

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

Pharmacy Department
Pending Changes to the
Approved Drug List
March 2022



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Adlyxin (lixisenatide)	Diabetes	Traditional	T3, ST	T5, PA	INCREASE Tier from Tier 3 to Tier 5, ADD Prior Authorization Criteria	Trulicity	7/1/2022
			EG-Optimized	T3, PA	T5, PA	INCREASE Tier from Tier 3 to Tier 5		
			PPACA-Optimized	T3, PA	T5, PA	INCREASE Tier from Tier 3 to Tier 5		
			Medicaid					
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical/Pharmacy	Apretude (cabotegravir)	HIV	Traditional		NF	NEW DRUG, not added to the formulary		4/1/2022
			EG-Optimized		NF	NEW DRUG, not added to the formulary		
			PPACA-Optimized		NF	NEW DRUG, not added to the formulary		
			Medicaid		RX: Carve-Out Medical: NF (pending)	RX: NEW DRUG, Carve-Out Medical: NEW DRUG, non-formulary pending MDHHS Carve-Out status		
	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		
Pharmacy	Arformoterol (geq. for Brovana)	Treatment of chronic obstructive pulmonary disease (COPD)	Traditional	T4, AL	T3, AL	DECREASE Tier from Tier 4 to Tier 3		5/1/2022
			EG-Optimized	T4, AL	T3, AL	DECREASE Tier from Tier 4 to Tier 3		
			PPACA-Optimized	T4, AL	T3, AL	DECREASE Tier from Tier 4 to Tier 3		
			Medicaid					
	Nebulizer		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Amiodarone (geq. for Cardarone)	Recurrent ventricular fibrillation (VF) and recurrent hemodynamically unstable ventricular tachycardia (VT)	Traditional	T1	NF	REMOVE from formulary	Amiodarone 200mg	7/1/2022
			EG-Optimized	T1b	NF	REMOVE from formulary		
			PPACA-Optimized	T1b	NF	REMOVE from formulary		
			Medicaid					
	400mg Tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Astagraf XL (tacrolimus extended-release capsule)	Prophylaxis of organ rejection in kidney transplant patients	Traditional	T5	T3	DECREASE Tier from Tier 5 to Tier 3		5/1/2022
			EG-Optimized	T5	T3	DECREASE Tier from Tier 5 to Tier 3		
			PPACA-Optimized	T5	T3	DECREASE Tier from Tier 5 to Tier 3		
			Medicaid					
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Azathioprine (geq. for Azasan)	Indicated as an adjunct for the prevention of rejection in renal homotransplantation and indicated for management of rheumatoid arthritis	Traditional	T3	NF	REMOVE from formulary	Azathioprine 50 mg tablet	7/1/2022
			EG-Optimized	T3	NF	REMOVE from formulary		
			PPACA-Optimized	T3	NF	REMOVE from formulary		
			Medicaid					
	75mg and 100mg Tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Azedra (lobenguane (I-131))	Treatment of adult and pediatric patients 12 years and older with cancers such as pheochromocytoma and paraganglioma	Traditional	T8, PA	T8, PA	CHANGE criteria to match Oncology Policy		4/1/2022
			EG-Optimized	T8, PA	T8, PA	CHANGE criteria to match Oncology Policy		
			PPACA-Optimized	T8, PA	T8, PA	CHANGE criteria to match Oncology Policy		
			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:		
Medical	Bavencio (avelumab)	Indicated to treat certain types of kidney, bladder, and skin cancers such as Merkel cell carcinoma (MCC)	Traditional	T7, PA	T7, PA, SOS	ADD Site of Service Requirement	Preferred Site of Service	7/1/2022
			EG-Optimized	T7, PA	T7, PA, SOS	ADD Site of Service Requirement		
			PPACA-Optimized	T7, PA	T7, PA, SOS	ADD Site of Service Requirement		
			Medicaid					
	J9023		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Besremi (ropeginterferon alfa-2b njf)	Treatment of adults with polycythemia vera	Traditional		T5, QL, PA	NEW DRUG, ADDED to formulary at Tier 5 with Prior Authorization Requirements and Quantity Limits of 2 syringes/28 days		5/1/2022 (3/1/2022 for Part D)
			EG-Optimized		T5, QL, PA	NEW DRUG, ADDED to formulary at Tier 5 with Prior Authorization Requirements and Quantity Limits of 2 syringes/28 days		
			PPACA-Optimized		T5, QL, PA	NEW DRUG, ADDED to formulary at Tier 5 with Prior Authorization Requirements and Quantity Limits of 2 syringes/28 days		
			Medicaid		Medical: NF Rx: Pending MDHHS Common Formulary Review	Medical: NF		
	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 Part B:		

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Pharmacy	Budesonide (geq. for Entocort)	Crohn's disease	Traditional					5/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Covered, PA	Covered, PA	ADD microscopic colitis as a covered diagnosis on current PA criteria		
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Bydureon (exenatide)	Diabetes	Traditional	T3, ST	T5, Smart PA	INCREASE Tier from Tier 3 to Tier 5, ADD Prior Authorization criteria	Trulicity	7/1/2022
			EG-Optimized	T3, PA	T5, PA	INCREASE Tier from Tier 3 to Tier 5		
			PPACA-Optimized	T3, PA	T5, PA	INCREASE Tier from Tier 3 to Tier 5		
			Medicaid					
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Byetta (exenatide)	Diabetes	Traditional	T3, ST	T5, Smart PA	INCREASE Tier from Tier 3 to Tier 5, ADD Prior Authorization criteria	Trulicity	7/1/2022
			EG-Optimized	T3, PA	T5, PA	INCREASE Tier from Tier 3 to Tier 5		
			PPACA-Optimized	T3, PA	T5, PA	INCREASE Tier from Tier 3 to Tier 5		
			Medicaid					
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Cortrophin Gel (ACTH)	Acute exacerbations of MS, symptomatic sarcoidosis, severe psoriasis, severe erythema multiforme, atopic dermatitis, serum sickness	Traditional		NF	NEW DRUG, not added to formulary		5/1/2022
			EG-Optimized		NF	NEW DRUG, not added to formulary		
			PPACA-Optimized		NF	NEW DRUG, not added to formulary		
			Medicaid		Carve Out			
			Medicare	Part D: Part B:	Part D: T5, PA Part B: N/A	Part D: NEW DRUG, ADDED to formulary, with Prior Authorization Criteria Part B:		
Pharmacy	Cyclosporine (geq. for Sandimmune)	Indicated for the prophylaxis of organ rejection in kidney, liver, and heart allogeneic transplants	Traditional	T1	T4	INCREASE Tier from Tier 1 to Tier 4	Cyclosporin, modified	7/1/2022
			EG-Optimized	T1b	T4	INCREASE Tier from Tier 1b to Tier 4		
			PPACA-Optimized	T1b	T4	INCREASE Tier from Tier 1b to Tier 4		
			Medicaid					
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Cyclosporine (geq. for Restasis)	Chronic dry eye syndrome	Traditional	T3, QL	T3, QL	No change		3/1/2022
			EG-Optimized	T4, QL	T3, QL	DECREASE Tier from Tier 4 to Tier 3		
			PPACA-Optimized	T4, QL	T3, QL	DECREASE Tier from Tier 4 to Tier 3		
			Medicaid					
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Dartisla (glycopyrrolate)	Indicated in adults to reduce symptoms of a peptic ulcer as an adjunct to treatment of peptic ulcer	Traditional		NF	NEW DRUG, not added to formulary		
			EG-Optimized		NF	NEW DRUG, not added to formulary		
			PPACA-Optimized		NF	NEW DRUG, not added to formulary		
			Medicaid		Pending	NEW DRUG, Pending MDHHS Review		
			Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW DRUG, not added to formulary Part B:		
Pharmacy	Devenlafaxine ER (geq. for Khedezla)	Depression	Traditional	T2, QL, ST, AL	T2, QL	REMOVE Step Therapy and Age Limit		5/1/2022
			EG-Optimized	T2, QL, ST, AL	T2, QL	REMOVE Step Therapy and Age Limit		
			PPACA-Optimized	T2, QL, ST, AL	T2, QL	REMOVE Step Therapy and Age Limit		
			Medicaid					
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Desvenlafaxine succinate ER (geq. for Pristiq)	Depression	Traditional	T1, QL, AL	T1, QL	REMOVE Age Limit		5/1/2022
			EG-Optimized	T1b, QL, AL	T1b, QL	REMOVE Age Limit		
			PPACA-Optimized	T1b, QL, AL	T1b, QL	REMOVE Age Limit		
			Medicaid					
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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Pharmacy	Dhivy (carbidopa/levodopa)	Treatment of Parkinson's Disease, post-encephalitic parkinsonism, and symptomatic parkinsonism that may follow carbon monoxide intoxication or	Traditional		NF	NEW DRUG, not added to formulary		5/1/2022
			EG-Optimized		NF	NEW DRUG, not added to formulary		
			PPACA-Optimized		NF	NEW DRUG, not added to formulary		
			Medicaid		Covered, PA	NEW DRUG, ADDED to the formulary as PDL Non-Preferred		
Pharmacy	Dimethyl Fumarate (geq, for Tecfidera)	Multiple Sclerosis	Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW DRUG, not added to formulary Part B:		5/1/2022
			Traditional	T4	T1	DECREASE Tier from Tier 4 to Tier 1		
			EG-Optimized	T4	T1	DECREASE Tier from Tier 4 to Tier 1		
			PPACA-Optimized	T4	T1	DECREASE Tier from Tier 4 to Tier 1		
Pharmacy	Elvxyb (celecoxib)	Migraines with or without aura in adults	Medicaid					5/1/2022
			Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW DRUG, Not added to formulary Part B:		
			Traditional		NF	NEW DRUG, Not added to formulary		
			EG-Optimized		NF	NEW DRUG, Not added to formulary		
Pharmacy	Emtricitabine/tenofovir disoproxil fumarate (geq, for Truvada)	HIV	PPACA-Optimized		Pending	NEW DRUG, Pending MDHHS Review		5/1/2022
			Medicaid					
			Traditional	T4	T2	DECREASE tier from Tier 4 to Tier 2		
			EG-Optimized	T4	T2	DECREASE tier from Tier 4 to Tier 2		
Pharmacy	Eprontia (topiramate)	Partial onset seizure, primary generalized tonic-clonic seizures, or seizures associated with Lennox-Gastaut syndrome, migraine prevention in patients 12 years of age and older	PPACA-Optimized					3/1/2022 for Part D
			Medicaid					
			Traditional		NF	NEW DRUG, Not added to formulary		
			EG-Optimized		NF	NEW DRUG, Not added to formulary		
Medical	Fasenra (benralizumab)	Indicated for the treatment of asthma	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:		6/1/2022
			Traditional	T7, PA, SOS	T7, PA, SOS			
			EG-Optimized	T7, PA, SOS	T7, PA, SOS			
			PPACA-Optimized	T7, PA, SOS	T7, PA, SOS			
Pharmacy	Formoterol (geq for Perforomist)	Asthma	Medicaid					5/1/2021
			Traditional	T4, AL	T4, AL, ST	ADD Step Therapy - Must first try arformoterol nebulizer		
			EG-Optimized	T4, AL	T4, AL, ST	ADD Step Therapy - Must first try arformoterol nebulizer		
			PPACA-Optimized	T4, AL	T4, AL, ST	ADD Step Therapy - Must first try arformoterol nebulizer		
Medical	Fyarro (sirolimus protein-bound particles)	Locally advanced unresectable or metastatic malignant perivascular epithelioid cell tumor (PEComa)	Medicaid					4/1/2022
			Traditional		T7 (PS), PA	NEW DRUG, ADDED to Medical Benefit at Tier 7 - Preferred Specialty, with Prior Authorization requirements to match Oncology criteria		
			EG-Optimized		T7 (PS), PA	NEW DRUG, ADDED to Medical Benefit at Tier 7 - Preferred Specialty, with Prior Authorization requirements to match Oncology criteria		
			PPACA-Optimized		T7 (PS), PA	NEW DRUG, ADDED to Medical Benefit at Tier 7 - Preferred Specialty, with Prior Authorization requirements to match Oncology criteria		
Pharmacy	J3490		Medicaid					
			Traditional		Rx:Nf Medical: PA	NEW DRUG, ADDED to Medical Benefit with Prior Authorization requirements to match Oncology criteria		
			EG-Optimized					
			PPACA-Optimized					
Pharmacy	J3490		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.		
			Traditional					
			EG-Optimized					
			PPACA-Optimized					

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Medical	Imfinzi (durvalumab)	Small cell lung cancer (SCLC)	Traditional	T7, PA	T7, PA, SOS	ADD Site of Service Requirement	Preferred Site of Service	7/1/2022
			EG-Optimized	T7, PA	T7, PA, SOS	ADD Site of Service Requirement		
			PPACA-Optimized	T7, PA	T7, PA, SOS	ADD Site of Service Requirement		
			Medicaid					
	J9173		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Keytruda (pembrolizumab)	common use chemotherapy	Traditional	T7, PA	T7, PA, SOS	ADD Site of Service Requirement	Preferred Site of Service	7/1/2022
			EG-Optimized	T7, PA	T7, PA, SOS	ADD Site of Service Requirement		
			PPACA-Optimized	T7, PA	T7, PA, SOS	ADD Site of Service Requirement		
			Medicaid					
	J9271		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Kimmtrak (tebentafusp-tebn)	Treatment of HLA-A*02:01-positive adult patients with unresectable or metastatic uveal melanoma	Traditional		T7 (Pref Spec), PA	NEW DRUG, ADDED to Medical Benefit Coverage at Tier 7 (Pref Spec) with Oncology Prior Authorization Requirements		4/1/2022
			EG-Optimized		T7 (Pref Spec), PA	NEW DRUG, ADDED to Medical Benefit Coverage at Tier 7 (Pref Spec) with Oncology Prior Authorization Requirements		
			PPACA-Optimized		T7 (Pref Spec), PA	NEW DRUG, ADDED to Medical Benefit Coverage at Tier 7 (Pref Spec) with Oncology Prior Authorization Requirements		
			Medicaid		Medical: Covered, PA Rx: NF	NEW DRUG, ADDED to Medical Benefit Coverage with Oncology Prior Authorization Requirements		
			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		
	All Strengths/formulations							
Medical	Leqvio (incisiran)	Indicated as an adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia	Traditional		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 Pharmacy 5/1/2022
			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		
			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		
			Medicaid		Medical: Covered, PA, SOS Rx: NF	NEW DRUG, ADDED to Medical Benefit Coverage with Prior Authorization and Site of Service Requirements		
			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		
	All Strengths/formulations							
Medical	Libtayo (cemiplimab-rwlc)	Indicated for the treatment of metastatic cutaneous squamous cell carcinoma	Traditional	T7, PA	T7, PA, SOS	ADD Site of Service Requirement	Preferred Site of Service	7/1/2022
			EG-Optimized	T7, PA	T7, PA, SOS	ADD Site of Service Requirement		
			PPACA-Optimized	T7, PA	T7, PA, SOS	ADD Site of Service Requirement		
			Medicaid					
	J9119		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Livtency (maribavir)	Indicated for the treatment of adults and pediatric patients >12 years of age and weighing >35kg with post-transplant cytomegalovirus infection/disease that is refractory to treatment	Traditional		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
			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		
			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		
			Medicaid		Pending	NEW DRUG, Pending MDHHS Review		
			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 tablets/30 days Part B:		
	All Strengths/formulations							
Medical	Lutathera (Lutetium(Lu-177)dotate)	treatment of gastroenteropancreatic neuroendocrine tumors (GEP-NETs)	Traditional	T7, PA	T7, PA	CHANGE criteria to match Oncology Policy		4/1/2021
			EG-Optimized	T7, PA	T7, PA	CHANGE criteria to match Oncology Policy		
			PPACA-Optimized	T7, PA	T7, PA	CHANGE criteria to match Oncology Policy		
			Medicaid	Covered, PA	Covered, PA	CHANGE drug specific criteria to Oncology Criteria		
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
	All Strengths/formulations							

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Pharmacy	Mycophenolate (geq. for Cellcept)	Immunosuppressive agent used to prevent your body from rejecting a kidney, liver, heart transplant	Traditional	T1	T1, AL	ADD Age limit of 9 years and younger		5/1/2021
			EG-Optimized	T1b	T1b, AL	ADD Age limit of 9 years and younger		
			PPACA-Optimized	T1b	T1b, AL	ADD Age limit of 9 years and younger		
			Medicaid					
Pharmacy	Nimodipine (geq. for Nymalize)	Indicated to treat symptoms resulting from a ruptured blood vessel in the brain	Traditional	T4, QL	T2, QL	DECREASE Tier from Tier 4 to Tier 2		5/1/2021
			EG-Optimized	T4, QL	T2, QL	DECREASE Tier from Tier 4 to Tier 2		
			PPACA-Optimized	T4, QL	T2, QL	DECREASE Tier from Tier 4 to Tier 2		
			Medicaid					
Pharmacy	Nitroglycerin (geq. for Nitromist)	Treatment of angina in people with coronary artery disease	Traditional	T3	T2	DECREASE Tier from Tier 3 to Tier 2		5/1/2022
			EG-Optimized	T3	T2	DECREASE Tier from Tier 3 to Tier 2		
			PPACA-Optimized	T3	T2	DECREASE Tier from Tier 3 to Tier 2		
			Medicaid					
Medical	Nucala (mepolizumab)	Severe eosinophilic asthma	Traditional					6/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
Medical	Opdivo (nivolumab)	Indicated to treat certain types of cancer including bladder, colorectal, and esophageal	Traditional	T7, PA	T7, PA, SOS	ADD Site of Service Requirement	Preferred Site of Service	7/1/2022
			EG-Optimized	T7, PA	T7, PA, SOS	ADD Site of Service Requirement		
			PPACA-Optimized	T7, PA	T7, PA, SOS	ADD Site of Service Requirement		
			Medicaid					
Pharmacy	Oxbryta (voxelotor)	Sickle Cell Disease in children ages 4 to less than 12 years as well as older patients who have difficulty swallowing whole tablets	Traditional		NF	NEW DRUG, not added to formulary		5/1/2022
			EG-Optimized		NF	NEW DRUG, not added to formulary		
			PPACA-Optimized		NF	NEW DRUG, not added to formulary		
			Medicaid		Covered, PA	NEW DRUG, ADDED to formulary with Prior Authorization Requirements		
Pharmacy	Ozempic (semaglutide)	Diabetes	Traditional	T2, QL	T5, QL, Smart PA, ST	INCREASE Tier from Tier 2 to Tier 5, ADD Prior Authorization criteria	Trulicity	7/1/2022
			EG-Optimized	T3, QL, PA	T5, QL, PA	INCREASE Tier from Tier 3 to Tier 5		
			PPACA-Optimized	T3, QL, PA	T5, QL, PA	INCREASE Tier from Tier 3 to Tier 5		
			Medicaid					
Pharmacy	Phexxi (lactic acid, citric acid and potassium bitartrate)	Contraceptive	Traditional	NF	T3, QL	ADD to formulary at Tier 3 with Quantity Limits of 12 tubes (60gm)/30 days		5/1/2022
			EG-Optimized	NF	T3, QL	ADD to formulary at Tier 3 with Quantity Limits of 12 tubes (60gm)/30 days		
			PPACA-Optimized	NF	T3, QL	ADD to formulary at Tier 3 with Quantity Limits of 12 tubes (60gm)/30 days		
			Medicaid					
Pharmacy	Promacta (Eltrombopag)	Indicated to treat low blood platelet count in people with chronic hepatitis C virus	Traditional	T4, PA	T4, PA, QL	ADD Prior Authorization criteria for continuation of therapy for Immune (idiopathic) thrombocytopenia and Increase duration of initial approval to 6 months and Quantity Limits of 30 tablets/30 days		5/1/2022
			EG-Optimized	T4, PA	T4, PA, QL	ADD Prior Authorization criteria for continuation of therapy for Immune (idiopathic) thrombocytopenia and Increase duration of initial approval to 6 months and Quantity Limits of 30 tablets/30 days		
			PPACA-Optimized	T4, PA	T4, PA, QL	ADD Prior Authorization criteria for continuation of therapy for Immune (idiopathic) thrombocytopenia and Increase duration of initial approval to 6 months and Quantity Limits of 30 tablets/30 days		
			Medicaid					
Pharmacy	Promacta (Eltrombopag)	Indicated to treat low blood platelet count in people with chronic hepatitis C virus	Traditional	T4, PA	T4, PA, QL	ADD Prior Authorization criteria for continuation of therapy for Immune (idiopathic) thrombocytopenia and Increase duration of initial approval to 6 months and Quantity Limits of 30 tablets/30 days		5/1/2022
			EG-Optimized	T4, PA	T4, PA, QL	ADD Prior Authorization criteria for continuation of therapy for Immune (idiopathic) thrombocytopenia and Increase duration of initial approval to 6 months and Quantity Limits of 30 tablets/30 days		
			PPACA-Optimized	T4, PA	T4, PA, QL	ADD Prior Authorization criteria for continuation of therapy for Immune (idiopathic) thrombocytopenia and Increase duration of initial approval to 6 months and Quantity Limits of 30 tablets/30 days		
			Medicaid					
Pharmacy	Promacta (Eltrombopag)	Indicated to treat low blood platelet count in people with chronic hepatitis C virus	Traditional	T4, PA	T4, PA, QL	ADD Prior Authorization criteria for continuation of therapy for Immune (idiopathic) thrombocytopenia and Increase duration of initial approval to 6 months and Quantity Limits of 30 tablets/30 days		5/1/2022
			EG-Optimized	T4, PA	T4, PA, QL	ADD Prior Authorization criteria for continuation of therapy for Immune (idiopathic) thrombocytopenia and Increase duration of initial approval to 6 months and Quantity Limits of 30 tablets/30 days		
			PPACA-Optimized	T4, PA	T4, PA, QL	ADD Prior Authorization criteria for continuation of therapy for Immune (idiopathic) thrombocytopenia and Increase duration of initial approval to 6 months and Quantity Limits of 30 tablets/30 days		
			Medicaid					

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Restasis (cyclosporine)	Chronic dry eye syndrome	Traditional	T2, QL	T2, QL	No change		3/1/2022
			EG-Optimized	T4, QL	T2, QL	DECREASE Tier from Tier 4 to Tier 2		
			PPACA-Optimized	T4, QL	T2, QL	DECREASE Tier from Tier 4 to Tier 2		
			Medicaid					
Pharmacy	Restasis (cyclosporine)	Chronic dry eye syndrome	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		3/1/2022
			Traditional	T2, QL	T2, QL	No change		
			EG-Optimized	NF	T2, QL	ADD to formulary at Tier 2 with Quantity Limits of 64 vials/30 days		
			PPACA-Optimized	NF	T2, QL	ADD to formulary at Tier 2 with Quantity Limits of 64 vials/30 days		
Pharmacy	Retin-A Micro (tretinoin)	Acne vulgaris	Medicaid					7/1/2022
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional	T3, ST, AL	NF	REMOVE from formulary		
			EG-Optimized	T3, ST, AL	NF	REMOVE from formulary		
Medical	Ryplazim (plasminogen, human-tvmh)	Treatment of patients with plasminogen deficiency type 1 (hypoplasminogenemia or PLGD type 1)	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
			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.		
			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		
			All Strengths/formulations					
Pharmacy	Sertraline (same ingredient as Zoloft)	Multiple Indications including Major Depressive Disorder, Generalized Anxiety Disorder etc	Traditional		NF	NEW DRUG, not added to formulary		5/1/2022
			EG-Optimized		NF	NEW DRUG, not added to formulary		
			PPACA-Optimized		NF	NEW DRUG, not added to formulary		
			Medicaid		Carve Out	NEW DRUG, Carve out by MDHHS		
Pharmacy	Siklos (hydroxyurea)	Indicated to reduce the frequency of painful crises and reduce the need for blood transfusions in adults and children, 2 years of age and older with sickle cell anemia	Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW DRUG, not added to formulary Part B:		7/1/2022
			Traditional	T3	NF	REMOVE from formulary		
			EG-Optimized	T3	NF	REMOVE from formulary		
			PPACA-Optimized	T3	NF	REMOVE from formulary		
Pharmacy	Soliqua (geq)	Diabetes	Medicaid					5/1/2022
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional	T3, QL	T2, QL	DECREASE Tier from Tier 3 to Tier 2		
			EG-Optimized	T3, QL, PA	T3, QL, PA	No change		
Medical	Soliris (eculizumab)	Treatment of adults with neuromyelitis optica spectrum disorder	PPACA-Optimized	T3, QL, PA	T3, QL, PA	No change		6/1/2022
			Medicaid	PA, SOS	PA, SOS			
			Medicare	Part D: Part B: T7, ST	Part D: Part B: T7, PA	Part D: Part B: REMOVE Step Therapy, ADD Prior Authorization criteria		
			All Strengths/formulations					

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Sucralfate (geq. for Carafate)	Indicated to treat ulcers in the intestines	Traditional	T1	T2	INCREASE Tier from Tier 1 to Tier 2	Tablets	7/1/2022
			EG-Optimized	T1b	T2	INCREASE Tier from Tier 1b to Tier 2		
			PPACA-Optimized	T1b	T2	INCREASE Tier from Tier 1b to Tier 2		
	Suspension		Medicaid					
Pharmacy	Sunosi (soltamfetol)	Obstructive Sleep Apnea (OSA), Narcolepsy	Traditional	T3, QL, ST	T3, QL, ST	No Change		5/1/2022
			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		
			PPACA-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		
	All Strengths/formulations		Medicaid					
Pharmacy	Tarpeyo (budesonide delayed release)	Reduce proteinuria in adults with primary immunoglobulin A nephropathy (IgAN) at risk of rapid disease progression	Traditional		NF	NEW DRUG, Not added to formulary		5/1/2022
			EG-Optimized		NF	NEW DRUG, Not added to formulary		
			PPACA-Optimized		NF	NEW DRUG, Not added to formulary		
	4 mg Oral Capsule		Medicaid		Pending	Pending MDHHS Review		
Medical	Tecentriq (atezolizumab)	Indicated to treat adults with urinary tract cancer, urothelial carcinoma	Traditional	T7, PA	T7, PA, SOS	ADD Site of Service Requirement	Preferred Site of Service	7/1/2022
			EG-Optimized	T7, PA	T7, PA, SOS	ADD Site of Service Requirement		
			PPACA-Optimized	T7, PA	T7, PA, SOS	ADD Site of Service Requirement		
	J9022		Medicaid					
Pharmacy	Tetracycline	Indicated to treat infections and help control acne	Traditional	T1	T3	INCREASE Tier from Tier 1 to Tier 3	doxycycline/ minocycline	7/1/2022
			EG-Optimized	T1a	T3	INCREASE Tier from Tier 1a to Tier 3		
			PPACA-Optimized	T1a	T3	INCREASE Tier from Tier 1a to Tier 3		
	Capsules		Medicaid					
Medical	Tezspire (tezepelumab)	Severe asthma	Traditional		T8, PA, SOS	NEW DRUG, ADDED to Medical Benefit Coverage at Tier 8 (NPS) with Prior Authorization and Site of Service Requirements		4/1/2022
			EG-Optimized		T8, PA, SOS	NEW DRUG, ADDED to Medical Benefit Coverage at Tier 8 (NPS) with Prior Authorization and Site of Service Requirements		
			PPACA-Optimized		T8, PA, SOS	NEW DRUG, ADDED to Medical Benefit Coverage at Tier 8 (NPS) with Prior Authorization and Site of Service Requirements		
	All Strengths/formulations		Medicaid		Medical: PA Rx: NF	NEW DRUG, ADDED to Medical Benefit Coverage with Prior Authorization and Site of Service Requirements		
Pharmacy	Trulicity (dulaglutide)	Diabetes	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)		7/1/2022
			EG-Optimized	T2, QL, PA	T2, QL, PA	No change		
			PPACA-Optimized	T2, QL, PA	T2, QL, PA	No change		
	All Strengths/formulations		Medicaid					
Pharmacy	Vardenafil (geq. for Levitra)	Erectile dysfunction	Traditional	T2, QL	NF	REMOVE from formulary	Sildenafil or tadalafil	7/1/2022
			EG-Optimized	T2, QL	NF	REMOVE from formulary		
			PPACA-Optimized	BE	BE			
	ODT and Tablets		Medicaid					
			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	Veklury (remdesivir)	Treatment of COVID-19 in patients requiring hospitalization	Traditional	T8	T8	ADDED to Medical Benefit Coverage in the Outpatient Setting		1/7/2022
			EG-Optimized	T8	T8	ADDED to Medical Benefit Coverage in the Outpatient Setting		
			PPACA-Optimized	T8	T8	ADDED to Medical Benefit Coverage in the Outpatient Setting		
			Medicaid	Covered	Covered	ADDED to Medical Benefit Coverage in the Outpatient Setting		
			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 Outpatient Setting		
Pharmacy	Victoza (liraglutide)	Diabetes	Traditional	T2	T5, Smart PA, ST	INCREASE Tier from Tier 2 to Tier 5, ADD Prior Authorization criteria	Trulicity	7/1/2022
			EG-Optimized	T3, PA	T5, PA	INCREASE Tier from Tier 3 to Tier 5		
			PPACA-Optimized	T3, PA	T5, PA	INCREASE Tier from Tier 3 to Tier 5		
			Medicaid					
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Voxzogo (vosoritide)	Treatment of von Willebrand disease	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		5/1/2022
			EG-Optimized		T5, PA, QL	delzi		
			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		
			Medicaid		Rx: Pending Medical : NF	NEW DRUG, Pending MDHHS review		
			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:		
Pharmacy	Vuity (pilocarpine hydrochloride)	Treatment of presbyopia in adults	Traditional		NF	NEW DRUG, not added to formulary		5/1/2022
			EG-Optimized		NF	NEW DRUG, not added to formulary		
			PPACA-Optimized		NF	NEW DRUG, not added to formulary		
			Medicaid		Pending	NEW DRUG, Pending MDHHS review		
			Medicare	Part D: Part B:	Part D: NF Part B: NA	Part D: NEW DRUG, not added to formulary Part B:		
Medical	Vyvgart (efgartigimod alfa-fcab)	Treatment of generalized myasthenia gravis (gMG) in adults who are anti-acetylcholine receptor (AChR) antibody positive	Traditional		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
			EG-Optimized		T7, PA, SOS	NEW DRUG, ADDED to Medical Benefit at Tier 7 - Preferred Specialty, with Prior Authorization and Site of Service requirements		
			PPACA-Optimized		T7, PA, SOS	NEW DRUG, ADDED to Medical Benefit at Tier 7 - Preferred Specialty, with Prior Authorization and Site of Service requirements		
			Medicaid		Rx: NF Medical: Covered PA, SOS	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		
			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		
Pharmacy	Xarelto (rivaroxaban)	Treatment of VTE and reduction of recurrent VTE in pediatric patients from birth to < 18 years & thromboprophylaxis in pediatric patients>2 years with congenital heart disease after Fontan procedure	Traditional		T2, QL	NEW FORMULATION, ADDED to formulary at Tier 2 with a Quantity Limit of 300ml/30 days.		5/1/2022
			EG-Optimized		T2, QL	NEW FORMULATION, ADDED to formulary at Tier 2 with a Quantity Limit of 300ml/30 days.		
			PPACA-Optimized		T2, QL	NEW FORMULATION, ADDED to formulary at Tier 2 with a Quantity Limit of 300ml/30 days.		
			Medicaid		Covered	NEW FORMULATION, ADDED to formulary as PDL preferred		
			Medicare	Part D: Part B:	Part D: Part B:	Part D: NEW FORMULATION, ADDED to formulary at Tier 3 with Quantity Limit of 600ml/30 days Part B:		
Medical	Xipere (triamcinolone 40mg/ml for suprachoroidal)	Indicated for the treatment of macular edema associated with uveitis.	Traditional		NF	NEW DRUG, not added to formulary		4/1/2022
			EG-Optimized		NF	NEW DRUG, not added to formulary		
			PPACA-Optimized		NF	NEW DRUG, not added to formulary		
			Medicaid		NF	NEW DRUG, not added to formulary (Medical or Pharmacy)		
			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 under Part B (NPS) with Prior Authorization criteria		

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Medical	Xofigo (radium ra-223 dichloride) All Strengths/formulations	Used to treat prostate cancer that has spread to bones	Traditional	T8 (NPS)	T8 (NPS), PA	ADD Prior authorization criteria to match Oncology Policy		4/1/2022
			EG-Optimized	T8 (NPS)	T8 (NPS), PA	ADD Prior authorization criteria to match Oncology Policy		
			PPACA-Optimized	T8 (NPS)	T8 (NPS), PA	ADD Prior authorization criteria to match Oncology Policy		
			Medicaid	Covered	Covered, PA	ADD Prior authorization, Oncology criteria		
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Xultophy (insulin degludec/liraglutide) All Strengths/formulations	Diabetes	Traditional	T3, QL	T2, QL	DECREASE Tier from Tier 3 to Tier 2		5/1/2022
			EG-Optimized	T3, QL, PA	T3, QL, PA	No Change		
			PPACA-Optimized	T3, QL, PA	T3, QL, PA	No Change		
			Medicaid					
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Yervoy (Ipilimumab) J5228	Indicated in adults and children 12 years and older to treat melanoma	Traditional	T7, PA	T7, PA, SOS	ADD Site of Service Requirement	Preferred Site of Service	7/1/2022
			EG-Optimized	T7, PA	T7, PA, SOS	ADD Site of Service Requirement		
			PPACA-Optimized	T7, PA	T7, PA, SOS	ADD Site of Service Requirement		
			Medicaid					
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Zevalin (Yttrium-90(Y-90)ibritumomab tiuxetan) All Strengths/formulations	treatment of non-Hodgkin lymphoma	Traditional	T7, PA	T7, PA	CHANGE criteria to match Oncology Policy		
			EG-Optimized	T7, PA	T7, PA	CHANGE criteria to match Oncology Policy		
			PPACA-Optimized	T7, PA	T7, PA	CHANGE criteria to match Oncology Policy		
			Medicaid	Covered, PA	Covered, PA	CHANGE drug specific criteria to Oncology Criteria		
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		