCA - associated vasculitis Traditional ANCA - associated vasculitis Traditional Traditional Traditional Traditional Traditional EG-Optimized ANCA - associated vasculitis Traditional Traditional EG-Optimized Traditional Tradit	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.						
Phamacy						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 >= 15mLmin/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 Strengthalformulations		Medicare			Patient does not require dailysis, have koney transpiant, 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		
			Traditional					
ે					1			
Pharmacy	(geq for Taytulla)	Oral Contraceptive			1			2/1/2022
Pha	Softgel capsules					Part D: NEW DRUG (generic) - Not added to formulary Part R:		
			Traditional			ADD Prior Authorization Criteria - 1. must also have documented treatment failure, contraindication or ineffective response in addition 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		2/1/2022
Phamacy	•	Osteonorosis	EG-Optimized	T5, PA	T5, PA	USS. ADD Prior Authorization Criteria - 1. must also have documented treatment failure, contraindication or ineffective response in addition 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		3/1/2022
Pha		3000000	PPACA-Optimized	T5, PA	T5, PA	USE. ADD Prior Authorization Criteria - 1. must also have documented treatment failure, contraindication or ineffective response in addition 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.		o never
1 -			Medicaid	Ded D.	Ded Di	D. 4 D.		
	pen-jector		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
	Thalitone		Traditional EC Optimized		1			
amacy	(chlorthalidone)	Diuretic	PPACA-Optimized Medicaid					12/1/2021
Phar		Diuretic PPA	IVIEUICAIU	Part D:	Part D: NF	Part D: NEW DRUG (strength) - not added to formulary		

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			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 2/1/2021 3/1/2022
Pharmacy	Tobramycin Inhalation	Lung infection due to Pseudomonas in cystic	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.		2/1/2022
4		fibrosis	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: Confinues to require treatment of Pseudomonas aeruginosa infection and Documentation of stabilization or improvement by pulmonologist or CF specialist.		
			Medicaid	D. 4 D.	D- 1 D			
1	J		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional	Tareb.	I dit b.	Fall D.		
>	Tritocin		EG-Optimized					
Pharmacy	(triamcinolone)	inflammatory skin	PPACA-Optimized					2/1/2021
har	conditions		Medicaid				4	211/2021
"	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:		
_			Traditional	rail D.	NF	NEW DRUG - not added to formulary		
,	Trudhesa		EG-Optimized		NF.	NEW DRUG - not added to formulary		
	(dihydroergotamine) PP	PPACA-Optimized		NF.	NEW DRUG - not added to formulary			
nac	(dillydrocigotallillo)	Manager to a few and a second	Medicaid		Pending	NEW DRUG - Pending Medicaid Common Formulary review		2/4/0000
Pharmacy	All Strengths/formulations	Migraine treatment	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:		
			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		
macy		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		3/1/2022	
Pha			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		
1		1	Medicaid					
<u> </u>	All strengths	-	Medicare	Part D:	NE	NEW DDUO and add do Good box		
	Tyrvaya		Traditional	1	NF NF	NEW DRUG - not added to formulary		
Pharmacy	(varenicline tatrtrate)		EG-Optimized PPACA-Optimized	+	NF NF	NEW DRUG - not added to formulary NEW DRUG - not added to formulary		
E	(valeriiciirie tatrirate)	Dry Eva Disassa			Pending	NEW DRUG - Indiaded to formulary NEW DRUG - Pending Medicaid Common Formulary review	Xiidra	
	(Valeriicille tatitate) Dry Eye [L)rv Eve L)isease					- Xiidra	
Pha		- Diy Lye Disease	Medicaid	Part D:				
Phe	Nasal Spray	Dry Lye Disease	Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW DRUG - not added to formulary		
Pha	Nasal Spray	Dry Lye Disease			Part D: NF	Part D: NEW DRUG - not added to formulary Part B: N/A - Pharmacy Only ADD Site Of Service - ADD Prior Authorization continuation criteria of Must have a positive clinical response to Tysabri as evidenced by		
ical Pha	Tysabri	Crohn's disease,	Medicare	Part B:	Part D: NF Part B: N/A NPS (T8), PA,	Part D: NEW DRUG - not added to formulary Part B: N/A - Pharmacy Only 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 ADD Site Of Service - ADD Prior Authorization continuation criteria of Must have a positive clinical response to Tysabri as evidenced by		4/1/2022 new Starts
Medical Pha			Medicare Traditional EG-Optimized PPACA-Optimized	Part B: NPS (T8), PA	Part D: NF Part B: N/A NPS (T8), PA, SOS NPS (T8), PA,	Part D: NEW DRUG - not added to formulary Part B: N/A - Pharmacy Only 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 ADD Site Of Service - ADD Prior Authorization continuation criteria of Must have a positive clinical response to Tysabri as		4/1/2022 new Starts Up to 7-1-2022 for current auths
Medical Phe	Tysabri	Crohn's disease,	Medicare Traditional EG-Optimized	Part B: NPS (T8), PA NPS (T8), PA	Part D: NF Part B: N/A NPS (T8), PA, SOS NPS (T8), PA, SOS NPS (T8), PA,	Part D: NEW DRUG - not added to formulary Part B: N/A - Pharmacy Only 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 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 ADD Site Of Service - ADD Prior Authorization continuation criteria of Must have a positive clinical response to Tysabri as evidenced by		

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			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 4/1/2022 New Starts Up to 7-1-2022 for current auths 3/1/2022
cal or Pharmacy	Tyvaso (treprostinil)	Pulmonary Arterial hypertension	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. slidenafil or tadalafil); AND (b) Endothelin receptor antagonis (i.e. ambrisentan or bosentan) REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		3/1/2022
Medica			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	Preferred covered alternatives	
	nebulizer		Medicaid Medicare	Part D:	Part D:	Part D:		
	Hebuitzei			Part B: Pref Spec (T7),	Part B: Pref Spec (T7),	Part B: ADD Site Of Service		
	Uplinza		Traditional EG-Optimized	Pref Spec (T7),	Pref Spec (17),	ADD Site Of Service ADD Site Of Service		
lical	(inebilizumab-cdon)	neuromyelitis optica spectrum disorder	PPACA-Optimized	Pref Spec (T7),	Pref Spec (T7),	ADD Site Of Service		
Med		(NMOSD)	Medicaid			0.10		Up to 7-1-2022 for current auths
	J1823		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			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. sildenafii or tadalafili); AND (b) Endothelin receptor antagonist (i.e. ambrisentan or bosentan) REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
harmacy	Uptravi (selexipag) Pulmonary Arterial hypertension	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 tadalafili); 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	
Ь			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:		
			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. sildenafii or tadalafii); AND (b) Endothelin receptor antagonist (i.e. ambrisentan or bosentan) REMOVE Prior Authorization Criteria requiring WHO functional class II or greater symptoms		
Il or Pharmacy	Ventavis (iloprost)	Pulmonary Arterial hypertension	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		3/1/2022
Medica			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	D. 1 D.	D. J.D.			
	Inhalation		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
	Xaracoll		Traditional	n alt D.	n unt D.	I dit U.		
le	(Bupivacaine, collagen-matrix		EG-Optimized					
ledica	implant)	post surgical pain	PPACA-Optimized Medicaid	+				2/1/2022
2	J3490, C9089		Medicare	Part D:	Part D:	Part D:		
	33430, 03003		Wedledie	Part B:	Part B:Non-	Part B: ADD to coverage - Covered for Medically Accepted Indications only		

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
	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: Entrel 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, Actemng) for a period of at least 3 months; OR Patient will be starting on Xeljarce) concurrently with methotrexate, sulfasalazine, or leflunomide, OR Patient has aggressive disease, as determined by the prescribing physician.		E HEVEE
Phamacy			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, Enbrek, Kineret, Actemral) 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, Acterna]) 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:				
	Xolair (omalizumab)	Asthma, Chronic idiopathic uticaria	Traditional	Pref Spec (T7),	Pref Spec (T7),	ADD Site Of Service		
_			EG-Optimized	Pref Spec (T7),	Pref Spec (T7),	ADD Site Of Service		4/1/2022 New Starts Up to 7-1-2022 for current auths
Medica			PPACA-Optimized	Pref Spec (T7),	Pref Spec (T7),	ADD Site Of Service		
			Medicaid	Part D:	Part D:			Up to 7-1-2022 for current auths
	J2357		Medicare	Part D: Part B:	Part D:	Part D: Part B:		
_		Contraceptive	Traditional	T2	T2. QL	ADD Quantity Limits of #4/28 days		_
	Xulane (ethinyl estradiol / norelgestromin)		EG-Optimized	T2	T2, QL	ADD Quantity Limits of #4/28 days		
Pharmacy			PPACA-Optimized	T2	T2, QL	ADD Quantity Limits of #4/28 days		3/1/2022
Jarr			Medicaid		12, 42	FIDE Quality Emilio of ##120 days		
-	transdermal patch			Part D:	Part D:	Part D:		
			Medicare	Part B:	Part B:	Part B:		
	Zafemy (ethinyl estradiol / norelgestromin)	Contraceptive	Traditional	T2	T2, QL	ADD Quantity Limits of #4/28 days		
25			EG-Optimized	T2	T2, QL	ADD Quantity Limits of #4/28 days		
шас			PPACA-Optimized	T2	T2, QL	ADD Quantity Limits of #4/28 days		3/1/2022
Pharmacy			Medicaid					O ILULE
_			Medicare	Part D:	Part D:	Part D:		
				Part B:	Part B:	Part B:		
	Zolmitriptan (triamcinolone)	migraine	Traditional	+	1			
ac/			EG-Optimized	+				2/1/2022
(triamcinolone)			PPACA-Optimized Medicaid	+				
	nasal spray			Part D:	Part D: NF	Part D: NEW DRUG (generic) - not added to formulary		
			Medicare	Part B:	Part B:	Part B:		
			1	parto.	part D.	II alt D.		

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
	Zuiresso (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
Medical			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 oriteria; 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:		
	Zynrelef (bupivacaine/meloxicam instillation)		Traditional					
-			EG-Optimized					
Medica			PPACA-Optimized					2/1/2022
			Medicaid	D / D	D / D	D 10		
	J3490, C9088		Medicare	Part D: Part B:PA, ST	7 7	Part D: Part B: REMOVE Step Therapy - will be covered for Medically Accepted Indications only		