	PA-Prior Authorization SP- Specialty Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy				Pharmacy Department Pending Changes to the Approved Drug List July 2022	Priority Health		
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred cover alternatives	^{ed} Implementation Date
Medical	Adcetris (brentuximab vedotin)	Systemic anaplastic large cell lymphoma (sALCL)	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022
	J9042		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional	T4, PA	T4, PA, QL	ADDED: Quantity Limit of 225mg every month or 675mg every three months		
	A		EG-Optimized	T4, PA	T4, PA, QL	ADDED: Quantity Limit of 225mg every month or 675mg every three months		
Pharmacy	Ajovy (Fremanezumab-vfrm)	Migraine prophylaxis	PPACA-Optimized	T4, PA	T4, PA, QL	ADDED: Quantity Limit of 225mg every month or 675mg every three months		9/1/2022
Ч			Medicaid	Rx: Medical:	Rx: Medical:			
	225mg/1.5ml autojector		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
	Aliqopa (copanlisib) Follicular lymphoma (FL)	Traditional						
			EG-Optimized					
Aedical		PPACA-Optimized					6/8/2022	
~		Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria			
	J9057		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional					
_	Arzerra		EG-Optimized PPACA-Optimized					
Medica	(ofatumumab)	Chronic lymphocytic leukemia (CLL)	Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022
	J9302		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional	T1	T3, AL	INCREASE Tier from Tier 1 to Tier 3, ADD Age Limit maximum of 9 years		
'n.	Aripiprazole	Bipolar disorder,	EG-Optimized	T1b	T3, AL	INCREASE Tier from Tier 1 to Tier 3, ADD Age Limit maximum of 9 years		
Pharmacy	(geq for Abilify)	schizophrenia, Tourette's syndrome,	PPACA-Optimized	T1b	T3, AL	INCREASE Tier from Tier 1 to Tier 3, ADD Age Limit maximum of 9 years	Aripiprazole tablet	1/1/2023
		and autistic disorder	Medicaid	Rx: Medical:	Rx: Medical:			
	Oral Solution 1mg/ml		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional					
	Asparlas		EG-Optimized					
Medical	(calaspargase pegol-mknl)	Acute lymphoblastic leukemia (ALL)	PPACA-Optimized	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022
	J9118		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

	PA-Prior Authorization SP- Specialty Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy			Pharmacy Department Pending Changes to the Approved Drug List July 2022				ityHealth	
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	P	referred covered alternatives	Implementation Date
Pharmacy	Atomoxetine (geq for Strattera)	Attention Deficit Hyperactivity Disorder	Traditional EG-Optimized PPACA-Optimized Medicaid	T1, QL, AL T1b, QL, AL T1b, QL, AL Rx: Medical:	T2, QL, AL T2, QL, AL T2, QL, AL Rx: Medical:	INCREASE Tier from Tier T1 to Tier 2 INCREASE Tier from Tier T1b to Tier 2 INCREASE Tier from Tier T1b to Tier 2		guanfacine/ guanfacine ER	1/1/2023
	Capsules		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Medical	Avastin (bevacizumab)	Chemotherapy	Traditional EG-Optimized PPACA-Optimized Medicaid		Rx: Medical: Covered	Medical: ADDED to coverage			6/8/2022
	J9035 - Non-opthalmic use		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Medical	Azedra (iobenguane I-131)	Cancer	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		-	6/8/2022
	A9699, A9590, C9407, C9408		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Medical	Bavencio (avelumab)	Merkel cell carcinoma (MCC)	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria			6/8/2022
	J9023		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Medical	Beleodaq (belinostat)	Peripheral T-cell lymphoma (PTCL)	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered,	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria			6/8/2022
	J9032		Medicare	PA Part D: Part B:	Part D: Part B:	Part D: Part B:			
Medical	Besponsa (inotuzumab ozogamicin)	Acute lymphoblastic leukemia (ALL)	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		-	6/8/2022
	J9229		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			

	PA-Prior Authorization SP- Specialty Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy					Pharmacy Department Pending Changes to the Approved Drug List July 2022	PriorityHealth		
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date	
Medical	Blenrep (belantamab mafodotin-blmf)	Multiple Myeloma	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria	-	6/8/2022	
	J9037		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Medical	Blincyto (blinatumomab)	Acute lymphoblastic (ALL)	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022	
	J9039		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Medical	bortezomib (Non-Velcade)	Multiple Myeloma	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022	
	J9044		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
edical	Botox (onabotulinum toxin A)	Multiple Uses	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical:	Rx: Medical:			7/1/2022	
Me	J0585		Medicare	Part D: Part B: PA, ST	Part D: Part B: PA, ST	Part D: Part B: UPDATED Prior Authorization criteria requirements - REMOVE No Authorization Required for Neurologist, Rehab Medicine, or Physical Medicine and Rehab			
Medical	Botox (onabotulinum toxin A)	Migraines with or	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical:	Rx: Medical:		-	11/1/2022	
N	J0585	without aura	Medicare	Part D: Part B: PA, ST	Part D: Part B: PA, ST	Part D: Part B: UPDATED Prior Authorization criteria requirements - ADD Exclusion: Must not be used in combination with CGRP antagonist therapy			
Pharmacy	Breztri Areosphere (budesonide-glycopyrrolate- formeterol)	Chronic Obstructive Pulmonary Disease (COPD)	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical:	Rx: Medical:			7/1/2022	
	160-9-4.8 mcg/actuation inhaler		Medicare	Part D: NF Part B:	Part D: T3 Part B:	Part D: ADDED to formulary at Tier 3 Part B:			

	PA-Prior Authorization SP- Specially Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy					Pharmacy Department Pending Changes to the Approved Drug List July 2022	ty Hea	tyHealth	
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date	
Pharmacy	Bromocriptine (geq for Parlodel)	Parkinson disease	Traditional EG-Optimized PPACA-Optimized Medicaid	T1 T1b T1b Rx: Medical:	T2 T2 T2 Rx: Medical:	INCREASE Tier from Tier 11 to Tier 2 INCREASE Tier from Tier 11b to Tier 2 INCREASE Tier from Tier 11b to Tier 2	Carbidopa- levodopa/ pramipexole/ ropinirole	1/1/2023	
	5mg capsule and 2.5mg tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Pharmacy	Caffeine citrate (geq for Cafcit)	Apnea of prematurity	Traditional EG-Optimized PPACA-Optimized Medicaid	T1, AL T1b, AL T1b, AL Rx: Medical:	T3, AL T3, AL T3, AL	INCREASE Tier from Tier T1 to Tier 3 INCREASE Tier from Tier T1b to Tier 3 INCREASE Tier from Tier T1b to Tier 3	No lower tier alternative	1/1/2023	
	oral Solution 60mg/3ml	-	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
cal	Camcevi (leuprolide) Prostate car		Traditional EG-Optimized		Pref Spec (T7) Pref Spec (T7)	NEW DRUG, added to coverage under the Medical Benefit as Preferred Specialty (T7) NEW DRUG, added to coverage under the Medical Benefit as Preferred Specialty (T7)			
Medi		Prostate cancer	PPACA-Optimized Medicaid	Rx: Medical:	Pref Spec (T7) Rx: Medical:Covered	NEW DRUG, added to coverage under the Medical Benefit as Preferred Specialty (T7) NEW DRUG, added to coverage under the Medical Benefit		8/1/2022	
	J1952		Medicare	Part D: Part B:	Part D: NF Part B: Medicare	Part D: NEW DRUG, not added to the formulary Part B: NEW DRUG, covered as Medicare Chemotherapy			
Phamacy	Camzyos (mavacamten)	Thickened Heart Muscle	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical:	NF NF Rx: Pending Medical:	Rx: NEW DRUG, not added to the formulary Rx: NEW DRUG, not added to the formulary Rx: NEW DRUG, not added to the formulary Rx: NEW DRUG, Pending MDHHS Common Formulary Review		9/1/2022	
	2.5mg, 5mg, 10mg, 15mg capsules	-	Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: Rx: NEW DRUG, not added to the formulary Part B:			
			Traditional		Gene Therapy, PA	NEW DRUG, ADDED to coverage under the medical benefit (depending on member's plan documents) as Gene Therapy with Prior Authorization requirements and Quantity Limit of one gene therapy treatment per lifetime.			
ical	Carvykti (ciltacabtagene autoleucel)		EG-Optimized		Gene Therapy, PA	NEW DRUG, ADDED to coverage under the medical benefit (depending on member's plan documents) as Gene Therapy with Prior Authorization requirements and Quantity Limit of one gene therapy treatment per lifetime.		0///2020	
Medi		Multiple Myeloma	PPACA-Optimized	Rx:	Gene Therapy, PA Rx:NF	NEW DRUG, ADDED to coverage under the medical benefit as Gene Therapy with Prior Authorization requirements and Quantity Limit of one gene therapy treatment per lifetime.		8/1/2022	
		-	Medicaid	Medical:	RX:NF Medical: Carve- Part D: Excluded	Rx: NEW DRUG, not added to formulary Medical: NEW DRUG, carve-out Part D: NEW DRUG, excluded from coverage			
	J3490, J3590, C9098 (Medicare)	1	Medicare	Part D: Part B:	Part B: Medicare Chemo, PA	And Shark Brock, abalact for overage under the Medical Benefit as Medicare Chemo with Prior Authorization Requirements			

	PA-Prior Authorization SP- Specialty Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy					Pharmacy Department Pending Changes to the Approved Drug List July 2022	i ty Hea	alth
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	ⁱ Implementation Date
Pharmacy	Chantix (Varenicline)	Smoking cessation aid	Traditional EG-Optimized PPACA-Optimized Medicaid		Rx: Medical:		-	7/1/2022
	Starting month box		Medicare		Part D: NF Part B:	Part D: REMOVED brand from formualry - ADDED generic to formulary Part B:		
Phamacy	Chlorpromazine (geq for Thorazine)	Bipolar disorder, Schizophrenia	Traditional EG-Optimized PPACA-Optimized Medicaid	T2, QL T2, QL T2, QL Rx: Medical:	T3, QL T3, QL T3, QL Rx: Medical:	INCREASE Tier from Tier 2 to Tier 3 INCREASE Tier from Tier 2 to Tier 3 INCREASE Tier from Tier 2 to Tier 3	Thioridazine/ perphenazine	1/1/2023
	tablet		Medicare	Part B:	Part D: Part B:	Part D: Part B:		<u> </u>
Pharmacy	Colchicine (geq for Mitigare)	Gout	Traditional EG-Optimized PPACA-Optimized Medicaid	T2, QL T2, QL Rx:	T3, QL T3, QL T3, QL Rx: Medical:	INCREASE Tier from Tier 2 to Tier 3 INCREASE Tier from Tier 2 to Tier 3 INCREASE Tier from Tier 2 to Tier 3	Colchicine tablets/ allopurinol	1/1/2023
-	0.6mg Capsule		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Colchicine (geq for Colorys)	Gout	Traditional EG-Optimized PPACA-Optimized Medicaid	T2, QL T2, QL T2, QL Rx: Medical:	T1, QL T1, QL T1, QL Rx: Medical:	DECREASE Tier from Tier 2 to Tier 1 DECREASE Tier from Tier 2 to Tier 1 DECREASE Tier from Tier 2 to Tier 1		9/1/2022
	0.6mg Tablet	-	Medicare		Part D: Part B:	Part D: Part B:	-	
ical	Cutaquig (immune globulin (Human)-hipp		Traditional EG-Optimized PPACA-Optimized	PA Pref Spec (T7), PA Pref Spec (T7),	Pref Spec (T7), PA Pref Spec (T7), PA Pref Spec (T7),	UPDATE Prior Authorization criteria: Must try and fail with IVIG. Established users will not be grandfathered. UPDATE Prior Authorization criteria: Must try and fail with IVIG. Established users will not be grandfathered. UPDATE Prior Authorization criteria: Must try and fail with IVIG. Established users will not be		9/1/2022 (New Users)
Medical	Subcutaneous)	Multiple Uses	Medicaid	Rx:	PA Rx: Medical: Covered, PA	grandfathered.	-	1/1/2023 (Established Users)
	J1551		Medicare	Part D:	Part D: Part B:	Part D: Part B:	_	
Medical	Cuvitru (immune globulin (Human) Subcutaneous)	Multiple Uses	Traditional EG-Optimized PPACA-Optimized Medicaid	Pref Spec (T7), PA Pref Spec (T7), PA Pref Spec (T7), PA Rx: Medical: Covered,	Pref Spec (T7), PA Pref Spec (T7), PA Pref Spec (T7), PA Rx: Medical: Covered,	UPDATE Prior Authorization criteria: Must try and fail with IVIG. Established users will not be grandfathered. UPDATE Prior Authorization criteria: Must try and fail with IVIG. Established users will not be grandfathered. UPDATE Prior Authorization criteria: Must try and fail with IVIG. Established users will not be grandfathered.	-	9/1/2022 (New Users) 1/1/2023 (Established Users)
	J1555		Medicare	Part D:	PA Part D: Part B:	Part D: Part B:		

	PA-Prior Authorization SP- Specialty Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy					Pharmacy Department Pending Changes to the Approved Drug List July 2022	Priority Health		
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred cov alternative		
Medical	Cyramza (ramucirumab)	Chemotherapy	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022	
	J9308		Medicare Traditional	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Medical	Danyelza (naxitamab-gqgk)	Chemotherapy	EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022	
	J9348		Medicare		Part D: Part B:	Part D: Part B:			
Medical	Darzalex (daratumumab)	Multiple Myeloma	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022	
	J9145		Medicare	Part D:	Part D: Part B:	Part D: Part B:			
Medical	Darzalex Faspro (daratumumab and hyaluronidase- fihj)	Multiple Myeloma	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022	
	J9144		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Pharmacy	Depo-Estradiol (estradiol cypionate)	Multiple Uses	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: NF Medical: Covered	Rx: Covered Medical: Covered	RX: ADDED to coverage Medical: No Change		7/1/2022	
	5mg/ml vial		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Pharmacy	Dexlansoprazole (geq for Dexilant)	Esophagitis	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical:	Rx: Medical:			7/1/2022	
	Delayed-Release oral capsule		Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW GENERIC, not added to formulay Part B:			

	PA-Prior Authorization SP- Specialty Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy					Pharmacy Department Pending Changes to the Approved Drug List July 2022		
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Phamacy	Diclofenac sodium (geq for Pennsaid)	Osteoarthritis	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx:			-	7/1/2022
₽.	2% solution pump		Medicare	Medical: Part D: Part B:	Part D: NF Part B:	Part D: NEW GENERIC, not added to formulary Part B:	-	
		Atopic Dermatitis/ Dupixent Asthma/Chronic (dualumab) Phinosiausitis with	Traditional	T4, PA, QL, AL	T4, PA, QL, AL	ADD PA Criteria for indication of Eosinophilic Esophagitis and decrease minimum Age Limit for Atopic Dermatitis from 6 years to 6 months		
	Dupixent		EG-Optimized	T4, PA, QL, AL	T4, PA, QL, AL	ADD PA Criteria for indication of Eosinophilic Esophagitis and decrease minimum Age Limit for Atopic Dermatitis from 6 years to 6 months		
Pharmacy	(dupilumab) Rhinosinusitis with Nasal Polyposis/ Eosinophilic Esophagitis.	PPACA-Optimized	T4, PA, QL, AL	T4, PA, QL, AL	ADD PA Criteria for indication of Eosinophilic Esophagitis and decrease minimum Age Limit for Atopic Dermatitis from 6 years to 6 months		9/1/2022	
		Esophagitis.	Medicaid	Rx: Covered Medical:	Rx: Covered Medical:	Rx: No Change		
	pre-filled syringe and pen-injector		Medicare	Part D: T5, PA Part B: N/A	Part D: T5, PA Part B: N/A	Part D: No Change Part B:		
Medical	Dysport (abobotulinum toxin A)	Multiple Uses	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical:	Rx: Medical:		•	7/1/2022
-	J0586		Medicare	Part D: Part B: PA, ST	Part D: Part B: PA, ST	Part D: Part B: UPDATED Prior Authorization criteria requirements - REMOVE No Authorization Required for Neurologist, Rehab Medicine, or Physical Medicine and Rehab	r	
	Dysport (abobotulinum toxin A)		Traditional EG-Optimized PPACA-Optimized	Rx:	Rx:			
Medica	J0586	Migraines with or without aura	Medicaid Medicare	Medical: Part D: Part B: PA, ST	Medical: Part D: Part B: PA, ST	Part D: Part B: UPDATED Prior Authorization criteria requirements - ADD Exclusion: Must not be used in combination with CGRP antagonist therapy		11/1/2022
lical	Elzonris (tagraxofusperzs)	Chamatharany	Traditional EG-Optimized PPACA-Optimized	Rx:			-	61010000
Medi		Chemotherapy	Medicaid	Medical: Covered, PA Part D:	Rx: Medical: Covered Part D:	Medical: REMOVE Prior Authorization criteria Part D:		6/8/2022
	J9269		Medicare Traditional	Part B: T3, ST	Part B: T4, ST	Part D. Part B: INCREASE Tier from Tier 3 to Tier 4		
Pharmacy	EMSAM (selegiline)	Major depressive disorder (MDD)	EG-Optimized PPACA-Optimized Medicaid	T3, ST T3, ST Rx: Medical:	T4, ST T4, ST T4, ST	INCREASE Tier from Tier 3 to Tier 4 INCREASE Tier from Tier 3 to Tier 4 INCREASE Tier from Tier 3 to Tier 4	generic antidepressants	1/1/2023
	Transdermal Patch		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

	PA-Prior Authorization SP- Specially Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy					Pharmacy Department Pending Changes to the Approved Drug List July 2022	Priority Hea	ty Health	
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date	
Medical	Enhertu (fam-trastuzumab deruxtecan-nxki)	Breast cancer	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022	
	J9358		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Pharmacy	Epsolay (benzoyl peroxide)	Rosacea	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical:	NF NF NF	NEW FORMULATION, Not added to formulary NEW FORMULATION, Not added to formulary NEW FORMULATION, Not added to formulary		9/1/2022	
	5% Cream		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION, not added to formulary Part B:			
Medical	Erbitux (cetuximab)	Chemotherapy	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022	
	J9055		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Medical	Erwinaze (asparaginase erwinia chrysanthemi)	Acute lymphoblastic leukemia (ALL)	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022	
	J9019		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Pharmacy	Esbriet (Pirfenidone) Tablet ONLY	Idiopathic Pulmonary Fibrosis	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	Rx: Medical: Part D: T5, PA, QL Part B:	Part D: NF Part B:	Part D: REMOVED brand from formulary - ADDED generic to formulary Part B:		8/1/2022	
Pharmacy	Estradiol Valerate (oil for injection)	Multiple Uses	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: NF	Rx: Covered	Rx: ADDED to coverage		7/1/2022	
1	100mg/5ml and 200mg/5ml Multi-use vials		Medicare	Part D:	Part D:	Medical: No Change Part D:			
Pharmacy	indui-dee was Eszopicione (geq for Lunesta)	Insomnia	Traditional EG-Optimized PPACA-Optimized Medicaid	Part B: Rx: Medical:	Part B: Rx: Medical:	Part B:		8/1/2022	
	1mg, 2mg, and 3mg tablets		Medicare	Part D: QL Part B:	Part D: QL Part B:	Part D: INCREASE Quantity Limit to 30 tablets/30 days Part B:			

	PA-Prior Authorization SP- Specialty Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy					Pharmacy Department Pending Changes to the Approved Drug List July 2022	Priority Health		
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date	
Medical	Evomela (melphalan)	Multiple Myeloma	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022	
	J9246		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Pharmacy	Evrysdi (risdiplam)	Spinal Muscular Atrophy	Traditional EG-Optimized PPACA-Optimized Medicaid	T5, PA, QL, AL T5, PA, QL, AL T5, PA, QL, AL Rx: Carve Out Medical:	T5, PA, QL T5, PA, QL T5, PA, QL Rx: Carve Out Medical:	REMOVE Age Limit REMOVE Age Limit REMOVE Age Limit	-	9/1/2022	
	0.75mg/ml		Medicare	Part D: PA, QL Part B: N/A	Part D: PA, QL Part B: N/A	Part D: UPDATE Prior Authorization criteria to lower age limit (pending CMS approval) Part B:	1		
Medical	Firmagon (degrelix)	Prostate cancer	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022	
	J9155		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Pharmacy	Fluoxetine (geq for Prozac) 10mg and 20mg Tablets	Multiple Uses	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	NF NF RF Rx: Medical: Part D:	T1 T1 Rx: Medical: Part D:	ADDED to formulary at Tier 1 ADDED to formulary at Tier 1 ADDED to formulary at Tier 1 Part D:		8/1/2022	
Medical	Folotyn (pralatrexate)	Peripheral T-cell lymphoma (PTCL)	Traditional EG-Optimized PPACA-Optimized Medicaid	Part B: Rx: Medical: Covered, PA	Part B: Rx: Medical: Covered	Part B:		6/8/2022	
	J9307		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Medical	Fyarro (sirolimus protein-bound particles)	Immunotherapy	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022	
	J3490, J3590		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:	1		
Pharmacy	Fycompa (perampanel)	Seizures	Traditional EG-Optimized PPACA-Optimized Medicaid	T3, QL, AL T3, QL, AL T3, QL, AL Rx: Medical:	T4, QL, AL T4, QL, AL T4, QL, AL Rx: Medical:	INCREASE Tier from Tier 3 to Tier 4 INCREASE Tier from Tier 3 to Tier 4 INCREASE Tier from Tier 3 to Tier 4	generic antiepileptics	1/1/2023	
	tablets and suspension		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			

:	PA-Prior Authorization SP- Specially Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy					Pharmacy Department Pending Changes to the Approved Drug List July 2022	Priority Health		
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	I Implementation Date	
Medical	Gazyva (obinutuzumab)	Chronic lymphocytic leukemia (CLL)	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022	
	J9301		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Pharmacy	Gralise (gabapentin (once-daily))	Postherpetic Neuralgia	Traditional EG-Optimized PPACA-Optimized Medicaid	T3, PA, QL NF NF Rx: Medical:	T4, PA, QL NF NF	INCREASE Tier from Tier 3 to Tier 4 No Change No Change	gabapentin IR/ pregabalin IR	1/1/2023	
	300mg and 600mg tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Medical	Herceptin (trastuzumab)	Chemotherapy	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Not Covered	Rx: Medical: Covered	Medical: ADDED to coverage		6/8/2022	
	J9355		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Medical	Herceptin Hylecta (trastuzumab and hyaluronidase)	Chemotherapy	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical:Not Covered	Rx: Medical:Covered	Medical: ADDED to coverage		6/8/2022	
	J9356		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Medical	Herzuma (trastuzumab-pkrb)	Breast cancer	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Not Covered	Rx: Medical:Covered (No PA)	Medical: ADDED to coverage		6/8/2022	
	Q5113		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Medical	Hizentra (immune globulin (Human) Subcutaneous)	Multiple Uses	Traditional EG-Optimized PPACA-Optimized Medicaid	T7, PA T7, PA T7, PA Rx: Medical: Covered, PA	T7, PA T7, PA T7, PA T7, PA Rx: Medical: Covered, PA	UPDATE Prior Authorization criteria: Must try and fail with IVIG. Established users will not be grandfathered. UPDATE Prior Authorization criteria: Must try and fail with IVIG. Established users will not be grandfathered. UPDATE Prior Authorization criteria: Must try and fail with IVIG. Established users will not be grandfathered.	- - -	9/1/2022 (New Users) 1/1/2023 (Established Users)	
	J1559	Mec	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			

	PA-Prior Authorization SP- Specialty Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy					Pharmacy Department Pending Changes to the Approved Drug List July 2022	ity Hea	alth
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional	T7, PA	T7, PA	UPDATE Prior Authorization criteria: Must try and fail with IVIG. Established users will not be grandfathered.		
	HyQvia		EG-Optimized	T7, PA	T7, PA	UPDATE Prior Authorization criteria: Must try and fail with IVIG. Established users will not be grandfathered.		
Medical	(immune globulin (Human) Subcutaneous)	Multiple Uses	PPACA-Optimized	T7, PA	T7, PA	UPDATE Prior Authorization criteria: Must try and fail with IVIG. Established users will not be grandfathered.		9/1/2022 (New Users)
Me	ouboutanoouo)		Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered, PA	<u>o</u>		1/1/2023 (Established Users)
	J1575		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional	-	NF	NEW DRUG, not added to the formulary		
	Igalmi (dexmedetomine)		EG-Optimized PPACA-Optimized		NF NF	NEW DRUG, not added to the formulary NEW DRUG, not added to the formulary	_	
Pharmacy		Schizophrenia/ Bipolar Disorder	Medicaid	Rx: Medical:	Rx: Carve-Out Medical:N/A	RX: NEW DRUG, Carve-Out Medical: NEW DRUG, N/A (inpatient use)	-	9/1/2022
	120mcg and 180mcg sublingual strip		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW DRUG, not added to the formulary Part B:		
Medical	Imfinzi (durvalumab)	Chemotherapy	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered,	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022
	J9173		Medicare	PA Part D:	Part D:	Part D:	-	
	55175		Traditional	Part B:	Part B:	Part B:		───
			EG-Optimized				_	
-	Imlygic		PPACA-Optimized					
Medical	(talimogene laherparepvec)	Melanoma	Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022
	J9325		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional					
	h.f		EG-Optimized				4	
Medical	Infugem (gemcitabine HCI)	Chemotherapy	PPACA-Optimized Medicaid	Rx: Medical: Not Covered	Rx: Medical: Covered	Medical: ADDED to coverage		6/8/2022
	J9198		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional					
	Isosorbide		EG-Optimized				4	
Phamacy	dinitrate/hydralazine (geq for BiDil)	Heart Failure	PPACA-Optimized Medicaid	Rx: Medical:			-	7/1/2022
	20mg/37.5mg tablet		Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW GENERIC, not added to the formulary Part B:		

	PA-Prior Authorization SP- Specialty Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy				Pharmacy Department Pending Changes to the Approved Drug List July 2022	Priority Health		
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred cove alternatives	
Medical	Istodax (romidepsin, lyophilized)	Cutaneous T-cell lymphoma (CTCL)	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022
	J9319		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Jelmyto (motimycin)	Urothelial cancer	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022
	J9281		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Jemperli (dostarlimab-gxty)	Endometrial cancer	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022
	J9272		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Jevtana (cabazitaxel)	Prostate cancer	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022
	J9043		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Kadcyla (ado-trastuzumab emtansine)	Breast cancer	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022
	J9354		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Keytruda (pembrolizumab)	Chemotherapy	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022
	J9271		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Kimmtrak (tebentafusp-tebn)	Uveal melanoma	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022
	J9999		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

PA-Prior Authorization SP- Specialty Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy Pharmacy Department Pending Changes to the Approved Drug List July 2022								alth
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical	Kyprolis (carfilzomib)	Multiple myeloma	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered,	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria	-	6/8/2022
	J9047		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Leuprolide Acetate (excluding Lupron Depot variation)	Multiple Indications	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical:	Rx: Medical:		-	7/1/2022
	J9218		Medicare	Part D: Part B: Covered	Part D: Part B: Not Covered	Part D: Part B: REMOVE from coverage - Self-administered drug (SAD) per Medicare and is not eligible for payment under Part B		
Medical	Libtayo (cemiplimab) J9119	Squamous cell carcinoma (SCC)	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	Rx: Medical: Covered, PA Part D:	Rx: Medical: Covered Part D:	Medical: REMOVE Prior Authorization criteria Part D:	-	6/8/2022
Medical	Lumoxiti (moxetumomab pasudotox)	Hairy cell leukemia (HCL)	Traditional EG-Optimized PPACA-Optimized Medicaid	Part B: Rx: Medical: Covered,	Part B: Rx: Medical: Covered	Part B:	-	6/8/2022
	J9313		Medicare	PA Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Lutathera (lutetium LU 177 dotatate)	Cancer	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria	-	6/8/2022
	A9513, J9999		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Lyvispah (Baclofen)	Multiple Sclerosis	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical:	NF NF NF	NEW FORMULATION, Not added to formulary NEW FORMULATION, Not added to formulary NEW FORMULATION, Not added to formulary NEW FORMULATION, Pending MDHHS Common Formulary Review		9/1/2022
	Granules		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION, Not added to formulary Part B:		

	PA-Prior Authorization SP- Specialty Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy	Pharmacy Department Pending Changes to the Approved Drug List July 2022						
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Phamacy	Margenza (margetuximab-cmkb)	Breast cancer	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022
	J9353		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Marqibo (vincristine liposome)	Acute lymphoblastic leukemia (ALL)	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022
	J9371		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Monjuvi (tafasitamab-cxix)	Diffuse large B-cell lymphoma (DLBCL)	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022
	J9349		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional		T2, Smart PA, QL	NEW DRUG, ADDED to formulary at Tier 2 with ADD Smart PA - Prior authorization required if ICD 10 diagnosis code for Type 2 Diabetes is not on file (E11) and Quantity Limit requirement 2ml (4 single dose pens) every 28 days		
k	Mounjaro	Туре 2	EG-Optimized		T2, Smart PA, QL	NEW DRUG, ADDED to formulary at Tier 2 with ADD Smart PA - Prior authorization required if ICD 10 diagnosis code for Type 2 Diabetes is not on file (E11) and Quantity Limit requirement 2ml (4 single dose pens) every 28 days		Commercial -
Pharmacy	(tirzepatide)	Diabetes Mellitus (T2DM)	PPACA-Optimized		T2, Smart PA, QL	NEW DRUG, ADDED to formulary at Tier 2 with ADD Smart PA - Prior authorization required if ICD 10 diagnosis code for Type 2 Diabetes is not on file (E11) and Quantity Limit requirement 2ml (4 single dose pens) every 28 days		9/1/2022 Medicare Part D - 8/1/2022
			Medicaid	Rx: Medical:	Rx: Pending Medical:	NEW DRUG, Pending MDHHS Common Formulary Review		
	2.5mg/0.5ml, 5mg/0.5ml, 7.35mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml Prefilled pen solution		Medicare	Part D: Part B:	Part D: T3 Part B: N/A	Part D: NEW DRUG, ADDED to formulary at Tier 3 Part B:		
	Myobloc		Traditional EG-Optimized PPACA-Optimized					
Medical	(rimabotulinum toxin B)	Multiple Uses	Medicaid	Rx: Medical:	Rx: Medical:			7/1/2022
	J0587		Medicare	Part D: Part B: PA, ST	Part D: Part B: PA, ST	Part D: Part B: UPDATED Prior Authorization criteria requirements - REMOVE No Authorization Required for Neurologist, Rehab Medicine, or Physical Medicine and Rehab		

	PA-Prior Authorization SP- Specialty Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy	- Specialty Pharmacy - Quantity Limit Age Limits - Step Therapy -						
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical	Myobloc (rimabotulinum toxin B)	Migraines with or without aura	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical:	Rx: Medical:		-	11/1/2022
	J0587		Medicare	Part D: Part B: PA, ST	Part D: Part B: PA, ST	Part D: Part B: UPDATED Prior Authorization criteria requirements - ADD Exclusion: Must not be used in combination with CGRP antagonist therapy		
Phamacy	Mylotarg (gemtuzumab ozogamicin)	Acute myeloid leukemia (AML)	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022
	J9203		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B: NEW FORMULATION, ADDED to formulary as Tier 3 with maximum Age Limit of 6 years, and		
			Traditional EG-Optimized		T3, QL, AL T3, QL, AL	Quantity Limit of 150ml/30 days NEW FORMULATION, ADDED to formulary as Tier 3 with maximum Age Limit of 6 years, and	-	
Pharmacy		Hypertension/Angina in coronary artery	PPACA-Optimized		T3, QL, AL	Quantity Limit of 150ml/30 days NEW FORMULATION, ADDED to formulary as Tier 3 with maximum Age Limit of 6 years, and Quantity Limit of 150ml/30 days		9/1/2022
₫.		disease	Medicaid	Rx: Medical:	Rx:NF Medical:	NEW FORMULATION, Pending MDHHS Common Formulary Review	-	
	Oral Solution 1mg/ml		Medicare Traditional	Part D: Part B: T4, PA, QL	Part D: NF Part B: N/A T4, PA, QL	Part D: NEW FORMULATION, not added to formulary Part B: UPDATED Prior Authorization criteria		
Phamacy	Nuedexta (dextromethorphan/quinidine)	Pseudobullar Affect (PBA)	EG-Optimized PPACA-Optimized Medicaid	T4, PA, QL T4, PA, QL Rx: Medical:	T4, PA, QL T4, PA, QL	UPDATED Prior Authorization criteria UPDATED Prior Authorization criteria UPDATED Prior Authorization criteria	-	9/1/2022
	20-10mg Oral Capsule		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:	-	
Medical	Nulojix (belatacept)	Kidney transplant rejection preventative	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA, SOS	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria and Site of Service	-	6/8/2022
	J0485	-	Medicare	PA, SOS Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Ogivri (trastuzumab-dkst)	Breast Cancer	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical:Not Covered	Rx: Medical:Covered	Medical: ADDED to coverage		6/8/2022
	Q5114]	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:]	

	PA-Prior Authorization SP- Specialty Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy					Pharmacy Department Pending Changes to the Approved Drug List July 2022	i ty Hea	ealth	
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date	
			Traditional	Not Covered	T5, QL	ADDED to formulary at Tier 5 with Quantity Limit Requirement of 2 packs/30 days			
	Omnined E		EG-Optimized	Not Covered	T5, QL	ADDED to formulary at Tier 5 with Quantity Limit Requirement of 2 packs/30 days			
lacy	Omnipod 5		PPACA-Optimized	Not Covered	T5, QL	ADDED to formulary at Tier 5 with Quantity Limit Requirement of 2 packs/30 days			
Pharmacy		Diabetes	Medicaid	Rx: Medical:	Rx: Medical:			9/1/2022	
	Pods (Gen 5)		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Medical	Oncaspar (pegaspargase)	Acute lymphoblastic leukemia (ALL)	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered,	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022	
	J9266		Medicare	PA Part D: Part B:	Part D: Part B:	Part D: Part B:			
Medical	Onivyde (irinotecan liposome)	Pancreatic cancer	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022	
	J9205		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Medical	Ontruzant (Trastuzumab-dttb)	Chemotherapy	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Not Covered	Rx: Medical: Covered	Medical: ADDED to coverage		6/8/2022	
	Q5112		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Medical	Opdivo (nivolumab)	Chemotherapy	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022	
	J9299		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Medical	Opdualag (Nivolumab and Relatitimab-rmbw)	Melanoma	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered,	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022	
	J3490, J3590, J9999,		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			

	PA-Prior Authorization SP- Specialty Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy					Pharmacy Department Pending Changes to the Approved Drug List July 2022	Priority Health [®]		
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date	
Pharmacy	Oxtellar XR (oxcarbazepine)	Seizures	Traditional EG-Optimized PPACA-Optimized Medicaid	T3, PA, QL T3, PA, QL T3, PA, QL Rx: Medical:	T4, PA, QL T4, PA, QL T4, PA, QL Rx: Medical:	INCREASE Tier from Tier 3 to Tier 4 INCREASE Tier from Tier 3 to Tier 4 INCREASE Tier from Tier 3 to Tier 4	Oxcarbazepine IR	1/1/2023	
Pharmacy	Tablets Oxycodone-Acetaminophen (same ingredients as Percocet)	Pain	Medicare Traditional EG-Optimized PPACA-Optimized Medicaid	Part D: Part B:	Part D: Part B:	Part D: Part B:	-	7/1/2022	
₫.	5/325/5ml oral solution		Medicare	Medical: Part D: Part B:	Part D: NF Part B:	Part D: NEW GENERIC, not added to the formulary Part B:			
Medical	Padcev (enfortumab vedotin-ejfv)	Urothelial cancer	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022	
	J9177		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Medical	Perjeta (pertuzumab)	Chemotherapy	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022	
	J9306		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Medical	Phesgo (pertuzumab trastuzumab and hyaluronidase-zzxf)	Chemotherapy	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical:Not Covered	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022	
	J9316		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
ical	Photrexa (riboflavin 5-phosphate opthalmic	Progressive	Traditional EG-Optimized PPACA-Optimized	Not Covered Not Covered Not Covered	Pref Spec (T7) Pref Spec (T7) Pref Spec (T7)	ADDED to coverage under the Medical Benefit as Pref Spec (Tier 7) ADDED to coverage under the Medical Benefit as Pref Spec (Tier 7) ADDED to coverage under the Medical Benefit as Pref Spec (Tier 7)		7///2020	
Med	solution)	Keratoconus	Medicaid	Rx: Medical: Not Covered	Rx: Medical:Covered	Rx: Medical: ADDED to coverage		7/1/2022	
	J2787		Medicare	Part D: Part B:Not	Part D: Part B: Covered	Part D: Part B: ADDED to coverage			

	PA-Prior Authorization SP- Specialty Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy					Pharmacy Department Pending Changes to the Approved Drug List July 2022	i ty Health		
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date	
Pharmacy	Pirfenidone (geq for Esbriet)	Idiopathic Pulmonary Fibrosis	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical:		Part D: NEW GENERIC, ADDED to formulary at Tier 5 with Prior Authorization and Quantity Limit -	-	8/1/2022	
	Tablets ONLY		Medicare	Part D: NF Part B:	Part D: T5, QL, PA Part B:	REMOVED brand from formulary Part B:			
Medical	Pluvicto (Lutetium Lu 177 Vipivotide Tetraxetan)	Prostate cancer	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022	
	A9699		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
	Polivy (polatuzumab vedotin-piiq) Jymphoma (DLBCL)	Traditional EG-Optimized PPACA-Optimized				-			
Medical			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022	
	J9309		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Medical	Portrazza (necitumumab)	Chemotherapy	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Not Covered	Rx: Medical: Covered	Medical: ADDED to coverage		6/8/2022	
	J995		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Pharmacy	Potassium chloride	Hypokalemia	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx:				7/1/2022	
	2 mEg/ml concentrate		Medicare	Medical: Part D: NF Part B:	Part D: T2 Part B:	Part D: NEW dosage form, ADDED to formulary at Tier 2 Part B:			
Medical	Poteligeo (mogamulizumab-kpkc)	Chemotherapy	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022	
	J9204		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			

	PA-Prior Authorization SP- Specialty Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy					Pharmacy Department Pending Changes to the Approved Drug List July 2022	r ity Hea	alth
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Prehevbrio (Hepatitis B Vaccine (Trivalent[Recombinant])	Hepatitis B	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical:				7/1/2022
	10mcg/ml IM		Medicare	Part D: NF Part B:	Part D: T3, BvD Part B:	Part D: NEW VACCINE - ADDED to formulary at Tier 3, BvD Part B:		
Medical	Provenge (sipuleucel-T)	Prostate cancer	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022
	Q2043		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Qelbree (viloxazine)	Attention Deficit Hyperactivity Disorder	Traditional EG-Optimized PPACA-Optimized Medicaid	T3, QL, AL, ST T3, QL, AL, ST T3, QL, AL, ST Rx: Medical:	T3, QL, AL, ST T3, QL, AL, ST T3, QL, AL, ST Rx: Medical:	REMOVE maxium Age Limit of 17 years REMOVE maxium Age Limit of 17 years REMOVE maxium Age Limit of 17 years		Commercial - 7/1/2022 Medicare Part D:- 8/1/2022
	100mg, 150mg, and 200mg capsule		Medicare	Part D: T4, PA, QL Part B:	Part D: T4, PA, QL Part B:	Part D: INCREASE Quantity Limit: 100mg - 30 capsules per 30 days; 150mg and 200 mg - 90 capsules per 30 days Part B:		0/1/2022
			Traditional		NF	NEW DRUG, not added to the formulary	_	
	Quvivig		EG-Optimized		NF	NEW DRUG, not added to the formulary		
Pharmacy	(daridorexant)	Indictaed to treat insomnia	PPACA-Optimized		NF	NEW DRUG, not added to the formulary		9/1/2022
Рh			Medicaid	Rx: Medical:	Rx: Carve Out Medical:N/A	Rx: NEW DRUG, Carve Out Medical: NEW DRUG, N/A		
	25mg and 50mg tablets		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW DRUG, not added to the formulary Part B:		
	Revcovi (elapegademase)	Adenosine Deaminase	Traditional EG-Optimized PPACA-Optimized				_	
Medica	J3590	Severe Combined Immune Deficiency (ADA-SCID)	Medicaid Medicare	Rx: Medical: Part D: Part B: PA	Rx: Medical: Part D: Part B: PA	Part D: Part B: UPDATED Prior Authorization requirement		11/1/2022
			Traditional EG-Optimized				_	
Medical	Riabni (rituximab-arrx)	Chemotherapy	PPACA-Optimized Medicaid	Rx: Medical: Not Covered	Rx: Medical: Covered	Medical: ADDED to coverage	6/8/2022	6/8/2022
	Q5123		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

	PA-Prior Authorization SP- Specially Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy					Pharmacy Department Pending Changes to the Approved Drug List July 2022			
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date	
			Traditional	T4, PA, QL,	T4, PA, QL	ADD Prior Authorization Criteria for indication of Akylosing Spondylitis			
		Rheumatoid Arthritis/	EG-Optimized	T4, PA, QL,	T4, PA, QL	ADD Prior Authorization Criteria for indication of Akylosing Spondylitis			
nacy	Rinvoq (upadacitinib)	Psoriatic Arthritis/	PPACA-Optimized	T4, PA, QL,	T4, PA, QL	ADD Prior Authorization Criteria for indication of Akylosing Spondylitis	-	covered Implementation Date	
Pharmacy		Atopic Dermatitis/ Ulcerative Colitis/ Ankylosing Spondylitis	Medicaid	Rx: PA Medical:	Rx: PA Medical:	ADD Prior Authorization Criteria for indication of Akylosing Spondylitis as PDL Non-Preferred			
	15mg, 30mg, 45mg Tablet		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria requirements Part B:	_		
			Traditional						
	Rituxan		EG-Optimized PPACA-Optimized				-		
Medical	(rituximab)	Non-Hodgkin's lymphoma (NHL)	Medicaid	Rx: Medical: Not Covered	Rx: Medical: Covered	Medical: ADDED to coverage		6/8/2022	
	J9312		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
			Traditional						
	Rituxan Hycela		EG-Optimized						
Medical	(rituximab/hyaluronidase) Diff	Diffuse B-cell lymphoma (DLBCL)	PPACA-Optimized Medicaid	Rx: Medical: Not Covered	Rx: Medical: Covered	Medical: ADDED to coverage		6/8/2022	
	J9311		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:	1		
			Traditional						
	romidepsin, non-lyophilized	EG-Optimized				_			
Medical	(non-Istodax)	Chemotherapy	PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022	
	J9318		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
			Traditional						
	Rybrevant		EG-Optimized						
Medical	(amivantamab-vmjw)	Lung cancer	PPACA-Optimized	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022	
	J9061		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
			Traditional						
	Rylaze		EG-Optimized				_		
ы П	(asparaginase erwinia chrysanthemi	Acute lymphoblastic	PPACA-Optimized	Dere			-		
Medical	(recombinant) -rywn)	leukemia (ALL)/	Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022	
	J9021		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			

	PA-Prior Authorization SP- Specialty Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy					Pharmacy Department Pending Changes to the Approved Drug List July 2022				
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date		
Medical	Sarclisa (isatuximab-irfc)	Multiple myeloma	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022		
	J9227		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:				
Pharmacy	Seglentis (celecoxib/tramadol hcl)	Pain	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical:	Rx: Medical:			7/1/2022		
	56mg/44mg		Medicare	Part D: NF Part B:	Part D: NF Part B:	Part D: NEW COMBINATION, not added to the formulary Part B:				
			Traditional		T4, PA, QL	NEW FORMULATION, ADDED to formulary at Tier 4 with Prior Authorization requirements and Quantity Limit of 1 kit every 8 weeks.				
~	Skyrizi (risankizumab)	Plaque Psoriasis/	EG-Optimized		T4, PA, QL	NEW FORMULATION, ADDED to formulary at Tier 4 with Prior Authorization requirements and Quantity Limit of 1 kit every 8 weeks.	Preferred covered alternatives Implementation 6/8/2022 7/1/2022 Commercial 9/1/2022	Commercial -		
Pharmacy	Psoriatic Arthritis/ Crohn's Disease	Psoriatic Arthritis/	PPACA-Optimized		T4, PA, QL Rx:Covered, PA	NEW FORMULATION, ADDED to formulary at Tier 4 with Prior Authorization requirements and Quantity Limit of 1 kit every 8 weeks.		Medicare Part D		
		Medicaid		Rx:Covered, PA Medical: NF	NEW FORMULATION, ADDED to the formulary as PDL Non-Preferred with Prior Authorization requirements					
	360mg/2.4ml kit		Medicare		Part D: T5, PA, QL Part B: N/A	Part D: NEW FORMULATION, ADDED to formulary at Tier 5 with Prior Authorization requirements and Quantity Limit of 1 kit every 8 weeks Part B: N/A				
			Traditional		Pref Spec (T7), PA, SOS	NEW FORMULATION, ADDED to coverage under the Medical Benefit as Pref Specialty (Tier 7) with Prior Authorization and Site of Service requirements.				
	Skyrizi		EG-Optimized		Pref Spec (T7), PA, SOS	NEW FORMULATION, ADDED to coverage under the Medical Benefit as Pref Specialty (Tier 7) with Prior Authorization and Site of Service requirements.				
Medical	(risankizumab)	Plaque Psoriasis/ Psoriatic Arthritis/ Crohn's Disease	PPACA-Optimized		Pref Spec (T7), PA, SOS	NEW FORMULATION, ADDED to coverage under the Medical Benefit as Pref Specialty (Tier 7) with Prior Authorization and Site of Service requirements.		8/1/2022		
		Oronin's Disease	Medicaid		Rx: NF Medical: Covered, PA, SOS	NEW FORMULATION, ADDED to Medical Benefit coverage with Prior Authorization and Site of Service requirements.				
	600mg/10ml vial		Medicare		Part D: NF Part B: Pref Spec (T7), PA	Part D: NEW FORMULATION, Not added to formulary Part B: NEW FORMULATION, ADDED to coverage with Prior Authorization criteria				
			Traditional EG-Optimized							
	Synribo		PPACA-Optimized							
Medical	(omacetaxine mepesuccinate)	Chronic myeloid leukemia (CML)	Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022		
	J9262	leukemia (CML)	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:				

	PA-Prior Authorization SP-Specialty Pharmacy QL-Quantity Limit AL-Age Limits ST- Step Therapy	Pharmacy Department Pending Changes to the Approved Drug List July 2022					alth	
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical	Tecentriq (atezolizumab)	Chemotherapy	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria	-	6/8/2022
	J9022		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Tivdak (tisotumab vedotin-tftv)	Cervical cancer	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria	-	6/8/2022
	J9273		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Tresiba (insulin degludec)	Diabetes	Traditional EG-Optimized PPACA-Optimized Medicaid	NF NF NF Rx: Medical:	NF NF T2 Rx: Medical:	No Change No Change ADDED to the formulary at Tier 2	-	1/1/2023
	vial, 100u/ml pen, 200u/ml pen		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:	-	
Pharmacy	Triumeq (abacavir 60mg/dolutegravir 5mg/lamivudine 30mg)	HIV	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical:			-	7/1/2022
	Pediatric Dosage tablet for oral suspension		Medicare	Part D: NF Part B:	Part D: T5, QL Part B:	Part D: NEW DOSAGE FORM - ADDED to formulary at Tier 5 with Quantity Limit requirement 180 tablets/30 days Part B:		
Medical	Trodelvy (sacituzumabgovitecan)	Breast cancer	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Rx: Medical: REMOVE Prior Authorization criteria		6/8/2022
	J9317		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Phamacy	Ultomiris (ravulizumab)	Paroxysmal Nocturnal Hemoglobinuria/ Hemolytic Uremic Syndrome/	Traditional EG-Optimized PPACA-Optimized Medicaid	PA PA Rx: Carve Out Medical: Covered, PA	PA PA Rx: Carve Out Medical: Covered, PA	ADD PA Criteria for Myasthenia Gravis ADD PA Criteria for Myasthenia Gravis ADD PA Criteria for Myasthenia Gravis Rx: Medical: ADD PA Criteria for Myasthenia Gravis		9/1/2022
	J1303	Myasthenia Gravis	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:]	

	PA-Prior Authorization SP-Specialty Pharmacy QL-Quantity Limit AL-Age Limits ST- Step Therapy					Pharmacy Department Pending Changes to the Approved Drug List July 2022	Priority Health		
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date	
	Unituxin		Traditional EG-Optimized PPACA-Optimized						
Medical	(dinutuximab)	Nerve cell cancer	Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022	
	J9999, C9399		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
			Traditional		NF	NEW FORMULATION, not added to formulary			
	Valsartan		EG-Optimized PPACA-Optimized		NF NF	NEW FORMULATION, not added to formulary NEW FORMULATION, not added to formulary			
Pharmacy	(geq for Prexxartan)	Heart Failure	Medicaid	Rx: Medical:	Rx: Medical:			9/1/2022	
	20mg/5ml, 4mg/ml oral solution		Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW FORMULATION, not added to formulary Part B:			
			Traditional						
	Varanialina		EG-Optimized						
Pharmacy	Varenicline (geq. for Chantix) Smoking cessation aid	PPACA-Optimized Medicaid	Rx: Medical:	Rx: Medical:			7/1/2022		
	Starting month box		Medicare	Part D: NF Part B:	Part D: T4 Part B:	Part D: ADDED to formulary at Tier 4 - REMOVED Brand from formulary Part B:			
			Traditional						
	Marchin		EG-Optimized						
Medical	Vectibix (panitumumab)	Chemotherapy	PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022	
	J9303		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
			Traditional						
	Valaada		EG-Optimized						
8	Velcade (bortezomib)	Multiple myeloma/	PPACA-Optimized	Rx:					
Medical	(mantle cell lymphoma	Medicaid	Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022	
	J9041		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
			Traditional		NF	NEW DRUG, not added to formulary			
	Verkazia		EG-Optimized		NF	NEW DRUG, not added to formulary			
Jacy	(cyclosporine ophthalmic emulsion)	Vernal	PPACA-Optimized	ļ	NF	NEW DRUG, not added to formulary		0///2000	
Pharmacy		Keratoconjunctivitis (VKC)	Medicaid	Rx: Medical:	Rx:Pending Medical:	NEW DRUG, Pending MDHHS Common Formulary Review		9/1/2022	
			Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW DRUG, not added to formulary Part B:			

Medical Pharmacy Common	Drug Vijoice (alpelisib)	Common use PIK3CA-Related Overgrowth Spectrur	Formulary Traditional	Current Coverage	Future Coverage	Comment		
Approximation of the second se						Comment	Preferred covered alternatives	ⁱ Implementation Date
Approximation of the second se			EC Optimized		T4, QL	NEW DRUG, ADDED to formulary at Tier 4 with Quantity Limit of 56 tablets/28 days		
Approximation of the second se	(alpelisib)		EG-Optimized		T4, QL	NEW DRUG, ADDED to formulary at Tier 4 with Quantity Limit of 56 tablets/28 days	alternatives 9/1/2022 by 9/1/2022 by 6/6/2022 c 6/1/2022 c 6/1/2022 c 6/8/2022 c 6/8/2022 c 6/8/2022 c 6/8/2022 c 9/1/2022 c 9/1/2023 c 9/1/2022 (New USers) 9/1/2022 (New USers) 9/1/2022	
Approximation of the second se			PPACA-Optimized		T4, QL	NEW DRUG, ADDED to formulary at Tier 4 with Quantity Limit of 56 tablets/28 days		ives implementation Date powered implementation Date powered powers powered powers powerse powers powerse powers powerse powers powerse powerse powerse powerse powerse powerse powerse powerse powerse powerse powerse powerse powerse powerse powerse pow
Medical Pharmacy Common	50mg tablet, 125mg tablet, 50mg-200mg tablet therapy packs	(PROS)	Medicaid	Rx: Medical:	Rx: Pending Medical:	Pending MDHHS Common Formulary Review		
(daunou kolumatik) (daunou kolumatik)	ablet, 125mg tablet, 50mg+200mg tablet therapy packs	9+200mg tablet	Medicare	Part D: Part B:	Part D: T5, QL Part B: N/A	Part D: NEW DRUG, ADDED to formulary at Tier 5 with Prior Authorization requirements and Quantity Limit of 56 tablets/28 days Part B:		
(daunou kolumatik) (daunou kolumatik)			Traditional					
(daunou kolumatik) (daunou kolumatik)	Vilazodone		EG-Optimized					
(daunou kolumatik) (daunou kolumatik)	(geq for Viibryd)	d) Depression	PPACA-Optimized Medicaid	Rx: Medical:	Rx: Medical:			6/6/2022
(daunou	tablets		Medicare	Part D: T2, ST, QL Part B:		Part D: NEW GENERIC, INCREASE Tier from Tier 2 to Tier 4 Part B:		
(daunou			Traditional					
(daunou	Vimpat		EG-Optimized					
(daunou	(lacosamide)	Seizures	PPACA-Optimized	_				6/1/2022
(daunoi)		Medicaid	Rx: Medical:					
Medic	0mg, 100mg, 150mg, 200mg tablet	mg tablet	Medicare	Part D: T5, QL Part B:	Part D: NF Part B:	Part D: REMOVE brand from formulary - ADD generic to formulary Part B:		
Medic			Traditional					
Medic	Vyxeos		EG-Optimized					
	norubicin liposomal/cytarabine		PPACA-Optimized					
	liposomal)	Chemotherapy	Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022
	J9153		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional	T3, PA, QL	T4, PA, QL	INCREASE Tier from Tier 3 to Tier 4		
	Xcopri		EG-Optimized	T3, PA, QL	T4, PA, QL	INCREASE Tier from Tier 3 to Tier 4		1
Pharmacy	(cenobamate)	Seizures	PPACA-Optimized Medicaid	T3, PA, QL Rx:	T4, PA, QL	INCREASE Tier from Tier 3 to Tier 4		1/1/2023
£				Medical: Part D:	Part D:	Part D:	anaopilopiloo	
	Tablets		Medicare	Part B:	Part B:	Part B:		<u> </u>
	(cenobamate) Seizures Tablets		Traditional	T7, PA	T7, PA	UPDATE Prior Authorization criteria: Must try and fail with IVIG. Established users will not be grandfathered.		
			EG-Optimized	T7, PA	T7, PA	UPDATE Prior Authorization criteria: Must try and fail with IVIG. Established users will not be grandfathered.		0/4/0000
(im) (im	Xembify		PPACA-Optimized	T7, PA	T7, PA	UPDATE Prior Authorization criteria: Must try and fail with IVIG. Established users will not be grandfathered.		(New Users)
×	Xembify immune globulin (Human) Subcutaneous)	i) Multiple Uses	Medicaid	Rx: Medical: Covered,	Rx: Medical: Covered,			1/1/2023 (Establishe
	immune globulin (Human)	;) Multiple Uses	INECICAIC	PA	PA			

	PA-Prior Authorization Pharmacy Department SP- Specially Pharmacy Pending Changes to the Pending Changes to the Priority AL-Age Limits Approved Drug List July 2022							
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	ⁱ Impleme
Medical	Xeomin (incobotulinum toxin A)	Multiple Uses	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical:	Rx: Medical:			7/1/20:
	J0588		Medicare	Part D: Part B: PA, ST	Part D: Part B: PA, ST	Part D: Part B: UPDATED Prior Authorization criteria requirements - REMOVE No Authorization Required for Neurologist, Rehab Medicine, or Physical Medicine and Rehab		
iical	Xeomin (incobotulinum toxin A)	Migraines with or without aura	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx:	Rx:		-	11/1/2
Medi	J0588		Medicare	Medical: Part D: Part B: PA, ST	Medical: Part D: Part B: PA, ST	Part D: Part B: UPDATED Prior Authorization criteria requirements - ADD Exclusion: Must not be used in combination with CGRP antagonist therapy		
Medical	Xofigo (radium ra-223 dichloride)	Prostate cancer	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8
	A9606	1	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Xolair (omalizumab)		Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical:			-	7/1/20
	J2357		Medicare	Part D: Part B: T5, PA, ST	Part D: Part B: T5, PA, ST	Part D: Part B: UPDATED Prior Authorization requirement		
Medical	Yervoy (impilimumab)	Chemotherapy	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria	-	6/8
	J9228	1	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:	1	
Medical	Yondelis (trabectedin)	Chemotherapy	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8
	J9352	1	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:	1	

Harmonia Sime for the second	Drug Zalepion (geq for Sonata) mg and 10mg capsules Zepzeica (lurbinectedin)	Common use Insomnia	Formulary Traditional EG-Optimized PPACA-Optimized Medicaid Medicare Traditional	Current Coverage Rx: Medical: Part D: QL Part B:		Comment	Preferred covered alternatives	Implementation Date
Harmonia Sime for the second	(geq for Sonata) mg and 10mg capsules Zepzelca		EG-Optimized PPACA-Optimized Medicaid Medicare	Medical: Part D: QL	Medical: Part D: QL			8/1/2022
Harmonia Sime for the second	(geq for Sonata) mg and 10mg capsules Zepzelca		PPACA-Optimized Medicaid Medicare	Medical: Part D: QL	Medical: Part D: QL			8/1/2022
Harmonia Sime for the second	(geq for Sonata) mg and 10mg capsules Zepzelca		Medicaid Medicare	Medical: Part D: QL	Medical: Part D: QL			8/1/2022
(ibritumoma Light of the second secon	Zepzelca		Medicare	Medical: Part D: QL	Medical: Part D: QL			8/1/2022
) Herrariacia Her	Zepzelca	Chemotherapy						8/1/2022
Haumaci Header (ibritumoma (ibritumoma (nalox)		Chemotherapy	Traditional		Part B:	Part D: INCREASE Quantity Limit of 30 capsules per 30 days Part B:		
Haumaci Header (ibritumoma (ibritumoma (nalox)		Chemotherapy	L					6/8/2022
Haumaci Header (ibritumoma (ibritumoma (nalox)	(larbinectedin)	Chemotherapy	EG-Optimized					
Liamaco Analisa (nalisa)		Chemotherapy	PPACA-Optimized Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
Liamaco Analisa (nalisa)	J9223		Medicare	Part D:	Part D:	Part D:		
Liamaco Analisa (nalisa)			Traditional	Part B:	Part B:	Part B:		
Liamaco Analisa (nalisa)			EG-Optimized					6/8/2022
Liamaco Analisa (nalisa)	Zevalin	Non Hodekin's	PPACA-Optimized					
Pharma	(ibritumomab tiuxetan for Yttrium-90)	Non-Hodgkin's lymphoma (NHL)	Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
Pharma	A9543		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharma			Traditional	Fait D.	Fait D.	raitb.	+	
Pharma	Zimhi (naloxone hydrochloride)	Opioid Overdose	EG-Optimized					7/1/2022
Pharma			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	Prefilled syringe 5mg		Medicare	Part D: NF Part B:	Part D: T3, QL	Part D: NEW dosage form - ADDED to formulary at Tier 3 with Quantity Limit of 2 syringes/30 days Part B:		
	Zolpidem (geq for Ambien)		Traditional				<u> </u>	
cy.			EG-Optimized					
g) bharmacy		Insomnia	PPACA-Optimized	Dvi	Dvr			8/1/2022
			Medicaid	Rx: Part D: QL	Rx: Part D: QL	Part D: INCREASE Quantity Limit to 30 tablets per 30 days	_	
51	5mg and 10mg tablets		Medicare	Part B:		Part B:		
_	Zolpidem ER		Traditional					8/1/2022
			EG-Optimized	ļ				
L L L L L L L L L L L L L L L L L L L	en tor Ambien CD		PPACA-Optimized Medicaid	Rx:	Rx:			
6	eq for Ambien CR)		Medicald	Part D: QL	Part D: QL	Part D: INCREASE Quantity Limit to 30 tablets per 30 days		
ext				Part B:	Part B:	3:		
	eq for Ambien CR) 6.25mg and 12.5mg xtended release tablets		Traditional	T3, QL, ST	NF	REMOVE from formulary	Zolpidem (generic) tablets, Zolpidem ER tablets	8/1/2022
lacy	6.25mg and 12.5mg xtended release tablets		EG-Optimized PPACA-Optimized	T3, QL, ST	NF	REMOVE from formulary		
Pharmacy	6.25mg and 12.5mg xtended release tablets Zolpimist		Medicaid	T3, QL, ST Rx:	NF Rx:	REMOVE from formulary		
<u>п</u> .	6.25mg and 12.5mg xtended release tablets	Insomnia		Part D: Part B:	Part D:	Part D: Part B:		

	PA-Prior Authorization SP- Specially Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy			ty Health				
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
	Zynlonta (amivantamab-vmjw)	Chemotherapy	Traditional					6/8/2022
			EG-Optimized					
3			PPACA-Optimized					
Medic			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9359		Medicare			Part D:		
				Part B:	Part B:	Part B:		