

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

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

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Pharmacy	<b>Atomoxetine</b> (geq for Strattera)	Attention Deficit Hyperactivity Disorder	Traditional	T1, QL, AL	T2, QL, AL	INCREASE Tier from Tier T1 to Tier 2	guanfacine/ guanfacine ER	1/1/2023
			EG-Optimized	T1b, QL, AL	T2, QL, AL	INCREASE Tier from Tier T1b to Tier 2		
			PPACA-Optimized	T1b, QL, AL	T2, QL, AL	INCREASE Tier from Tier T1b to Tier 2		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Capsules		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Avastin</b> (bevacizumab)	Chemotherapy	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Not Covered	Rx: Medical: Covered	Medical: ADDED to coverage		
	J9035 - Non-ophthalmic use		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Azedra</b> (lobenguane I-131)	Cancer	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	A9699, A9590, C9407, C9408		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Bavencio</b> (avelumab)	Merkel cell carcinoma (MCC)	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9023		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Beleodaq</b> (belinostat)	Peripheral T-cell lymphoma (PTCL)	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9032		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Besponsa</b> (inotuzumab ozogamicin)	Acute lymphoblastic leukemia (ALL)	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9229		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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Medical	<b>Blenrep</b> (belantamab mafodotin-blmf)	Multiple Myeloma	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9037		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Blincyto</b> (blinatumomab)	Acute lymphoblastic (ALL)	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9039		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>bortezomib</b> (Non-Velcade)	Multiple Myeloma	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9044		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Botox</b> (onabotulinum toxin A)	Multiple Uses	Traditional					7/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	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	<b>Botox</b> (onabotulinum toxin A)	Migraines with or without aura	Traditional					11/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	J0585		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	<b>Breztri Areosphere</b> (budesonide-glycopyrrolate-formoterol)	Chronic Obstructive Pulmonary Disease (COPD)	Traditional					7/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	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:		

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Pharmacy	<b>Bromocriptine</b> (geq for Parlodel)  5mg capsule and 2.5mg tablet	Parkinson disease	Traditional	T1	T2	INCREASE Tier from Tier T1 to Tier 2	Carbidopa-levodopa/ pramipexole/ ropinirole	1/1/2023
			EG-Optimized	T1b	T2	INCREASE Tier from Tier T1b to Tier 2		
			PPACA-Optimized	T1b	T2	INCREASE Tier from Tier T1b to Tier 2		
			Medicaid	Rx: Medical:	Rx: Medical:			
Pharmacy	<b>Caffeine citrate</b> (geq for Cafcit)  oral Solution 60mg/3ml	Apnea of prematurity	Traditional	T1, AL	T3, AL	INCREASE Tier from Tier T1 to Tier 3	No lower tier alternative	1/1/2023
			EG-Optimized	T1b, AL	T3, AL	INCREASE Tier from Tier T1b to Tier 3		
			PPACA-Optimized	T1b, AL	T3, AL	INCREASE Tier from Tier T1b to Tier 3		
			Medicaid	Rx: Medical:				
Medical	<b>Camcevi</b> (leuprolide)  J1952	Prostate cancer	Traditional		Pref Spec (T7)	NEW DRUG, added to coverage under the Medical Benefit as Preferred Specialty (T7)		8/1/2022
			EG-Optimized		Pref Spec (T7)	NEW DRUG, added to coverage under the Medical Benefit as Preferred Specialty (T7)		
			PPACA-Optimized		Pref Spec (T7)	NEW DRUG, added to coverage under the Medical Benefit as Preferred Specialty (T7)		
			Medicaid	Rx: Medical:	Rx: Medical: Covered	NEW DRUG, added to coverage under the Medical Benefit		
Pharmacy	<b>Camzyos</b> (mavacamten)  2.5mg, 5mg, 10mg, 15mg capsules	Thickened Heart Muscle	Traditional		NF	Rx: NEW DRUG, not added to the formulary		9/1/2022
			EG-Optimized		NF	Rx: NEW DRUG, not added to the formulary		
			PPACA-Optimized		NF	Rx: NEW DRUG, not added to the formulary		
			Medicaid	Rx: Medical:	Rx: Pending Medical:	Rx: NEW DRUG, Pending MDHHS Common Formulary Review		
Medical	<b>Carvykti</b> (cilta cabtagene autoleu cel)  J3490, J3590, C9098 (Medicare)	Multiple Myeloma	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.		8/1/2022
			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.		
			PPACA-Optimized		Gene Therapy, PA	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.		
			Medicaid	Rx: Medical:	Rx: NF Medical: Carve-	Rx: NEW DRUG, not added to formulary Medical: NEW DRUG, carve-out		
			Medicare	Part D: Part B:	Part D: Excluded Part B: Medicare Chemo, PA	Part D: NEW DRUG, excluded from coverage Part B: NEW DRUG, ADDED to coverage under the Medical Benefit as Medicare Chemo with Prior Authorization Requirements		

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Pharmacy	<b>Chantix</b> (Varenicline)	Smoking cessation aid	Traditional					7/1/2022
			EG-Optimized					
			PPACA-Optimized					
	Starting month box		Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: T4 Part B:	Part D: NF Part B:	Part D: REMOVED brand from formulary - ADDED generic to formulary Part B:		
Pharmacy	<b>Chlorpromazine</b> (geq for Thorazine)	Bipolar disorder, Schizophrenia	Traditional	T2, QL	T3, QL	INCREASE Tier from Tier 2 to Tier 3	Thioridazine/ perphenazine	1/1/2023
			EG-Optimized	T2, QL	T3, QL	INCREASE Tier from Tier 2 to Tier 3		
			PPACA-Optimized	T2, QL	T3, QL	INCREASE Tier from Tier 2 to Tier 3		
	tablet		Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	<b>Colchicine</b> (geq for Mitigare)	Gout	Traditional	T2, QL	T3, QL	INCREASE Tier from Tier 2 to Tier 3	Colchicine tablets/ allopurinol	1/1/2023
			EG-Optimized	T2, QL	T3, QL	INCREASE Tier from Tier 2 to Tier 3		
			PPACA-Optimized	T2, QL	T3, QL	INCREASE Tier from Tier 2 to Tier 3		
	0.6mg Capsule		Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	<b>Colchicine</b> (geq for Colcrys)	Gout	Traditional	T2, QL	T1, QL	DECREASE Tier from Tier 2 to Tier 1		9/1/2022
			EG-Optimized	T2, QL	T1, QL	DECREASE Tier from Tier 2 to Tier 1		
			PPACA-Optimized	T2, QL	T1, QL	DECREASE Tier from Tier 2 to Tier 1		
	0.6mg Tablet		Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Cutaquig</b> (immune globulin (Human)-hipp Subcutaneous)	Multiple Uses	Traditional	Pref Spec (T7), PA	Pref Spec (T7), PA	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)
			EG-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	UPDATE Prior Authorization criteria: Must try and fail with IVIG. Established users will not be grandfathered.		
			PPACA-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	UPDATE Prior Authorization criteria: Must try and fail with IVIG. Established users will not be grandfathered.		
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered, PA			
	J1551		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Cuvitru</b> (immune globulin (Human) Subcutaneous)	Multiple Uses	Traditional	Pref Spec (T7), PA	Pref Spec (T7), PA	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)
			EG-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	UPDATE Prior Authorization criteria: Must try and fail with IVIG. Established users will not be grandfathered.		
			PPACA-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	UPDATE Prior Authorization criteria: Must try and fail with IVIG. Established users will not be grandfathered.		
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered, PA			
	J1555		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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Medical	<b>Cyramza</b> (ramucirumab)  J9308	Chemotherapy	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
Medical	<b>Danyelza</b> (naxitamab-gqgk)  J9348	Chemotherapy	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		6/8/2022
			Traditional					
			EG-Optimized					
			PPACA-Optimized					
Medical	<b>Darzalex</b> (daratumumab)  J9145	Multiple Myeloma	Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional					
			EG-Optimized					
Medical	<b>Darzalex Faspro</b> (daratumumab and hyaluronidase-fih)  J9144	Multiple Myeloma	PPACA-Optimized					6/8/2022
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional					
Pharmacy	<b>Depo-Estradiol</b> (estradiol cypionate)  5mg/ml vial	Multiple Uses	EG-Optimized					7/1/2022
			PPACA-Optimized					
			Medicaid	Rx: NF Medical: Covered	Rx: Covered Medical: Covered	RX: ADDED to coverage Medical: No Change		
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	<b>Dexlansoprazole</b> (geq for Dexilant)  Delayed-Release oral capsule	Esophagitis	Traditional					7/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW GENERIC, not added to formulary Part B:		

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Pharmacy	<b>Diclofenac sodium</b> (geq for Pennsaid)	Osteoarthritis	Traditional					7/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:				
	2% solution pump		Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW GENERIC, not added to formulary Part B:		
Pharmacy	<b>Dupixent</b> (dupilumab)	Atopic Dermatitis/ Asthma/Chronic Rhinosinusitis with Nasal Polypsis/ Eosinophilic Esophagitis.	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		9/1/2022
			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		
			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		
			Medicaid	Rx: Covered Medical:	Rx: Covered Medical:	Rx: No Change		
			Medicare	Part D: T5, PA Part B: N/A	Part D: T5, PA Part B: N/A	Part D: No Change Part B:		
	pre-filled syringe and pen-injector							
Medical	<b>Dysport</b> (abobotulinum toxin A)	Multiple Uses	Traditional					7/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	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		
Medical	<b>Dysport</b> (abobotulinum toxin A)	Migraines with or without aura	Traditional					11/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	J0586		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		
Medical	<b>Elzonris</b> (tagraxofusperts)	Chemotherapy	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9269		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	<b>EMSAM</b> (selegiline)	Major depressive disorder (MDD)	Traditional	T3, ST	T4, ST	INCREASE Tier from Tier 3 to Tier 4		generic antidepressants  1/1/2023
			EG-Optimized	T3, ST	T4, ST	INCREASE Tier from Tier 3 to Tier 4		
			PPACA-Optimized	T3, ST	T4, ST	INCREASE Tier from Tier 3 to Tier 4		
			Medicaid	Rx: Medical:				
	Transdermal Patch		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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Medical	<b>Enhertu</b> (fam-trastuzumab deruxtecan-nxki)	Breast cancer	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9358		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	<b>Epsolay</b> (benzoyl peroxide)	Rosacea	Traditional		NF	NEW FORMULATION, Not added to formulary		9/1/2022
			EG-Optimized		NF	NEW FORMULATION, Not added to formulary		
			PPACA-Optimized		NF	NEW FORMULATION, Not added to formulary		
			Medicaid	Rx: Medical:				
	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	<b>Erbix</b> (cetuximab)	Chemotherapy	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9055		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Erwinaze</b> (asparaginase erwinia chrysanthemi)	Acute lymphoblastic leukemia (ALL)	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9019		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	<b>Esbriet</b> (Pirfenidone)	Idiopathic Pulmonary Fibrosis	Traditional					8/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:				
	Tablet ONLY		Medicare	Part D: TS, PA, QL Part B:	Part D: NF Part B:	Part D: REMOVED brand from formulary - ADDED generic to formulary Part B:		
Pharmacy	<b>Estradiol Valerate</b> (oil for injection)	Multiple Uses	Traditional					7/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: NF Medical: Covered	Rx: Covered Medical: Covered	Rx: ADDED to coverage Medical: No Change		
	100mg/5ml and 200mg/5ml Multi-use vials		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	<b>Eszopiclone</b> (geq for Lunesta)	Insomnia	Traditional					8/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	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:		



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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical	<b>Evomela</b> (melphalan)	Multiple Myeloma	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9246		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	<b>Evrysdi</b> (risdiplam)	Spinal Muscular Atrophy	Traditional	T5, PA, QL, AL	T5, PA, QL	REMOVE Age Limit		9/1/2022
			EG-Optimized	T5, PA, QL, AL	T5, PA, QL	REMOVE Age Limit		
			PPACA-Optimized	T5, PA, QL, AL	T5, PA, QL	REMOVE Age Limit		
			Medicaid	Rx: Carve Out Medical:	Rx: Carve Out Medical:			
	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:		
Medical	<b>Firmagon</b> (degrelax)	Prostate cancer	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9155		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	<b>Fluoxetine</b> (geq for Prozac)	Multiple Uses	Traditional	NF	T1	ADDED to formulary at Tier 1		8/1/2022
			EG-Optimized	NF	T1	ADDED to formulary at Tier 1		
			PPACA-Optimized	NF	T1	ADDED to formulary at Tier 1		
			Medicaid	Rx: Medical:	Rx: Medical:			
	10mg and 20mg Tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Folotyn</b> (pralatrexate)	Peripheral T-cell lymphoma (PTCL)	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9307		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Fyarro</b> (sirolimus protein-bound particles)	Immunotherapy	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J3490, J3590		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	<b>Fycompa</b> (perampanel)	Seizures	Traditional	T3, QL, AL	T4, QL, AL	INCREASE Tier from Tier 3 to Tier 4		generic antiepileptics 1/1/2023
			EG-Optimized	T3, QL, AL	T4, QL, AL	INCREASE Tier from Tier 3 to Tier 4		
			PPACA-Optimized	T3, QL, AL	T4, QL, AL	INCREASE Tier from Tier 3 to Tier 4		
			Medicaid	Rx: Medical:	Rx: Medical:			
	tablets and suspension		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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

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Medical	<b>HyQvia</b> (immune globulin (Human) Subcutaneous)	Multiple Uses	Traditional	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) 1/1/2023 (Established Users)
			EG-Optimized	T7, PA	T7, PA	UPDATE Prior Authorization criteria: Must try and fail with IVIG. Established users will not be grandfathered.		
			PPACA-Optimized	T7, PA	T7, PA	UPDATE Prior Authorization criteria: Must try and fail with IVIG. Established users will not be grandfathered.		
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered, PA			
	J1575		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	<b>Igalmi</b> (dexmedetomidine)	Schizophrenia/ Bipolar Disorder	Traditional		NF	NEW DRUG, not added to the formulary		9/1/2022
			EG-Optimized		NF	NEW DRUG, not added to the formulary		
			PPACA-Optimized		NF	NEW DRUG, not added to the formulary		
			Medicaid	Rx: Medical:	Rx: Carve-Out Medical: N/A	RX: NEW DRUG, Carve-Out Medical: NEW DRUG, N/A (inpatient use)		
	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	<b>Imfinzi</b> (durvalumab)	Chemotherapy	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9173		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Imlygic</b> (talimogene laherparepvec)	Melanoma	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9325		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Infugem</b> (gemcitabine HCl)	Chemotherapy	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Not Covered	Rx: Medical: Covered	Medical: ADDED to coverage		
	J9198		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	<b>Isosorbide dinitrate/hydralazine</b> (geq for BiDil)	Heart Failure	Traditional					7/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:				
	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:		

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Medical	<b>Istodax</b> (romidepsin, lyophilized)	Cutaneous T-cell lymphoma (CTCL)	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9319		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Jelmyto</b> (motimycin)	Urothelial cancer	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9281		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Jemperli</b> (dostarlimab-gxly)	Endometrial cancer	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9272		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Jevtana</b> (cabazitaxel)	Prostate cancer	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9043		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Kadcyla</b> (ado-trastuzumab emtansine)	Breast cancer	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9354		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Keytruda</b> (pembrolizumab)	Chemotherapy	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9271		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Kimmtrak</b> (tebentafusp-tebn)	Uveal melanoma	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9999		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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Medical	<b>Kyprolis</b> (carfilzomib)	Multiple myeloma	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9047		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Leuprolide Acetate</b> (excluding Lupron Depot variation)	Multiple Indications	Traditional					7/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	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	<b>Libtayo</b> (cemiplimab)	Squamous cell carcinoma (SCC)	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9119		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Lumoxiti</b> (moxetumomab pasudotox)	Hairy cell leukemia (HCL)	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9313		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Lutathera</b> (lutetium LU 177 dotatate)	Cancer	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	A9513, J9999		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	<b>Lyvispah</b> (Baclofen)	Multiple Sclerosis	Traditional		NF	NEW FORMULATION, Not added to formulary		9/1/2022
			EG-Optimized		NF	NEW FORMULATION, Not added to formulary		
			PPACA-Optimized		NF	NEW FORMULATION, Not added to formulary		
			Medicaid	Rx: Medical:		NEW FORMULATION, Pending MDHHS Common Formulary Review		
			Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION, Not added to formulary Part B:		
	Granules							

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	<b>Margenza</b> (margetuximab-cmkb)	Breast cancer	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9353		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	<b>Marqibo</b> (vincristine liposome)	Acute lymphoblastic leukemia (ALL)	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9371		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	<b>Monjuvi</b> (tafasitamab-cxix)	Diffuse large B-cell lymphoma (DLBCL)	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9349		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	<b>Mounjaro</b> (tirzepatide)	Type 2 Diabetes Mellitus (T2DM)	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		Commercial - 9/1/2022 Medicare Part D - 8/1/2022
			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		
			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		
			Medicaid	Rx: Medical:	Rx: Pending Medical:	NEW DRUG, Pending MDHHS Common Formulary Review		
			Medicare	Part D: Part B:	Part D: T3 Part B: N/A	Part D: NEW DRUG, ADDED to formulary at Tier 3 Part B:		
	2.5mg/0.5ml, 5mg/0.5ml, 7.35mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml Prefilled pen solution							
Medical	<b>Myobloc</b> (rimabotulinum toxin B)	Multiple Uses	Traditional					7/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	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		

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Medical	<b>Myobloc</b> (rimabotulinum toxin B)	Migraines with or without aura	Traditional					11/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
Pharmacy	<b>Mylotarg</b> (gemtuzumab ozogamicin)	Acute myeloid leukemia (AML)	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		6/8/2022
			Traditional					
			EG-Optimized					
			PPACA-Optimized					
Pharmacy	<b>Norliqva</b> (amlodipine besylate)	Hypertension/Angina in coronary artery disease	Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		9/1/2022
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional		T3, QL, AL	NEW FORMULATION, ADDED to formulary as Tier 3 with maximum Age Limit of 6 years, and Quantity Limit of 150ml/30 days		
			EG-Optimized		T3, QL, AL	NEW FORMULATION, ADDED to formulary as Tier 3 with maximum Age Limit of 6 years, and Quantity Limit of 150ml/30 days		
Pharmacy	<b>Nuedexta</b> (dextromethorphan/quinidine)	Pseudobullar Affect (PBA)	PPACA-Optimized		T3, QL, AL	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
			Medicaid	Rx: Medical:	Rx:NF Medical:	NEW FORMULATION, Pending MDHHS Common Formulary Review		
			Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION, not added to formulary Part B:		
			Traditional	T4, PA, QL	T4, PA, QL	UPDATED Prior Authorization criteria		
Medical	<b>Nulojix</b> (belatacept)	Kidney transplant rejection preventative	EG-Optimized	T4, PA, QL	T4, PA, QL	UPDATED Prior Authorization criteria		6/8/2022
			PPACA-Optimized	T4, PA, QL	T4, PA, QL	UPDATED Prior Authorization criteria		
			Medicaid	Rx: Medical:				
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Ogivri</b> (trastuzumab-dkst)	Breast Cancer	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:Not Covered	Rx: Medical:Covered	Medical: ADDED to coverage		
Medical	<b>Q5114</b>		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional					
			EG-Optimized					
			PPACA-Optimized					

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Pharmacy	Omnipod 5	Diabetes	Traditional	Not Covered	T5, QL	ADDED to formulary at Tier 5 with Quantity Limit Requirement of 2 packs/30 days		9/1/2022
			EG-Optimized	Not Covered	T5, QL	ADDED to formulary at Tier 5 with Quantity Limit Requirement of 2 packs/30 days		
			PPACA-Optimized	Not Covered	T5, QL	ADDED to formulary at Tier 5 with Quantity Limit Requirement of 2 packs/30 days		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Pods (Gen 5)		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Oncaspar (pegaspargase)	Acute lymphoblastic leukemia (ALL)	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9266		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Onivyde (irinotecan liposome)	Pancreatic cancer	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9205		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Ontruzant (Trastuzumab-dttb)	Chemotherapy	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Not Covered	Rx: Medical: Covered	Medical: ADDED to coverage		
	Q5112		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Opdivo (nivolumab)	Chemotherapy	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9299		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Opdualag (Nivolumab and Relatlimab-rmbw)	Melanoma	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J3490, J3590, J9999,		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		



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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	<b>Oxtellar XR</b> (oxcarbazepine)	Seizures	Traditional	T3, PA, QL	T4, PA, QL	INCREASE Tier from Tier 3 to Tier 4	Oxcarbazepine IR	1/1/2023
			EG-Optimized	T3, PA, QL	T4, PA, QL	INCREASE Tier from Tier 3 to Tier 4		
			PPACA-Optimized	T3, PA, QL	T4, PA, QL	INCREASE Tier from Tier 3 to Tier 4		
			Medicaid	Rx: Medical:	Rx: Medical:			
Pharmacy	<b>Oxycodone-Acetaminophen</b> (same ingredients as Percocet)	Pain	Traditional					7/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:				
Medical	<b>Padcev</b> (enfortumab vedotin-efv)	Urothelial cancer	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
Medical	<b>Perjeta</b> (pertuzumab)	Chemotherapy	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
Medical	<b>Phesgo</b> (pertuzumab trastuzumab and hyaluronidase-zzxf)	Chemotherapy	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Not Covered	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
Medical	<b>Photrex</b> (riboflavin 5-phosphate ophthalmic solution)	Progressive Keratoconus	Traditional	Not Covered	Pref Spec (T7)	ADDED to coverage under the Medical Benefit as Pref Spec (Tier 7)		7/1/2022
			EG-Optimized	Not Covered	Pref Spec (T7)	ADDED to coverage under the Medical Benefit as Pref Spec (Tier 7)		
			PPACA-Optimized	Not Covered	Pref Spec (T7)	ADDED to coverage under the Medical Benefit as Pref Spec (Tier 7)		
			Medicaid	Rx: Medical: Not Covered	Rx: Medical: Covered	Rx: Medical: ADDED to coverage		
Medical	<b>Photrex</b> (riboflavin 5-phosphate ophthalmic solution)	Progressive Keratoconus	Medicare	Part D: Part B: Not	Part D: Part B: Covered	Part D: Part B: ADDED to coverage		

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Pharmacy	<b>Pirfenidone</b> (geq for Esbriet)	Idiopathic Pulmonary Fibrosis	Traditional					8/1/2022
	Tablets ONLY		EG-Optimized PPACA-Optimized Medicaid Medicare	Rx: Medical: Part D: NF Part B:		Part D: NEW GENERIC, ADDED to formulary at Tier 5 with Prior Authorization and Quantity Limit - REMOVED brand from formulary Part B:		
Medical	<b>Pluvicto</b> (Lutetium Lu 177 Vipivotide Tetraxetan)	Prostate cancer	Traditional					6/8/2022
	A9699		EG-Optimized PPACA-Optimized Medicaid Medicare	Rx: Medical: Covered, PA Part D: Part B:	Rx: Medical: Covered Part D: Part B:	Medical: REMOVE Prior Authorization criteria Part D: Part B:		
Medical	<b>Polivy</b> (polatuzumab vedotin-piiq)	Diffuse B-cell lymphoma (DLBCL)	Traditional					6/8/2022
	J9309		EG-Optimized PPACA-Optimized Medicaid Medicare	Rx: Medical: Covered, PA Part D: Part B:	Rx: Medical: Covered Part D: Part B:	Medical: REMOVE Prior Authorization criteria Part D: Part B:		
Medical	<b>Portrazza</b> (necitumumab)	Chemotherapy	Traditional					6/8/2022
	J995		EG-Optimized PPACA-Optimized Medicaid Medicare	Rx: Medical: Not Covered Part D: Part B:	Rx: Medical: Covered Part D: Part B:	Medical: ADDED to coverage Part D: Part B:		
Pharmacy	<b>Potassium chloride</b>	Hypokalemia	Traditional					7/1/2022
	2 mEq/ml concentrate		EG-Optimized PPACA-Optimized Medicaid Medicare	Rx: Medical: Part D: NF Part B:		Part D: NEW dosage form, ADDED to formulary at Tier 2 Part B:		
Medical	<b>Poteligeo</b> (mogamulizumab-kpkc)	Chemotherapy	Traditional					6/8/2022
	J9204		EG-Optimized PPACA-Optimized Medicaid Medicare	Rx: Medical: Covered, PA Part D: Part B:	Rx: Medical: Covered Part D: Part B:	Medical: REMOVE Prior Authorization criteria Part D: Part B:		

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Pharmacy	<b>Prehevbrio</b> (Hepatitis B Vaccine (Trivalent[Recombinant]))	Hepatitis B	Traditional					7/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:				
	10mg/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	<b>Provenge</b> (sipuleucel-T)	Prostate cancer	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	Q2043		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	<b>Qelbree</b> (viloxazine)	Attention Deficit Hyperactivity Disorder	Traditional	T3, QL, AL, ST	T3, QL, AL, ST	REMOVE maxium Age Limit of 17 years		Commercial - 7/1/2022 Medicare Part D:- 8/1/2022
			EG-Optimized	T3, QL, AL, ST	T3, QL, AL, ST	REMOVE maxium Age Limit of 17 years		
			PPACA-Optimized	T3, QL, AL, ST	T3, QL, AL, ST	REMOVE maxium Age Limit of 17 years		
			Medicaid	Rx: Medical:	Rx: Medical:			
	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:		
Pharmacy	<b>Quviviq</b> (daridorexant)	Indictaed to treat insomnia	Traditional		NF	NEW DRUG, not added to the formulary		9/1/2022
			EG-Optimized		NF	NEW DRUG, not added to the formulary		
			PPACA-Optimized		NF	NEW DRUG, not added to the formulary		
			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:		
Medical	<b>Revcovi</b> (elapegedemase)	Adenosine Deaminase Severe Combined Immune Deficiency (ADA-SCID)	Traditional					11/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	J3590		Medicare	Part D: Part B: PA	Part D: Part B: PA	Part D: Part B: UPDATED Prior Authorization requirement		
Medical	<b>Riabni</b> (rituximab-arrx)	Chemotherapy	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Not Covered	Rx: Medical: Covered	Medical: ADDED to coverage		
	Q5123		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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Pharmacy	<b>Rinvoq</b> (upadacitinib)  15mg, 30mg, 45mg Tablet	Rheumatoid Arthritis/ Psoriatic Arthritis/ Atopic Dermatitis/ Ulcerative Colitis/ Ankylosing Spondylitis	Traditional	T4, PA, QL,	T4, PA, QL	ADD Prior Authorization Criteria for indication of Akylosing Spondylitis		7/1/2022
			EG-Optimized	T4, PA, QL,	T4, PA, QL	ADD Prior Authorization Criteria for indication of Akylosing Spondylitis		
			PPACA-Optimized	T4, PA, QL,	T4, PA, QL	ADD Prior Authorization Criteria for indication of Akylosing Spondylitis		
			Medicaid	Rx: PA Medical:	Rx: PA Medical:	ADD Prior Authorization Criteria for indication of Akylosing Spondylitis as PDL Non-Preferred		
			Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria requirements Part B:		
Medical	<b>Rituxan</b> (rituximab)  J9312	Non-Hodgkin's lymphoma (NHL)	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Not Covered	Rx: Medical: Covered	Medical: ADDED to coverage		
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Rituxan Hycela</b> (rituximab/hyaluronidase)  J9311	Diffuse B-cell lymphoma (DLBCL)	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Not Covered	Rx: Medical: Covered	Medical: ADDED to coverage		
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>romidepsin, non-lyophilized</b> (non-Isotodax)  J9318	Chemotherapy	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Rybrevant</b> (amivantamab-vmjw)  J9061	Lung cancer	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Rylaze</b> (asparaginase erwinia chrysanthemi (recombinant) -rywn)  J9021	Acute lymphoblastic leukemia (ALL)/ lymphoblastic lymphoma (LBL)	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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Medical	<b>Sarclisa</b> (isatuximab-ifc)	Multiple myeloma	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9227		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	<b>Seglentis</b> (celecoxib/tramadol hcl)	Pain	Traditional					7/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	56mg/44mg		Medicare	Part D: NF Part B:	Part D: NF Part B:	Part D: NEW COMBINATION, not added to the formulary Part B:		
Pharmacy	<b>Skyrizi</b> (risankizumab)	Plaque Psoriasis/ Psoriatic Arthritis/ Crohn's Disease	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.		Commercial - 9/1/2022 Medicare Part D 8/1/2022
			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.		
			PPACA-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.		
			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		
Medical	<b>Skyrizi</b> (risankizumab)	Plaque Psoriasis/ Psoriatic Arthritis/ Crohn's Disease	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.		8/1/2022
			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.		
			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.		
			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		
Medical	<b>Synribo</b> (omacetaxine mepesuccinate)	Chronic myeloid leukemia (CML)	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9262		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical	<b>Tecentriq</b> (atezolizumab)	Chemotherapy	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9022		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Tivdak</b> (tisotumab vedotin-tftv)	Cervical cancer	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9273		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	<b>Tresiba</b> (insulin degludec)	Diabetes	Traditional	NF	NF	No Change		1/1/2023
			EG-Optimized	NF	NF	No Change		
			PPACA-Optimized	NF	T2	ADDED to the formulary at Tier 2		
			Medicaid	Rx: Medical:	Rx: Medical:			
	vial, 100u/ml pen, 200u/ml pen		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	<b>Triumeq</b> (abacavir 60mg/dolutegravir 5mg/lamivudine 30mg)	HIV	Traditional					7/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:				
	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	<b>Trodelyv</b> (sacituzumabgovitecan)	Breast cancer	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Rx: Medical: REMOVE Prior Authorization criteria		
	J9317		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	<b>Ultomiris</b> (ravulizumab)	Paroxysmal Nocturnal Hemoglobinuria/ Hemolytic Uremic Syndrome/ Myasthenia Gravis	Traditional	PA	PA	ADD PA Criteria for Myasthenia Gravis		9/1/2022
			EG-Optimized	PA	PA	ADD PA Criteria for Myasthenia Gravis		
			PPACA-Optimized	PA	PA	ADD PA Criteria for Myasthenia Gravis		
			Medicaid	Rx: Carve Out Medical: Covered, PA	Rx: Carve Out Medical: Covered, PA	Rx: Medical: ADD PA Criteria for Myasthenia Gravis		
	J1303		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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Medical	<b>Unituxin</b> (dinutuximab)	Nerve cell cancer	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9999, C9399		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	<b>Valsartan</b> (geq for Prexxartan)	Heart Failure	Traditional		NF	NEW FORMULATION, not added to formulary		9/1/2022
			EG-Optimized		NF	NEW FORMULATION, not added to formulary		
			PPACA-Optimized		NF	NEW FORMULATION, not added to formulary		
			Medicaid	Rx: Medical:	Rx: Medical:			
	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:		
Pharmacy	<b>Varenicline</b> (geq. for Chantix)	Smoking cessation aid	Traditional					7/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	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:		
Medical	<b>Vectibix</b> (panitumumab)	Chemotherapy	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9303		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Velcade</b> (bortezomib)	Multiple myeloma/ mantle cell lymphoma	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9041		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	<b>Verkazia</b> (cyclosporine ophthalmic emulsion)	Vernal Keratoconjunctivitis (VKC)	Traditional		NF	NEW DRUG, not added to formulary		9/1/2022
			EG-Optimized		NF	NEW DRUG, not added to formulary		
			PPACA-Optimized		NF	NEW DRUG, not added to formulary		
			Medicaid	Rx: Medical:	Rx: Pending Medical:	NEW DRUG, Pending MDHHS Common Formulary Review		
			Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW DRUG, not added to formulary Part B:		

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Pharmacy	<b>Viojoice</b> (alpelisib)	PIK3CA-Related Overgrowth Spectrum (PROS)	Traditional		T4, QL	NEW DRUG, ADDED to formulary at Tier 4 with Quantity Limit of 56 tablets/28 days		9/1/2022
			EG-Optimized		T4, QL	NEW DRUG, ADDED to formulary at Tier 4 with Quantity Limit of 56 tablets/28 days		
			PPACA-Optimized		T4, QL	NEW DRUG, ADDED to formulary at Tier 4 with Quantity Limit of 56 tablets/28 days		
			Medicaid	Rx: Medical:	Rx: Pending Medical:	Pending MDHHS Common Formulary Review		
	50mg tablet, 125mg tablet, 50mg+200mg tablet therapy packs		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:		
Pharmacy	<b>Vilazodone</b> (geq for Viibryd)	Depression	Traditional					6/6/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	tablets		Medicare	Part D: T2, ST, QL Part B:	Part D: T4, ST, QL Part B:	Part D: NEW GENERIC, INCREASE Tier from Tier 2 to Tier 4 Part B:		
Pharmacy	<b>Vimpat</b> (lacosamide)	Seizures	Traditional					6/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:				
	50mg, 100mg, 150mg, 200mg 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:		
Medical	<b>Vyxeos</b> (daunorubicin liposomal/cytarabine liposomal)	Chemotherapy	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9153		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	<b>Xcopri</b> (cenobamate)	Seizures	Traditional	T3, PA, QL	T4, PA, QL	INCREASE Tier from Tier 3 to Tier 4	generic antiepileptics	1/1/2023
			EG-Optimized	T3, PA, QL	T4, PA, QL	INCREASE Tier from Tier 3 to Tier 4		
			PPACA-Optimized	T3, PA, QL	T4, PA, QL	INCREASE Tier from Tier 3 to Tier 4		
			Medicaid	Rx: Medical:				
	Tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Xembify</b> (immune globulin (Human) Subcutaneous)	Multiple Uses	Traditional	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) 1/1/2023 (Established Users)
			EG-Optimized	T7, PA	T7, PA	UPDATE Prior Authorization criteria: Must try and fail with IVIG. Established users will not be grandfathered.		
			PPACA-Optimized	T7, PA	T7, PA	UPDATE Prior Authorization criteria: Must try and fail with IVIG. Established users will not be grandfathered.		
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered, PA			
	J1558		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		



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Medical	<b>Xeomin</b> (incobotulinum toxin A)  J0588	Multiple Uses	Traditional					7/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
Medical	<b>Xeomin</b> (incobotulinum toxin A)  J0588	Migraines with or without aura	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		11/1/2022
			Traditional					
			EG-Optimized					
			PPACA-Optimized					
Medical	<b>Xofigo</b> (radium ra-223 dichloride)  A9606	Prostate cancer	Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022
			Traditional					
			EG-Optimized					
			PPACA-Optimized					
Pharmacy	<b>Xolair</b> (omalizumab)  J2357	Asthma	Medicare	Part D: Part B: T5, PA, ST	Part D: Part B: T5, PA, ST	Part D: Part B: UPDATED Prior Authorization requirement		7/1/2022
			Medicaid	Rx: Medical:				
			Traditional					
			EG-Optimized					
Medical	<b>Yervoy</b> (ipilimumab)  J9228	Chemotherapy	Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		6/8/2022
			Traditional					
			EG-Optimized					
			PPACA-Optimized					
Medical	<b>Yondelis</b> (trabectedin)  J9352	Chemotherapy	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		6/8/2022
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
			Traditional					
			EG-Optimized					

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

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	<b>Zaleplon</b> (geq for Sonata)	Insomnia	Traditional					8/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	5mg and 10mg capsules		Medicare	Part D: QL Part B:	Part D: QL Part B:	Part D: INCREASE Quantity Limit of 30 capsules per 30 days Part B:		
Medical	<b>Zepzelca</b> (lurbinectedin)	Chemotherapy	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9223		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Zevalin</b> (ibritumomab tiuxetan for Yttrium-90)	Non-Hodgkin's lymphoma (NHL)	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	A9543		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	<b>Zimhi</b> (naloxone hydrochloride)	Opioid Overdose	Traditional					7/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	Prefilled syringe 5mg		Medicare	Part D: NF Part B:	Part D: T3, QL Part B:	Part D: NEW dosage form - ADDED to formulary at Tier 3 with Quantity Limit of 2 syringes/30 days Part B:		
Pharmacy	<b>Zolpidem</b> (geq for Ambien)	Insomnia	Traditional					8/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx:	Rx:			
	5mg and 10mg tablets		Medicare	Part D: QL Part B:	Part D: QL Part B:	Part D: INCREASE Quantity Limit to 30 tablets per 30 days Part B:		
Pharmacy	<b>Zolpidem ER</b> (geq for Ambien CR)	Insomnia	Traditional					8/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx:	Rx:			
	6.25mg and 12.5mg extended release tablets		Medicare	Part D: QL Part B:	Part D: QL Part B:	Part D: INCREASE Quantity Limit to 30 tablets per 30 days Part B:		
Pharmacy	<b>Zolpimist</b> (zolpidem)	Insomnia	Traditional	T3, QL, ST	NF	REMOVE from formulary	Zolpidem (generic) tablets, Zolpidem ER tablets	8/1/2022
			EG-Optimized	T3, QL, ST	NF	REMOVE from formulary		
			PPACA-Optimized	T3, QL, ST	NF	REMOVE from formulary		
			Medicaid	Rx:	Rx:			
	sublingual spray		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical	<b>Zynlonta</b> (amivantamab-vmjw)	Chemotherapy	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Medical: REMOVE Prior Authorization criteria		
	J9359		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		