

coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional	T3, ST	T5, PA	INCREASE Tier from Tier 3 to Tier 5, ADD Prior Authorization Criteria		
ac,	Adlyxin		EG-Optimized	T3, PA	T5, PA	INCREASE Tier from Tier 3 to Tier 5		
	(lixisenatide)	Diabetes	PPACA-Optimized	T3, PA	T5, PA	INCREASE Tier from Tier 3 to Tier 5	Trulicity	7/1/2022
-	All Strengths/formulations		Medicare Medicare	Part D:	Part D:	Part D:		
	All otterigitis/ornitiations		Traditional	Part B:	Part B: NF	Part B: NEW DRUG, not added to the formulary		
4	Apretude (cabotegravir)		EG-Optimized		NF	NEW DRUG, not added to the formulary		
4			PPACA-Optimized		NF	NEW DRUG, not added to the formulary		
		HIV	Medicaid		RX: Carve-Out Medical: NF (pending)	RX: NEW DRUG, Carve-Out Medical: NEW DRUG, non-formulary pending MDHHS Carve-Out status		4/1/2022
	J3490 IM Injection		Medicare	Part D: Part B:	Part D: T5, QL Part B:	Part D: NEW DRUG, ADDED to formulary at Tier 5 with a Quantity Limit of 21ml/365 days Part B: NEW DRUG, ADDED to formulary as Non-Preferred Specialty, Prior Authorization required		
			Traditional	T4, AL	T3, AL	DECREASE Tier from Tier 4 to Tier 3		
	Arformoterol (geq. for Brovana)	Treatment of chronic obstructive pulmonary disease (COPD)	EG-Optimized	T4, AL	T3, AL	DECREASE Tier from Tier 4 to Tier 3		5/1/2022
	(goq. ioi biovalia)		PPACA-Optimized	T4, AL	T3, AL	DECREASE Tier from Tier 4 to Tier 3		
F	Nebulizer	disease (COLD)	Medicaid Medicare	Part D:	Part D:	Part D:		
4	Nebulizer			Part B:	Part B:	Part B:		
	Amiadarana	Recurrent ventricular fibrillation (VF) and	Traditional	T1	NF	REMOVE from formulary		
	Amiodarone (geq. for Cardarone)	recurrent	EG-Optimized PPACA-Optimized	T1b T1b	NF NF	REMOVE from formulary REMOVE from formulary		
L	(god. for cardations)	hemodynamically	Medicaid Medicaid				Amiodarone 200mg	7/1/2022
	400mg Tablet	unstable ventricular tachycardia (VT)	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
	Antograf VI		Traditional	T5	T3	DECREASE Tier from Tier 5 to Tier 3		
	Astagraf XL (tacrolimus	Prophylaxis of organ	EG-Optimized	T5	T3	DECREASE Tier from Tier 5 to Tier 3	1	
	extended-release capsule)	rejection in kidney transplant patients	PPACA-Optimized Medicaid	T5	T3	DECREASE Tier from Tier 5 to Tier 3		5/1/2022
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
		Indicated as an adjunct	Traditional	T3	NF	REMOVE from formulary		
	Azathioprine	for the prevention of rejection in renal	EG-Optimized	T3	NF	REMOVE from formulary	A - Abi i	
•	(geq. for Azasan)	homotransplantation and indicated for	PPACA-Optimized Medicaid	T3	NF	REMOVE from formulary	Azathioprine 50 mg tablet	7/1/2022
H		management of		Part D:	Part D:	Part D:		
	75mg and 100mg Tablets	rheumatoid arthritis	Medicare	Part B:	Part B:	Part B:		
Г		Treatment of adult and	Traditional	T8, PA	T8, PA	CHANGE criteria to match Oncology Policy		
1	Azedra	pediatric patients 12 years and older with	PPACA-Optimized	T8, PA T8. PA	T8, PA T8, PA	CHANGE criteria to match Oncology Policy		
1	(lobenguane (I-131)	cancers such as			- 7	CHANGE criteria to match Oncology Policy		4/1/2022
ŀ		pheochromocytoma and	Medicaid	Covered, PA Part D:	Covered, PA Part D:	CHANGE drug specific criteria to Oncology Criteria Part D:		
1	All Strengths/formulations	paraganglioma	Medicare	Part B:	Part B:	Part B:		
1	Bavencio	Indicated to treat	Traditional	T7, PA	T7, PA, SOS	ADD Site of Service Requirement		
1	(avelumab)	certain types of kidney,	EG-Optimized PPACA-Optimized	T7, PA T7, PA	T7, PA, SOS T7, PA, SOS	ADD Site of Service Requirement ADD Site of Service Requirement	Preferred	7/1/2022
1	. ,	bladder, and skin cancers such as Merkel	Medicaid	. 1, 1 11		nab one or our new medianoment	Site of Service	// 1/2022
Ī	J9023	cell carcinoma (MCC)	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional	p art b.	T5, QL, PA	NEW DRUG, ADDED to formulary at Tier 5 with Prior Authorization Requirements and Quantity Limits of 2 syringes/28		
			EG-Optimized		T5, QL, PA	days NEW DRUG, ADDED to formulary at Tier 5 with Prior Authorization Requirements and Quantity Limits of 2 syringes/28		
	Besremi (ropeginterferon alfa-2b njft)	Treatment of adults with			T5, QL, PA	days NEW DRUG, ADDED to formulary at Tier 5 with Prior Authorization Requirements and Quantity Limits of 2 syringes/28		5/1/2022
		polycythemia vera	-		Medical: NF	days Medical: NF		(3/1/2022 for Part D)
L			Medicaid		Rx: Pending	Rx: Pending MDHHS Common Formulary Review		
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: T5, QL, PA Part B: N/A	Part D: NEW DRUG, ADDED to formulary at Tier 5 with Prior Authorization Requirements and Quantity Limits of 2 syringes/30 days		



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional					
macy	Budesonide (geq. for Entocort)		EG-Optimized					
Pharm	(geq. for Entocort)	Crohn's disease	PPACA-Optimized					5/1/2022
ъ.			Medicaid	Covered, PA Part D:	Covered, PA Part D:	ADD microscopic colitis as a covered diagnosis on current PA criteria Part D:		
	EC Capsule		Medicare	Part B:	Part B:	Part B:		
			Traditional	T3, ST	T5, Smart PA	INCREASE Tier from Tier 3 to Tier 5, ADD Prior Authorization criteria		
macy	Bydureon (exenatide)	District	EG-Optimized	T3, PA	T5, PA	INCREASE Tier from Tier 3 to Tier 5	Totalists.	7/1/2022
Pharr	,	Diabetes	PPACA-Optimized	T3, PA	T5, PA	INCREASE Tier from Tier 3 to Tier 5	Trulicity	7/1/2022
			Medicaid	Part D:	Part D:	Part D:		
	All Strengths/formulations		Medicare	Part B:	Part B:	Part B:		
	Duette		Traditional	T3, ST	T5, Smart PA	INCREASE Tier from Tier 3 to Tier 5, ADD Prior Authorization criteria		
nacy	Byetta (exenatide)	Diebetee	EG-Optimized	T3, PA	T5, PA	INCREASE Tier from Tier 3 to Tier 5	Teuliaitu	7/1/2022
Pharr		Diabetes	PPACA-Optimized	T3, PA	T5, PA	INCREASE Tier from Tier 3 to Tier 5	Trulicity	
			Medicaid	Part D:	Part D:	Part D:		
	All Strengths/formulations	A	Medicare	Part B:	Part B:	Part B:		
		Acute exacerbations of MS, symptomatic			NF	NEW DRUG, not added to formulary		
эсу	Cortrophin Gel	sarcoidosis, severe	EG-Optimized		NF	NEW DRUG, not added to formulary		
ham	(ACTH) All Strengths/formulations	psoriasis, severe erythema multiforme,	PPACA-Optimized		NF	NEW DRUG, not added to formulary		5/1/2022
۵.		atopic dermatitis, serum	Medicaid	Part D:	Carve Out Part D: T5, PA	Part D: NEW DRUG, ADDED to formulary, with Prior Authorization Criteria	Trulicity Trulicity Cyclosporin, modified	
	All Strengths/formulations	sickness	Medicare	Part B:	Part B: N/A	Part B:		
	Cyclosporine (geq. for Sandimmune)	Indicated for the	Traditional	T1	T4	INCREASE Tier from Tier 1 to Tier 4		
macy		prophylaxis of organ rejection in kidney, liver and heart allogeneic	EG-Optimized	T1b	T4	INCREASE Tier from Tier 1b to Tier 4		
Pharm	(geq. for Sandiminune)		PPACA-Optimized Medicaid	T1b	T4	INCREASE Tier from Tier 1b to Tier 4	Cyclosporin, modified	7/1/2022
	Capsules (Sandimmune) GCN 13910, 13911	transplants	Medicare	Part D:	Part D:	Part D:		
	13911		Traditional	Part B: T3. QL	Part B: T3. QL	Part B: No change		
	Cyclosporine		EG-Optimized	T4, QL	T3, QL	DECREASE Tier from Tier 4 to Tier 3		
harmacy	(geq for Restasis)	Chronic dry eye syndrome	PPACA-Optimized	T4, QL	T3, QL	DECREASE Tier from Tier 4 to Tier 3		3/1/2022
а.		•	Medicaid	Part D:	Part D:	Part D:	Trulicity	
	GENERIC Single Use Vial Only		Medicare	Part B:	Part B:	Part B:		
		Indicated in adults to	Traditional		NF	NEW DRUG, not added to formulary		
acy	Dartisla (glycopyrrolate)	reduce symptoms of a	EG-Optimized		NF	NEW DRUG, not added to formulary		
² ham	(grycopyrrolate)	peptic ulcer as an adjunct to treatment of	PPACA-Optimized Medicaid		NF Pending	NEW DRUG, not added to formulary NEW DRUG, Pending MDHHS Review		
	1.7mg ODT ONLY	peptic ulcer	Medicare	Part D:	Part D: NF	Part D: NEW DRUG, not added to formulary		
H	1.711g ODT ONET			Part B:	Part B: N/A	Part B:		
	Devenlafaxine ER		Traditional EG-Optimized	T2, QL, ST, AL T2, QL, ST, AL	T2, QL T2, QL	REMOVE Step Therapy and Age Limit REMOVE Step Therapy and Age Limit		
Pharmacy	(geq. for Khedezla)	Depression	PPACA-Optimized Medicaid	T2, QL, ST, AL	T2, QL	REMOVE Step Therapy and Age Limit REMOVE Step Therapy and Age Limit		5/1/2022
₫	All Strengths/formulations		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional	T1, QL, AL	T1, QL	REMOVE Age Limit		
	Desvenlafaxine succinate		EG-Optimized	T1b, QL, AL	T1b, QL	REMOVE Age Limit		
harmacy	ER (geq. for Pristiq)	Depression	PPACA-Optimized	T1b, QL, AL	T1b, QL	REMOVE Age Limit		5/1/2022
"	All Observations and the		Medicaid	Part D:	Part D:	Part D:		
	All Strengths/formulations		Medicare	Part B:	Part B:	Part B:		



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
		Parkinson's Disease.	Traditional		NF	NEW DRUG, not added to formulary		
٠,	Dhivy	post-encephalitic parkinsonism, and	EG-Optimized		NF	NEW DRUG, not added to formulary		
amacy	(carbidopa/levodopa)		PPACA-Optimized		NF	NEW DRUG, not added to formulary		5/1/2022
Phe	All Strengths/formulations	symptomatic parkinsonism that may follow carbon monoxide	Medicaid Medicare	Part D: Part B:	Covered, PA Part D: NF Part B: N/A	NEW DRUG, ADDED to the formulary as PDL Non-Preferred Part D: NEW DRUG, not added to formulary Part B:		
		intoxication or	Traditional	T4	T1	DECREASE Tier from Tier 4 to Tier 1		
_	Dimethyl Fumarate (geq. for Tecfidera)		EG-Optimized	T4	T1	DECREASE Tier from Tier 4 to Tier 1		
^{>} hamacy		Multiple Sclerosis	PPACA-Optimized	T4	T1	DECREASE Tier from Tier 4 to Tier 1		5/1/2022
_			Medicare Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional		NF	NEW DRUG, Not added to formulary		
acy	Elvxyb	Migraines with a	EG-Optimized		NF	NEW DRUG, Not added to formulary		
ams	(celecoxib)	Migraines with or without aura in adults	PPACA-Optimized Medicaid		NF Pending	NEW DRUG, Not added to formulary		5/1/5022
Æ	25 mg/mL oral solution		Medicare Medicare	Part D: Part B:	Pending Part D: NF Part B: N/A	NEW DRUG, Pending MDHHS Review Part D: NEW DRUG, Not added to formulary Part B: Part B: New DRUG, Not added to formulary Part B: Part		
			Traditional	T4	T2	DECREASE tier from Tier 4 to Tier 2		
	Emtricitabine/tenofovir		EG-Optimized	T4	T2	DECREASE tier from Tier 4 to Tier 2		
Pharmacy	disoproxil fumarate (geq. for Truvada)	HIV	PPACA-Optimized	T4	T2	DECREASE tier from Tier 4 to Tier 2		5/1/2022
ъ.			Medicaid	Part D:	Part D:	Part D:		
	200mg/300mg ONLY		Medicare	Part B:	Part B:	Part B:		
	Eprontia (topiramate)	primary generalized	Traditional		NF	NEW DRUG, Not added to formulary		
		tonic-clonic seizures, or	EG-Optimized		NF	NEW DRUG, Not added to formulary		
Pharmacy		seizures associated with Lennox-Gastaut	PPACA-Optimized		NF	NEW DRUG, Not added to formulary		
Phar		syndrome, migraine	Medicaid	Carve Out	Carve Out			3/1/2022 for Part D
	25mg/ml Oral Soulution	prevention in patients 12 years of age and	Medicare	Part D: Part B:	Part D: T4, ST, QL Part B: N/A	Part D: NEW DRUG, ADDED to formulary at Tier 4, with Step Therapy of must try and fail topiramate sprinkles and Quantity Limit of 16ml/day Part B:		
		older	Traditional	T7, PA, SOS	T7, PA, SOS			
cal	Fasenra (benralizumab)	Indicated for the	EG-Optimized	T7, PA, SOS	T7, PA, SOS			
Medic	(Denralizumab)	treatment of asthma	PPACA-Optimized	T7, PA, SOS	T7, PA, SOS			6/1/2022
			Medicaid	PA, SOS Part D:	PA, SOS Part D:	Part D:		
	J0517		Medicare	Part B:T7, ST	Part B: T7, PA	Part B: REMOVE Step Therapy, ADD Prior Authorization criteria to match Part D		
			Traditional	T4, AL	T4, AL , ST	ADD Step Therapy - Must first try arformoterol nebulizer		
nacy	Formoterol		EG-Optimized	T4, AL	T4, AL , ST	ADD Step Therapy - Must first try arformoterol nebulizer		
ame	(geq for Perforomist)	Asthma	PPACA-Optimized	T4, AL	T4, AL , ST	ADD Step Therapy - Must first try arformoterol nebulizer	Aformoterol nebulizer	5/1/2021
₾			Medicaid	D. d D.	D-1D	0.49		
	Nebulizer		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional		T7 (PS), PA	NEW DRUG, ADDED to Medical Benefit at Tier 7 - Preferred Specialty, with Prior Authorization requirements to match Oncology criteria		
	Fyarro		EG-Optimized		T7 (PS), PA	NEW DRUG, ADDED to Medical Benefit at Tier 7 - Preferred Specialty, with Prior Authorization requirements to match Oncology criteria		
<u>-62</u>	(sirolimus protein-bound particles)	Locally advanced unrescetable or	PPACA-Optimized		T7 (PS), PA	NEW DRUG, ADDED to Medical Benefit at Tier 7 - Preferred Specialty, with Prior Authorization requirements to match Oncology criteria		
Medic		metastatic malignant perivascular epithelioid	Medicaid		Rx:NF Medical: PA	NEW DRUG, ADDED to Medical Benefit with Prior Authorization requirements to match Oncology criteria		4/1/2022
	J3490	cell tumor (PEComa)	Medicare	Part D: Part B:	Part D: NF until added to FRF then T5, BvD Part B: Medicare Chemo, PA	Part D: Non-Formulary until added to FRF, then T5, BvD Part B: ADDED as Medicare Chemo, Prior Authorization requirements to follow Oncology Policy.		



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional	T7, PA	T7, PA, SOS	ADD Site of Service Requirement		
edical	Imfinzi (durvalumab)	Small cell lung cancer	EG-Optimized PPACA-Optimized	T7, PA T7, PA	T7, PA, SOS T7, PA, SOS	ADD Site of Service Requirement ADD Site of Service Requirement	Preferred Site of Service	7/1/2022
W	J9173	(SCLC)	Medicaid Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:	One of delivine	
			Traditional	T7, PA	T7, PA, SOS	ADD Site of Service Requirement		
al	Keytruda		EG-Optimized	T7, PA	T7, PA, SOS	ADD Site of Service Requirement	Preferred	
Medic	(pembrolizumab)	common use chemotherapy	PPACA-Optimized Medicaid	T7, PA	T7, PA, SOS	ADD Site of Service Requirement	Site of Service	7/1/2022
	J9271		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional		T7 (Pref Spec), PA	NEW DRUG, ADDED to Medical Benefit Coverage at Tier 7 (Pref Spec) with Oncology Prior Authorization Requirements		
	Kimmtrak	Treatment of HLA-	EG-Optimized		T7 (Pref Spec),	NEW DRUG, ADDED to Medical Benefit Coverage at Tier 7 (Pref Spec) with Oncology Prior Authorization Requirements		4/1/2022
Je.	(tebentafusp-tebn)	A*02:01-positive adult patients with	PPACA-Optimized		T7 (Pref Spec), PA	NEW DRUG, ADDED to Medical Benefit Coverage at Tier 7 (Pref Spec) with Oncology Prior Authorization Requirements		
Medic		patients with unresectable or metastatic uveal melanoma	Medicaid		Medical: Covered, PA Rx: NF	NEW DRUG, ADDED to Medical Benefit Coverage with Oncology Prior Authorization Requirements		
i	All Strengths/formulations		Medicare	Part D: Part B:	Part D: NF Part B: Medicare Chemo, PA	Part D: NEW DRUG, Non-formulary until added to FRF, then T5 BvD, QL of 4 vials/30 Days Part B: NEW DRUG, Covered as Medicare Chemo with Oncology Prior Authorization requirements		
	Leqvio (inclisiran)		Traditional		T8 (NPS), PA, SOS	NEW DRUG, ADDED to Medical Benefit Coverage at Tier 8 (NPS) with Prior Authorization and Site of Service Requirements		
		Indicated as an adjunct	EG-Optimized		T8 (NPS), PA, SOS	NEW DRUG, ADDED to Medical Benefit Coverage at Tier 8 (NPS) with Prior Authorization and Site of Service Requirements		
ie S		to diet and maximally tolerated statin therapy	PPACA-Optimized		T8 (NPS), PA, SOS	NEW DRUG, ADDED to Medical Benefit Coverage at Tier 8 (NPS) with Prior Authorization and Site of Service Requirements		Medical 4/1/2022
Medic		for the treatment of adults with heterozygous familial hypercholesterolemia	Medicaid		Medical: Covered, PA, SOS Rx: NF	NEW DRUG, ADDED to Medical Benefit Coverage with Prior Authorization and Site of Service Requirements		Pharmacy 5/1/2022
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: T5, PA, QL Part B:T8 (NPS), PA	Part D: NEW DRUG, ADDED to formulary at Tier 5 with Prior Authorization Requirements and Quantity Limit 3 syringes per year Part B: NEW DRUG, ADDED to Part B Coverage (NPS) with Prior Authorization Requirements		
			Traditional	T7, PA	T7, PA, SOS	ADD Site of Service Requirement		
Cal	Libtayo (cemiplimab-rwlc)	Indicated for the treatment of metastatic	EG-Optimized	T7, PA	T7, PA, SOS	ADD Site of Service Requirement	Preferred	
Med	(0. p	cutaneous squamous cell carcinoma	PPACA-Optimized Medicaid	T7, PA	T7, PA, SOS	ADD Site of Service Requirement	Site of Service	7/1/2022
	J9119		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
		Indicated for the	Traditional		T5, PA, QL	NEW DRUG, ADDED to formulary at Tier 5 with Prior Authorization requirements and Quantity Limits of 112 tablets/28 days		
	Livtencity	treatment of adults and pediatric patients >12	EG-Optimized		T5, PA, QL	NEW DRUG, ADDED to formulary at Tier 5 with Prior Authorization requirements and Quantity Limits of 112 tablets/28 days		
amacy	(maribavir)	years of age and weighing >35kg with	PPACA-Optimized		T5, PA, QL	NEW DRUG, ADDED to formulary at Tier 5 with Prior Authorization requirements and Quantity Limits of 112 tablets/28 days		5/1/2022
ī		post-transplant cytomegalovirus	Medicaid		Pending	NEW DRUG, Pending MDHHS Review		
	All Strengths/formulations	infection/disease that is refractory to treatment	Medicare	Part D: Part B:	Part D: T5, PA, QL Part B: N/A	Part D: NEW DRUG, ADDED to formulary at Tier 5 with Prior Authorization requirements and Quantity Limits of 120 labels/30 days Part B:		
			Traditional	T7, PA	T7, PA T7, PA	CHANGE criteria to match Oncology Policy		
dical	Lutathera (Lutetium(Lu-177)dotate)	treatment of gastroenterpancreatic	EG-Optimized PPACA-Optimized	T7, PA T7, PA	T7, PA T7, PA	CHANGE criteria to match Oncology Policy CHANGE criteria to match Oncology Policy		4/1/2021
Me		neuroendocrine tumors (GEP-NETs)	Medicaid	Covered, PA	Covered, PA	CHANGE drug specific criteria to Oncology Criteria		
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
		Immunosupressive	Traditional	T1	T1, AL	ADD Age limit of 9 years and younger		
macy	Mycophenolate	agent used to prevent your body from	EG-Optimized	T1b	T1b, AL	ADD Age limit of 9 years and younger		
ham	(geq. for Cellcept)		PPACA-Optimized	T1b	T1b, AL	ADD Age limit of 9 years and younger		5/1/2021
٠	Suspension ONLY	rejecting a kidney, liver, heart transplant	Medicaid Medicare	Part D:	Part D:	Part D:		
	Suspension ONL 1			Part B:	Part B:	Part B:		
			Traditional	T4, QL T4, QL	T2, QL T2, QL	DECREASE Tier from Tier 4 to Tier 2		
Jacy	Nimodipine (geq. for Nymalize)	Indicated to treat symptoms resulting	PPACA-Optimized	T4, QL	T2, QL T2, QL	DECREASE Tier from Tier 4 to Tier 2 DECREASE Tier from Tier 4 to Tier 2		
Pharn	(3-1)	from a ruptured blood	Medicaid	14, QL	12, QL	DECREASE HEI ITOM HEI 4 to HEI 2		5/1/2021
-	Capsule	vessel in the brain	Medicare	Part D:	Part D:	Part D:		
4	Сарыне			Part B:	Part B:	Part B:		
	Nitraulussuis		Traditional EG-Optimized	T3	T2 T2	DECREASE Tier from Tier 3 to Tier 2 DECREASE Tier from Tier 3 to Tier 2		
пасу	Nitroglycerin (geq. for Nitromist)	Treatment of angina in	PPACA-Optimized	T3	T2	DECREASE Tier from Tier 3 to Tier 2		5/1/2022
Fuair	,	people with coronary artery disease	Medicaid		15	DEGREE FOR HOLLING TO THE Z		5/1/2022
t	Sublingual Spray		Medicare	Part D:	Part D:	Part D:		
\dashv	, , , , , , , , , , , , , , , , , , ,		Traditional	Part B:	Part B:	Part B:		
	Nucala		EG-Optimized					
dical	(mepolizumab)	Severe esoinophilic asthma	PPACA-Optimized					6/1/2022
Ž		asthma	Medicaid		2.12			
	J2182		Medicare	Part D: Part B:T8, ST	Part D: Part B: T8. PA	Part D: Part B: Part B: REMOVE Step Therapy, ADD Prior Authorization criteria to match Part D		
			Traditional	T7, PA	T7, PA, SOS	ADD Site of Service Requirement		
	Opdivo (nivolumab)	Indicated to treat certain types of cancer	EG-Optimized	T7, PA	T7, PA, SOS	ADD Site of Service Requirement		
ledica		including bladder,	PPACA-Optimized	T7, PA	T7, PA, SOS	ADD Site of Service Requirement	Preferred Site of Service	7/1/2022
2		colorectal, and esophageal	Medicaid					
	J9299	ocopiiagoai	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
		Sickle Cell Disease in			NF	NEW DRUG, not added to formulary		
r c	Oxbryta	children ages 4 to less than 12 years as well			NF NF	NEW DRUG, not added to formulary		
name	(voxelotor)	as older patients who have difficulty	PPACA-Optimized Medicaid			NEW DRUG, not added to formulary		5/1/2022
-	tablets for oral suspension	swallowing whole	Medicare	Part D:	Covered, PA Part D: NF	NEW DRUG, ADDED to formulary with Prior Authorization Requirements Part D: NEW DRUG, not added to formulary		
	tablets for oral suspension	tablets	Medicare	Part B:	Part B: N/A	Part B:		
			Traditional	T2, QL	T5, QL, Smart PA, ST	INCREASE Tier from Tier 2 to Tier 5, ADD Prior Authorization criteria		
acy	Ozempic (sampalutida)		EG-Optimized	T3, QL, PA	T5, QL, PA	INCREASE Tier from Tier 3 to Tier 5		
James	(semaglutide)	Diabetes	PPACA-Optimized	T3, QL, PA	T5, QL, PA	INCREASE Tier from Tier 3 to Tier 5	Trulicity	7/1/2022
-		-	Medicaid	Part D:	Part D:	Part D:		
	All Strengths/formulations		Medicare	Part B:	Part B:	Part B:		
	Phexxi		Traditional EG-Optimized	NF NF	T3, QL T3, QL	ADD to formulary at Tier 3 with Quantity Limits of 12 tubes (60gm)/30 days ADD to formulary at Tier 3 with Quantity Limits of 12 tubes (60gm)/30 days		
acy	(lactic acid, citric acid and		PPACA-Optimized	NF	T3, QL	ADD to formularly at Tier 3 with Quantity Limits of 12 tubes (login)/30 days		
nam	potassium bitartrate)	Contraceptive	Medicaid	INI	13, QL	Abb to formularly at their 3 with quantity Limits of 12 tubes (obgrif/30 days		5/1/2022
_	vaginal gel	1	Medicare	Part D:	Part D:	Part D:		
	raginal gai			Part B:	Part B:	Part B: ADD Prior Autorization criteria for continuation of therapy for Immune (idiopathic) thrombocytopenia and Increase duration		
			Traditional	T4, PA	T4, PA, QL	of initial approval to 6 months and Quantity Limits of 30 tablets/30 days		
						ADD Prior Autorization criteria for continuation of therapy for Immune (idiopathic) thrombocytopenia and Increase duration		
	Promacta	Indicated to treat low	EG-Optimized	T4, PA	T4, PA, QL			
ımacy	Promacta (Eltrombopag)	blood platelet count in	EG-Optimized PPACA-Optimized	T4, PA T4, PA	T4, PA, QL T4, PA, QL	of initial approval to 6 months and Quantity Limits of 30 tablets/30 days ADD Prior Autorization criteria for continuation of therapy for Immune (idiopathic) thrombocytopenia and Increase duration		5/1/2022
rnamacy						of initial approval to 6 months and Quantity Limits of 30 tablets/30 days		5/1/2022



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional	T2, QL	T2, QL	No change		
_	Restasis		EG-Optimized	T4, QL	T2, QL	DECREASE Tier from Tier 4 to Tier 2		
alliacy	(cyclosporine)	Chronic dry eye syndrome	PPACA-Optimized	T4, QL	T2, QL	DECREASE Tier from Tier 4 to Tier 2		3/1/2022
ב			Medicaid	Part D:	Part D:	Part D:		
	Multidose vial Only		Medicare	Part B:	Part B:	Part B:		
			Traditional	T2, QL	T2, QL	No change		
,	Restasis		EG-Optimized	NF	T2, QL	ADD to formulary at Tier 2 with Quantity Limits of 64 vials/30 days		
harmacy	(cyclosporine)	Chronic dry eye syndrome	PPACA-Optimized	NF	T2, QL	ADD to formulary at Tier 2 with Quantity Limits of 64 vials/30 days		3/1/2022
ł			Medicaid	Part D:	Part D:	Part D:		
	BRAND Single Use Vial Only		Medicare	Part B:	Part B:	Part B:		
			Traditional	T3, ST, AL	NF	REMOVE from formulary		
,	Retin-A Micro		EG-Optimized	T3, ST, AL	NF	REMOVE from formulary		
٠	(tretinoin)	Acne vulgaris	PPACA-Optimized	T3, ST, AL	NF	REMOVE from formulary	Tretinoin Gel, Tretinoin cream, adapalene	7/1/2022
			Medicaid					
	Pump, Gel, and generics		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical			Traditional		T7, PA, SOS	NEW DRUG, ADDED to Medical Benefit at Tier 7 - Preferred Specialty, with Prior Authorization and Site of Service requirements		
	Ryplazim (plasminogen, human-tvmh)		EG-Optimized		T7, PA, SOS	NEW DRUG, ADDED to Medical Benefit at Tier 7 - Preferred Specialty, with Prior Authorization and Site of Service requirements		
		Treatment of patients with plasminogen	PPACA-Optimized		T7, PA, SOS	NEW DRUG, ADDED to Medical Benefit at Tier 7 - Preferred Specialty, with Prior Authorization and Site of Service requirements		4/1/2022
		deficiency type 1 (hypoplasminogenemia or PLGD type 1)	Medicaid		Medical:Covered, PA, SOS Rx: Carve Out	NEW DRUG, ADDED to for coverage with Prior Authorization and Site of Service Requirements. Medication is carved out under the Pharmacy benefit. Medication will need to be administered via home infusion.		
	All Strengths/formulations		Medicare	Part D: Part B:	Part D:NF Part B: Covered, PA	Part D:NEW DRUG, Currently not eligible, T5 (specialty) with PA when eligible and added to FRF Part B: NEW DRUG, ADDED to coverage under Part B with Prior Authorization Requirements		
			Traditional		NF	NEW DRUG, not added to formulary		
	Sertraline	Multiple Indications including Major	EG-Optimized		NF	NEW DRUG, not added to formulary		
	(same ingradient as Zoloft)	Depressive Disorder,	PPACA-Optimized		NF	NEW DRUG, not added to formulary		5/1/2022
	150 & 200mg Capsules ONLY	Generalized Anxiety Disorder etc	Medicaid Medicare	Part D:	Carve Out Part D: NF	NEW DRUG, Carve out by MDHHS Part D: NEW DRUG, not added to formulary		
4		mulcated to reduce the		Part B:	Part B: N/A	Part B:		
	0.11	frequency of painful	Traditional EG-Optimized	T3	NF NF	REMOVE from formulary REMOVE from formulary		
٠	Siklos (hydroxyurea)	crises and reduce the need for blood		T3	NF	·		
	(ilyuloxyulea)	transfusions in adults	PPACA-Optimized	13	INF	REMOVE from formulary	Hydroxyurea 500mg	7/1/2022
ł		and children, 2 years of	Medicaid	Part D:	Part D:	Part D:		
	All Strengths/formulations	age and older with	Medicare	Part B:	Part B:	Part B:		
	Soliqua		Traditional	T3, QL	T2, QL	DECREASE Tier from Tier 3 to Tier 2		
	Soliqua (geq)	5:	EG-Optimized PPACA-Optimized	T3, QL, PA T3, QL, PA	T3, QL, PA T3, QL, PA	No change No change		51410000
	10-7/	Diabetes	Medicaid			, so onango		5/1/2022
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional	T7, PA, SOS	T7, PA, SOS			
,	Soliris	Treatment of adults with	EG-Optimized	T7, PA, SOS	T7, PA, SOS			
	(eculizumab)	neuromyelitis optica	PPACA-Optimized	T7, PA, SOS	T7, PA, SOS			6/1/2022
		spectrum disorder	Medicaid	PA, SOS Part D:	PA, SOS Part D:	Part D:		
	J1300		Medicare	Part B:T7, ST	Part B: T7. PA	Part B: Part B: REMOVE Step Therapy. ADD Prior Authorization criteria		



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional	T1	T2	INCREASE Tier from Tier 1 to Tier 2		
nacy	Sucralfate (geq. for Carafate)	Indicated to treat ulcers	EG-Optimized	T1b	T2	INCREASE Tier from Tier 1b to Tier 2		7/1/2022
-ham		in the intestines	PPACA-Optimized	T1b	T2	INCREASE Tier from Tier 1b to Tier 2	Tablets	
а.			Medicaid	Part D:	Part D:	Part D:		
	Suspension		Medicare	Part B:	Part B:	Part B:		
			Traditional	T3, QL, ST	T3, QL, ST	No Change		
gc)	Sunosi	Obstructive Sleep	EG-Optimized	NF	T3, QL, ST	ADD to formulary at Tier 3 with Quantity Limits of 30 tab/30 days and Step Therapy of must first try modafinil and armodafinil		
Pharma	(soltiamfetol)	Apnea (OSA), Narcolepsy	PPACA-Optimized Medicaid	NF	T3, QL, ST	ADD to formulary at Tier 3 with Quantity Limits of 30 tab/30 days and Step Therapy of must first try modafinil and armodafinil		5/1/2022
	All Strengths/formulations		Medicare	Part D:	Part D:	Part D:		
	All Obeligation indiasons			Part B:	Part B:	Part B:		
	_	Reduce proteinueia in	Traditional EG-Optimized		NF NF	NEW DRUG, Not added to formulary NEW DRUG, Not added to formulary	-	
macy	Tarpeyo (budesonide delayed release)	adults with primary immunoglobulin A	PPACA-Optimized		NF	NEW DRUG, Not added to formulary		5/1/2022
Phar		nephropathy (IgAN) at risk of rapid disease	Medicaid		Pending	Pending MDHHS Review		O II LOLL
	4 mg Oral Capsule	progression	Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D. NEW DRUG, Not added to formulary Part B:	Preferred Site of Service doxycycline/ minocycline	
			Traditional	T7, PA	T7, PA, SOS	ADD Site of Service Requirement	Tablets Tablets Preferred Site of Service	
_	Tecentriq	Indicated to treat adults	EG-Optimized	T7, PA	T7, PA, SOS	ADD Site of Service Requirement		
edica	(atezolizumab)	with urinary tract cancer	PPACA-Optimized	T7, PA	T7, PA, SOS	ADD Site of Service Requirement		7/1/2022
Σ		urthelial carcinoma	Medicaid	Part D:	Part D:	Part D:	Site of Service	
	J9022		Medicare	Part B:	Part B:	Part B:		
	Tetracycline		Traditional	T1	T3	INCREASE Tier from Tier 1 to Tier 3		
nacy		Indicated to treat infections and help	EG-Optimized	T1a	T3	INCREASE Tier from Tier 1a to Tier 3		7/1/2022
Phar		control acne	PPACA-Optimized	T1a	T3	INCREASE Tier from Tier 1a to Tier 3		11112022
	Capsules		Medicaid Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
		Severe asthma	Traditional	Talt b.	T8, PA, SOS	Fat B. NEW DRUG, ADDED to Medical Benefit Coverage at Tier 8 (NPS) with Prior Authorization and Site of Service Requirements		4/1/2022
	Tezspire		EG-Optimized		T8, PA, SOS	NEW DRUG, ADDED to Medical Benefit Coverage at Tier 8 (NPS) with Prior Authorization and Site of Service Requirements		
edical	(tezepelumab)		PPACA-Optimized		T8, PA, SOS	NEW DRUG, ADDED to Medical Benefit Coverage at Tier 8 (NPS) with Prior Authorization and Site of Service Requirements		
2			Medicaid		Medical: PA Rx: NF	NEW DRUG, ADDED to Medical Benefit Coverage with Prior Authorization and Site of Service Requirements		
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: T5, PA, QL Part B: T8, PA	Part D: NEW DRUG, ADDED to formulary at Tier 5 with Prior Authorization Requirements and Quantity Limits of 1 syringe/30 days Part B: NEW DRUG, ADDED to Part B coverage (NPS) with Prior Authorization		
	Trulicity		Traditional	T2, QL	T2, QL,Smart PA	ADD Smart PA - Prior authorization required if ICD 10 diagnosis code for Type 2 Diabetes is not on file (E11)		
macy	(dulaglutide)	Diabetes	EG-Optimized	T2, QL, PA	T2, QL, PA	No change		7/1/2022
Phan		Dianetes	PPACA-Optimized Medicaid	T2, QL, PA	T2, QL, PA	No change		11112022
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part R:		
			Traditional	T2, QL	NF	REMOVE from formulary		
	Vardenafil (geq. for Levitra)		EG-Optimized	T2, QL	NF	REMOVE from formulary		
ે		Fractile dysfunction						7/1/2022
amacy		Erectile dysfunction	PPACA-Optimized	BE	BE		Sidenafil or tadalafil	
Phamacy		Erectile dysfunction	PPACA-Optimized Medicaid	BE Part D:	BE Part D:	Part D:	Sidenafil or tadalafil	7/1/2022



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
	V II		Traditional	T8	T8	ADDED to Medical Benefit Coverage in the Outpatiet Setting		
æ	Veklury	Treatment of COVID-19	EG-Optimized	T8	T8	ADDED to Medical Benefit Coverage in the Outpatiet Setting		
edic	(remdesivir)	in patients requiring	PPACA-Optimized	T8	T8	ADDED to Medical Benefit Coverage in the Outpatiet Setting		1/7/2022
		hospitalization	Medicaid	Covered	Covered	ADDED to Medical Benefit Coverage in the Outpatiet Setting		
	All Strengths/formulations		Medicare	Part D:NF Part B:T8	Part D: NF Part B: T8	Part D: NF Part B: ADDED to Medical Benefit (Part B) Coverage in the Outpatiet Setting		
			Traditional	T2		INCREASE Tier from Tier 2 to Tier 5, ADD Prior Authorization criteria		
	Victoza (liraglutide)		EG-Optimized	T3. PA	T5. PA	INCREASE Tier from Tier 3 to Tier 5		
macy		Diabetes	PPACA-Optimized	T3, PA	T5, PA	INCREASE Tier from Tier 3 to Tier 5	Trulicy	7/1/2022
E			Medicaid		12,777		,	
ł				Part D:	Part D:	Part D:		
	All Strengths/formulations		Medicare	Part B:	Part B:	Part B:		
			Traditional		T5, PA, QL	NEW DRUG, ADDED to formulary at Tier 5 with Prior Authorization Requirements and Quantity Limit of 3 boxes of 10 day supply/30 days	ау	
	Voxzogo		EG-Optimized		T5, PA, QL	delzi		
namacy	(vosoritide)	Treatment of von Williebrand disease	PPACA-Optimized		T5, PA, QL	NEW DRUG, ADDED to formulary with Prior Authorization Requirements and Quantity Limit of 3 boxes of 10 day supply/30 days		5/1/2022
Ξ			Medicaid		Rx: Pending Medical : NF	NEW DRUG, Pending MDHHS review		
	All Strengths/formulations		Medicare		Part D: T5, PA, QL Part B:	Part D: NEW DRUG, ADDED to formulary at T5 with Prior Authorization Requirements and Quantity Limit of 30 vials (kits)/30 days Part B:		
			Traditional		NF	NEW DRUG, not added to formulary		
>	Vuity		EG-Optimized		NF	NEW DRUG, not added to formulary	ary at T5 with Prior Authorization Requirements and Quantity Limit of 30 vials ary at Tier 7 - Preferred Specialty, with Prior Authorization and Site of Service at Tier 7 - Preferred Specialty, with Prior Authorization and Site of Service at Tier 7 - Preferred Specialty, with Prior Authorization and Site of Service	
macy	(pilocarpine hydrochloride)	Treatment of	PPACA-Optimized		NF	NEW DRUG, not added to formulary		5/1/2022
2		presbyopia in adults	Medicaid	Pending NEW DRUG, Pending MDHHS review Part D: Part D: NF Part D: NEW DRUG, not added to formulary				
	Ophthalmic Solution		Medicare	Part B:	Part B: NA	Part B:		
		Transference	Traditional	Tureb.	T7, PA, SOS	NEW DRUG, ADDED to Medical Benefit at Tier 7 - Preferred Specialty, with Prior Authorization and Site of Service		
			EG-Optimized		T7, PA, SOS	requirements NEW DRUG, ADDED to Medical Benefit at Tier 7 - Preferred Specialty, with Prior Authorization and Site of Service		
	Vyvgart	Treatment of generalized myasthenia	PPACA-Ontimized		T7, PA, SOS	requirements NEW DRUG, ADDED to Medical Benefit at Tier 7 - Preferred Specialty, with Prior Authorization and Site of Service		
Modera	(efgartigimod alfa-fcab)	who are anti- acetylcholine receptor (AChR) antibody			Rx: NF Medical:Covered PA, SOS	requirements RX: NEW DRUG, not added to formulary pending MDHHS decision on carve-out status Medical: NEW DRUG, ADDED to coverage under the Medical Benefit with Prior Authorization and Site of Service Requirements		4/1/2022
	All Strengths/formulations	- positive	Medicare	Part D: Part B:	Part D: NF Part B: T8 (NPS), PA	Part D: NEW DRUG, not added to formulary Part B: NEW DRUG, Added to coverage under Part B as Non-Preferred Specialty with Prior Authorization Requirements		
	Vovelle	Treatment of VTE and reduction of recurrent VTE in pediatric	Traditional		T2, QL	NEW FORMULATION, ADDED to formulary at Tier 2 with a Quantity Limit of 300ml/30 days.		
_	Xarelto (rivaroxaban)	patients from birh to <	EG-Optimized		T2, QL	NEW FORMULATION, ADDED to formulary at Tier 2 with a Quantity Limit of 300ml/30 days.		
alliacy	(IIValoxaball)	18 years & thromboprophylaxis in	PPACA-Optimized		T2, QL	NEW FORMULATION, ADDED to formulary at Tier 2 with a Quantity Limit of 300ml/30 days.		5/1/2022
토		pediatric patients>2	Medicaid		Covered	NEW FORMULATION, ADDED to formulary as PDL preferred		
		years with congenital		Part D:	Part D:	Part D: NEW FORMULATION, ADDED to formulary at Tier 3 with Quantity Limit of 600ml/30 days		
	1 mg/ml oral solution	heart disease after Fontan procedure	Medicare	Part B:	Part B:	Part B:		
	Xipere	1 Shian procedure	Traditional		NF	NEW DRUG, not added to formulary		
a	(triamcinolone 40mg/ml for	Indicated for the	EG-Optimized		NF	NEW DRUG, not added to formulary		
2	suprachoroidal)	treatment of macular edema associated with	PPACA-Optimized		NF	NEW DRUG, not added to formulary		4/1/2022
Ž		edema associated with uveitis.	Medicaid		NF	NEW DRUG, not added to formulary (Medical or Pharmacy)		
	40mg/ml vial	uveius.	Medicare	Part D: Part B:	Part D: NF Part B: T8 (NPS),	Part D: NEW DRUG, not added to formulary		
	i	I .		IPart R.	,	Part B: NEW DRUG, ADDED under Part B (NPS) with Prior Authorization criteria		



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional	T8 (NPS)	T8 (NPS), PA	ADD Prior authorization criteria to match Oncology Policy		
_	Xofigo	Used to treat prostate	EG-Optimized	T8 (NPS)	T8 (NPS), PA	ADD Prior authorization criteria to match Oncology Policy		
Medical	(radium ra-223 dichloride)	cancer that has spread to bones	PPACA-Optimized	T8 (NPS)	T8 (NPS), PA	ADD Prior authorization criteria to match Oncology Policy		4/1/2022
		to bories	Medicaid	Covered	Covered, PA	ADD Prior authorization, Oncology criteria		
	All Strengths/formulations		Medicare	Part D: Part B:		Part D: Part B:		
			Traditional	T3, QL	T2, QL	DECREASE Tier from Tier 3 to Tier 2		
	Xultophy (insulin degludec/liraglutide)		EG-Optimized	T3, QL, PA	T3, QL, PA	No Change		
Pharmacy		Diabetes	PPACA-Optimized	T3, QL, PA	T3, QL, PA	No Changee		5/1/2022
F.			Medicaid					
	All Strengths/formulations		Medicare	Part D: Part B:		Part D: Part B:		
		Indicated in adults and	Traditional	T7, PA	T7, PA, SOS	ADD Site of Service Requirement		
_	Yervoy		EG-Optimized	T7, PA	T7, PA, SOS	ADD Site of Service Requirement	A	
dica	(lpilimumab)		PPACA-Optimized	T7, PA	T7, PA, SOS	ADD Site of Service Requirement	Preferred	7/1/2022
Me		older to treat melanoma	Medicaid				Site of Service	
	J9228		Medicare	Part D:		Part D:		
				Part B:	Part B:	Part B:		
	Zevalin		Traditional	T7, PA	T7, PA	CHANGE criteria to match Oncology Policy		
	(Yttrium-90(Y-90)ibritumomab		EG-Optimized	T7, PA	T7, PA	CHANGE criteria to match Oncology Policy		
edical	tiuxetan)	treatment of non- Hodgkin lymphoma	PPACA-Optimized	T7, PA		CHANGE criteria to match Oncology Policy		
Ž		r roughtir rymphoma	Medicaid	Covered, PA	Covered, PA	CHANGE drug specific criteria to Oncology Criteria		
	All Strengths/formulations		Medicare	Part D:		Part D:		
	All Stierigera formulations			Part B:	Part B:	Part B:		