

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

**Pharmacy Department
Pending Changes to the
Approved Drug List
May 2022**



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Adbry (tralokinumab-ldrm) 150mg/ml solution	Indicated to treat moderate to severe atopic dermatitis	Traditional		T4, PA, QL	NEW DRUG, Added to formulary at Tier 4 with Prior Authorization requirements and Quantity Limit of 4 syringes/28 days		7/1/2022
			EG-Optimized		T4, PA, QL	NEW DRUG, Added to formulary at Tier 4 with Prior Authorization requirements and Quantity Limit of 4 syringes/28 days		
			PPACA-Optimized		T4, PA, QL	NEW DRUG, Added to formulary at Tier 4 with Prior Authorization requirements and Quantity Limit of 4 syringes/28 days		
			Medicaid		Rx: Pending Medical: NF	Rx: NEW DRUG, Pending MDHHS Common Formulary Review Medical: NEW DRUG, not covered under the medical benefit		
			Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW DRUG, not added to formulary Part B: N/A		
Pharmacy	Butenafine (geq. for Mentax) 1% cream	Indicated to treat topical infections such as tinea pedis	Traditional	NF	NF	Not added to formulary		1/1/2023
			EG-Optimized	NF	T1b	ADDED to formulary at Tier 1b		
			PPACA-Optimized	NF	T1b	ADDED to formulary at Tier 1b		
			Medicaid					
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Chlordiazepoxide/ clidinium (geq. for Librax) 5 / 2.5mg capsule	Indicated to treat stomach/ intestinal disorders such as ulcers and irritable bowel syndrome	Traditional	T2	T3	INCREASE Tier from Tier 2 to Tier 3		1/1/2023
			EG-Optimized	T2	T3	INCREASE Tier from Tier 2 to Tier 3		
			PPACA-Optimized	T2	T3	INCREASE Tier from Tier 2 to Tier 3		
			Medicaid					
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Cibinqo (abrocitinib) 500mg, 100mg, 200mg tablet	Indicated for the treatment of refractory moderate to severe atopic dermatitis	Traditional		T5, PA, QL	NEW DRUG, Added to formulary at Tier 5 with Prior Authorization requirements and quantity limit of 30 tablets/30 days		7/1/2022
			EG-Optimized		T5, PA, QL	NEW DRUG, Added to formulary at Tier 5 with Prior Authorization requirements and quantity limit of 30 tablets/30 days		
			PPACA-Optimized		T5, PA, QL	NEW DRUG, Added to formulary at Tier 5 with Prior Authorization requirements and quantity limit of 30 tablets/30 days		
			Medicaid		Rx: Pending	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: N/A		
Pharmacy	Clindamycin (geq. for Cleocin) 1% Gel and Lotion	Indicated to treat bacterial infections	Traditional	T1	T1	Tier 1 - excluding NDC 68682-0462-75 (not covered)		Clindamycin solution, Clindamycin swabs 7/1/2022
			EG-Optimized	NF	T1b, ST	ADD to formulary at Tier 1 with Step Therapy through clindamycin solution or swabs		
			PPACA-Optimized	NF	T1b, ST	ADD to formulary at Tier 1 with Step Therapy through clindamycin solution or swabs		
			Medicaid					
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Crotan (crotamiton) 10% topical lotion	Indicated to treat scabies	Traditional					6/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
			Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW FORMULATION, not added to formulary Part B:		
Pharmacy	Duloxetine (geq. for Irenka) 	Indicated to treat depression and anxiety	Traditional	T1, ST, QL	T2, ST, QL	INCREASE Tier from Tier 1 to Tier 2		1/1/2023
			EG-Optimized	T1b, ST, QL	T2, ST, QL	INCREASE Tier from Tier 1b to Tier 2		
			PPACA-Optimized	T1b, ST, QL	T2, ST, QL	INCREASE Tier from Tier 1b to Tier 2		
			Medicaid					
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	E.E.S. (Erythromycin ethylsuccinate) 400mg tablet	Indicated to treat bacterial infections	Traditional	T1	T4	INCREASE Tier from Tier 1 to Tier 4		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:		

<div> <div> PA-Prior Authorization SP- Specialty Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy </div> <div> Pharmacy Department Pending Changes to the Approved Drug List May 2022 </div> </div>								
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical	Enjaymo (sutimlimab-jome)	Indicated to decrease the need for red blood cell transfusion due to hemolysis in adults with cold agglutinin disease (CAD)	Traditional		NPS (T8), PA, SOS	NEW DRUG, ADDED to the Medical Benefit at Tier 8 - Non-Preferred Specialty, with Prior Authorization and Site of Service requirements		6/1/2022
					NPS (T8), PA, SOS	NEW DRUG, ADDED to the Medical Benefit at Tier 8 - Non-Preferred Specialty, with Prior Authorization and Site of Service requirements		
			PPACA-Optimized		NPS (T8), PA, SOS	NEW DRUG, ADDED to the Medical Benefit at Tier 8 - Non-Preferred Specialty, with Prior Authorization and Site of Service requirements		
			Medicaid		Rx: Carve-Out Medical: PA	Rx: Carve-out Medical: NEW DRUG, added to coverage under the Medical Benefit with Prior Authorization and if added to MPPL - Site of Service - Home Infusion will be required		
	J3490/J3590/C9399 1,100 mg/22 mL (50 mg/mL) single-dose vial		Medicare	Part D: Part B:	Part D: NF Part B: NPS (T8), PA	Part D: NEW DRUG, not added to formulary Part B: NEW DRUG, ADDED to the Medical Benefit at Tier 8 - Non-Preferred Specialty, with Prior Authorization requirements		
Pharmacy	Erythromycin base	Indicated to treat bacterial infections	Traditional	T2	T4	INCREASE Tier from Tier 2 to Tier 4		7/1/2022
			EG-Optimized	T2	T4	INCREASE Tier from Tier 2 to Tier 4		
			PPACA-Optimized	T2	T4	INCREASE Tier from Tier 2 to Tier 4		
			Medicaid					
	250mg and 500mg tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Erythromycin base DR particles (geq. for Eryc)	Indicated to treat bacterial infections	Traditional	T1	T4	INCREASE Tier from Tier 1 to Tier 4		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					
	250mg Capsule		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Erythromycin base DR	Indicated to treat bacterial infections	Traditional	T3	T4	INCREASE Tier from Tier 3 to Tier 4		7/1/2022
			EG-Optimized	T3	T4	INCREASE Tier from Tier 3 to Tier 4		
			PPACA-Optimized	T3	T4	INCREASE Tier from Tier 3 to Tier 4		
			Medicaid					
	250mg, 333mg, and 500mg tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Erythromycin ethylsuccinate (geq. for E.E.S.)	Indicated to treat bacterial infections	Traditional	T1	T4	INCREASE Tier from Tier 1 to Tier 4		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					
	400mg tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Erythrocin (erythromycin stearate)	Indicated to treat bacterial infections	Traditional	T2	T4	INCREASE Tier from Tier 2 to Tier 4		7/1/2022
			EG-Optimized	T2	T4	INCREASE Tier from Tier 2 to Tier 4		
			PPACA-Optimized	T2	T4	INCREASE Tier from Tier 2 to Tier 4		
			Medicaid					
	250mg tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Ery-Tab DR (geq. for E-mycin)	Indicated to treat bacterial infections	Traditional	T2	T4	INCREASE Tier from Tier 2 to Tier 4		7/1/2022
			EG-Optimized	T2	T4	INCREASE Tier from Tier 2 to Tier 4		
			PPACA-Optimized	T2	T4	INCREASE Tier from Tier 2 to Tier 4		
			Medicaid					
	250mg and 333mg Tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Ery-Tab DR (geq. for E-mycin)	Indicated to treat bacterial infections	Traditional	T3	T4	INCREASE Tier from Tier 3 to Tier 4		7/1/2022
			EG-Optimized	T3	T4	INCREASE Tier from Tier 3 to Tier 4		
			PPACA-Optimized	T3	T4	INCREASE Tier from Tier 3 to Tier 4		
			Medicaid					
	500mg Tablet		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	Febuxostat (geq. for Uloric)	Indicated to treat gout	Traditional	T2, ST	T1, QL	DECREASE Tier from Tier 2 to Tier 1, REMOVE Step Therapy, ADD Quantity Limit 30 tablets/30 days		7/1/2022
			EG-Optimized	T2, ST	T1b, QL	DECREASE Tier from Tier 2 to Tier 1b, REMOVE Step Therapy, ADD Quantity Limit 30 tablets/30 days		
			PPACA-Optimized	T2, ST	T1b, QL	DECREASE Tier from Tier 2 to Tier 1b, REMOVE Step Therapy, ADD Quantity Limit 30 tablets/30 days		
			Medicaid					
	40mg, 80mg Tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Fintepla (fenfluramine)	Treatment of seizures associated with Dravet syndrome and Lennox-Gastaut syndrome (LGS) in patients 2 years of age and older	Traditional	T5, PA, QL	T5, PA, QL	ADDED coverage for Lennox-Gastaut Syndrome diagnosis to Prior Authorization criteria		6/1/2022
			EG-Optimized	T5, PA, QL	T5, PA, QL	ADDED coverage for Lennox-Gastaut Syndrome diagnosis to Prior Authorization criteria		
			PPACA-Optimized	T5, PA, QL	T5, PA, QL	ADDED coverage for Lennox-Gastaut Syndrome diagnosis to Prior Authorization criteria		
			Medicaid	Carve Out	Carve Out			
	2.2mg/ml solution		Medicare	Part D: T5, PA, QL Part B: N/A	Part D: T5, PA, QL Part B: N/A	Part D: Part B:		
Pharmacy	Firdapse (amifampridine phosphate)	Treatment of Lambert-Eaton myasthenic syndrome (LEMS) in adults	Traditional	NF	T4, PA	ADDED to formulary as Tier 4 with Prior Authorization requirements		7/1/2022
			EG-Optimized	NF	T4, PA	ADDED to formulary as Tier 4 with Prior Authorization requirements		
			PPACA-Optimized	NF	T4, PA	ADDED to formulary as Tier 4 with Prior Authorization requirements		
			Medicaid					
	10mg Tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical/Pharmacy	Granix (tbo-filagristim)	Indicated to treat chemotherapy-induced neutropenia	Traditional	Rx: T5 Medical: NPS	RX: T5 Medical: NPS		Nivestym, Zarzio	8/1/2022
			EG-Optimized	Rx: T5 Medical: NPS	RX: T5 Medical: NPS			
			PPACA-Optimized	Rx: T5 Medical: NPS	RX: T5 Medical: NPS			
			Medicaid	Rx: Covered, PA Medical: Covered	Rx: Covered, PA Medical: Covered			
	J1447 300mcg/ml, 480mcg/1.6ml, 300mcg/0.5ml (syringe) 480mcg/0.8ml (syringe)		Medicare	Part D: NF Part B: NPS (T8)	Part D: NF Part B: NPS (T8), PA, ST	Part D: Non-formulary Part B: ADD Step Therapy requirements: Must try Nivestym and Zarzio (only applies to members enrolled in a Medicare Advantage Prescription Drug plan)		
Pharmacy	Humira (adalimumab)	Indicated to treat Rheumatoid arthritis, Psoriatic arthritis, Ankylosing spondylitis, Crohn's disease, and Plaque psoriasis	Traditional	T4, PA, QL	T4, PA, QL			4/1/2022
			EG-Optimized	T4, PA, QL	T4, PA, QL			
			PPACA-Optimized	T4, PA, QL	T4, PA, QL			
			Medicaid					
	40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml		Medicare	Part D: T5, PA, AL Part B: N/A	Part D: T5, PA Part B: N/A	Part D: REMOVE age criteria to ensure all preferred biologics within the inflammatory biologic class align Part B:		
Medical	Ibandronate (geq. for Boniva)	Indicated to treat post-menopausal osteoporosis	Traditional	Pref Spec (T7), PA	Pref Spec (T7)	REMOVE Prior Authorization requirement		6/1/2022
			EG-Optimized	Pref Spec (T7), PA	Pref Spec (T7)	REMOVE Prior Authorization requirement		
			PPACA-Optimized	Pref Spec (T7), PA	Pref Spec (T7)	REMOVE Prior Authorization requirement		
			Medicaid	Covered, PA	Covered	REMOVE Prior Authorization requirement		
	J1740 3mg/3ml Intravenous		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Ibsrela (tenapanor)	Indicated to treat irritable bowel syndrome with constipation in patients >18 years of age	Traditional		NF	NEW DRUG, not added to the formulary		7/1/2022
			EG-Optimized		NF	NEW DRUG, not added to the formulary		
			PPACA-Optimized		NF	NEW DRUG, not added to the formulary		
			Medicaid		Rx: Pending	NEW DRUG, Pending MDHHS Common Formulary Review		
	50mg Tablet		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW DRUG, not added to the formulary Part B: N/A		
Pharmacy	Imatinib (geq. for Gleevec)	Indicated to treat certain types of cancer including acute lymphoblastic leukemia, chronic myeloid leukemia, and gastrointestinal stromal tumors	Traditional	T4, PA	T4, PA, QL	ADD Quantity Limit (100mg tablets) 90 tablets/30 days, (400mg tablets) 60 tablets/30 days		7/1/2022
			EG-Optimized	T4, PA	T4, PA, QL	ADD Quantity Limit (100mg tablets) 90 tablets/30 days, (400mg tablets) 60 tablets/30 days		
			PPACA-Optimized	T4, PA	T4, PA, QL	ADD Quantity Limit (100mg tablets) 90 tablets/30 days, (400mg tablets) 60 tablets/30 days		
			Medicaid					
	100mg, 400mg Tablet		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	Korsuva (difelikefalin acetate)	Indicated to treat moderate to severe pruritus associated with kidney disease in adults undergoing hemodialysis	Traditional		Pref Spec (T7), PA	NEW DRUG, ADDED to Medical Benefit at Tier 7 - Preferred Specialty, with Prior Authorization requirements		6/1/2022
			EG-Optimized		Pref Spec (T7), PA	NEW DRUG, ADDED to Medical Benefit at Tier 7 - Preferred Specialty, with Prior Authorization requirements		
			PPACA-Optimized		Pref Spec (T7), PA	NEW DRUG, ADDED to Medical Benefit at Tier 7 - Preferred Specialty, with Prior Authorization requirements		
			Medicaid		Rx: NF Medical: Covered, PA	Rx: NEW DRUG, not added to formulary Medical : NEW DRUG, added to Medical Benefit coverage with Prior Authorization requirements		
	J0879 65 mcg/1.3 mL (50 mcg/mL) single-dose vial for IV use		Medicare	Part D: Part B:	Part D: Excluded Part B: Included	Part D: NEW DRUG, excluded from coverage Part B: Included in ESRD PPS and not separately payable under Part B		
Pharmacy	Mefenamic acid (geq. for Ponstel)	Indicated to reduce swelling and treat mild to moderate pain (NSAID)	Traditional	NF	NF	Not added to formulary		1/1/2023
			EG-Optimized	NF	T3, ST, QL	ADDED to formulary as Tier 3 with Step Therapy through 2 covered generic NSAIDs and Quantity Limit of 30 capsules/30 days		
			PPACA-Optimized	NF	T3, ST, QL	ADDED to formulary as Tier 3 with Step Therapy through 2 covered generic NSAIDs and Quantity Limit of 30 capsules/30 days		
			Medicaid					
	250mg Capsule		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Metaxalone (geq. for Skelaxin)	Treatment of muscle spasms/pain	Traditional	NF	T1, ST	ADDED to formulary as Tier 1 with Step Therapy through two of the following: cyclobenzaprine, methocarbamol, tizanidine, baclofen, or chlorzoxazone.	Cyclobenzaprine, Methocarbamol, Tizanidine, Baclofen, Chlorzoxazone	7/1/2022
			EG-Optimized	NF	T1b, ST	ADDED to formulary as Tier 1 with Step Therapy through two of the following: cyclobenzaprine, methocarbamol, tizanidine, baclofen, or chlorzoxazone.		
			PPACA-Optimized	NF	T1b, ST	ADDED to formulary as Tier 1 with Step Therapy through two of the following: cyclobenzaprine, methocarbamol, tizanidine, baclofen, or chlorzoxazone.		
			Medicaid					
	800mg Tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical/Pharmacy	Neupogen (filgrastim)	Indicated to treat chemotherapy-induced neutropenia	Traditional	RX: T5 Medical: NPS	RX: T5 Medical: NPS		Nivestym, Zarxio	8/1/2022
			EG-Optimized	RX: T5 Medical: NPS	RX: T5 Medical: NPS			
			PPACA-Optimized	RX: T5 Medical: NPS	RX: T5 Medical: NPS			
			Medicaid	Rx: Covered Medical: Covered	Rx: Covered Medical: Covered			
	J1442 300mcg/mL, 480mcg/1.6mL, 300mcg/0.5mL (syringe) 480mcg/0.8mL (syringe)		Medicare	Part D NF Part B: NPS (T8)	Part D: NF Part B: NPS (T8), ST	Part D: Part B: ADD Step Therapy: Must try Nivestym and Zarxio (only applies to members enrolled in a Medicare Advantage Prescription Drug plan)		
Pharmacy	Nicardipine (geq. for Cardene)	Treatment of hypertension	Traditional	T2	T5, ST, QL	INCREASE Tier from Tier 2 to Tier 5, ADD Step Therapy with trial and failure of two of the following: amlodipine, felodipine ER, isradipine, or nisoldipine ER and Quantity Limit of 120mg/day	Amlodipine, Felodipine Er, Isradipine, Nisoldipine Er	1/1/2023
			EG-Optimized	T2	T5, ST, QL	INCREASE Tier from Tier 2 to Tier 5, ADD Step Therapy with trial and failure of two of the following: amlodipine, felodipine ER, isradipine, or nisoldipine ER and Quantity Limit of 120mg/day		
			PPACA-Optimized	T2	T5, ST, QL	INCREASE Tier from Tier 2 to Tier 5, ADD Step Therapy with trial and failure of two of the following: amlodipine, felodipine ER, isradipine, or nisoldipine ER and Quantity Limit of 120mg/day		
			Medicaid					
	20mg, 30mg Capsule		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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May 2022**

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Medical	Opdivalag (nivolumab and relatimab-rmbw)	Treatment of unresectable or metastatic melanoma in adult and pediatric patients > 12 years of age	Traditional		Pref Spec (T7), PA, ST, SOS	NEW DRUG, ADDED to Medical Benefit at Tier 7 - Preferred Specialty, with Prior Authorization, including Step Therapy through at least one National Comprehensive Cancer Network Guideline Category 1 recommended therapy, and Site of Service requirements		6/1/2022
			EG-Optimized		Pref Spec (T7), PA, ST, SOS	NEW DRUG, ADDED to Medical Benefit at Tier 7 - Preferred Specialty, with Prior Authorization, including Step Therapy through at least one National Comprehensive Cancer Network Guideline Category 1 recommended therapy, and Site of Service requirements		
			PPACA-Optimized		Pref Spec (T7), PA, ST, SOS	NEW DRUG, ADDED to Medical Benefit at Tier 7 - Preferred Specialty, with Prior Authorization, including Step Therapy through at least one National Comprehensive Cancer Network Guideline Category 1 recommended therapy, and Site of Service requirements		
			Medicaid		Rx: NF Medical: Covered, PA, ST	Rx: NEW DRUG, not added to formulary Medical : NEW DRUG, added to coverage under the Medical Benefit with Prior Authorization requirements including Step Therapy through at least one National Comprehensive Cancer Network Guideline Category 1 recommended therapy		
			Medicare	Part D: Part B:	Part D: NF Part B: Medicare Chemo, PA	Part D: NEW DRUG, not added to the formulary until added to FRF, then T5 BvD Part B: NEW DRUG, covered as Medicare Chemotherapy with Prior Authorization requirements following Oncology Policy		
Pharmacy	Orgovyx (relugolix)	Treatment of advanced prostate cancer	Traditional	T5, PA, QL	T5, PA, QL			5/1/2022
			EG-Optimized	T5, PA, QL	T5, PA, QL			
			PPACA-Optimized	T5, PA, QL	T5, PA, QL			
			Medicaid					
			Medicare	Part D: T5, PA, QL	Part D: T5, PA, QL Part B:	Part D: UPDATE Quantity Limit from 30 tablets/30 days to 32 tablets/30 days Part B:		
Pharmacy	Oxiconazole (geq. for Oxistat)	Indicated to treat skin infections such as athlete's foot	Traditional	NF	NF	Not added to formulary		1/1/2023
			EG-Optimized	NF	T3, ST, QL	ADD to formulary as Tier 3 with Step Therapy through 2 covered generic antifungals and Quantity Limit of 30 grams/30 days		
			PPACA-Optimized	NF	T3, ST, QL	ADD to formulary as Tier 3 with Step Therapy through 2 covered generic antifungals and Quantity Limit of 30 grams/30 days		
			Medicaid					
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Pluvicto (Lutetium Lu 177 Vipivotide Tetraxetan)	Treatment of adult patients with prostate specific membrane antigen (PSMA) positive metastatic castration resistant prostate cancer	Traditional		Pref Spec (T7), PA	NEW DRUG, ADDED to Medical Benefit at Tier 7 - Preferred Specialty, with Prior Authorization requirements following Oncology Policy		6/1/2022
			EG-Optimized		Pref Spec (T7), PA	NEW DRUG, ADDED to Medical Benefit at Tier 7 - Preferred Specialty, with Prior Authorization requirements following Oncology Policy		
			PPACA-Optimized		Pref Spec (T7), PA	NEW DRUG, ADDED to Medical Benefit at Tier 7 - Preferred Specialty, with Prior Authorization requirements following Oncology Policy		
			Medicaid		Rx: NF Medical: Covered, PA	Rx: NEW DRUG, not added to the formulary Medical: NEW DRUG, added to coverage under the Medical Benefit with prior authorization requirements following Oncology Policy		
			Medicare	Part D: Part B:	Part D: NF Part B: Medicare Chemo, PA	Part D: NEW DRUG, not added to the formulary until added to FRF, then T5 BvD with Quantity Limit pending CMS approval Part B: NEW DRUG, covered as Medicare Chemotherapy with Prior Authorization requirements following Oncology Policy		
Pharmacy	Posaconazole (geq. for Noxafil)	Indicated to treat fungal infections	Traditional	T4, PA, QL	T4, PA, QL	UPDATE PA criteria to REMOVE Step Therapy for MDS/AML/GVHD		7/1/2022
			EG-Optimized	T4, PA, QL	T4, PA, QL	UPDATE PA criteria to REMOVE Step Therapy for MDS/AML/GVHD		
			PPACA-Optimized	T4, PA, QL	T4, PA, QL	UPDATE PA criteria to REMOVE Step Therapy for MDS/AML/GVHD		
			Medicaid					
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Pyrukynd (mitapivat)	Indicted to treat hemolytic anemia in adults with pyruvate kinase (PK) deficiency	Traditional		T4, PA, QL	NEW DRUG ADDED at Tier 4 with Prior Authorization and Quantity Limit Requirement 60 tablets/30 days		7/1/2022
			EG-Optimized		T4, PA, QL	NEW DRUG ADDED at Tier 4 with Prior Authorization and Quantity Limit Requirement 60 tablets/30 days		
			PPACA-Optimized		T4, PA, QL	NEW DRUG ADDED at Tier 4 with Prior Authorization and Quantity Limit Requirement 60 tablets/30 days		
			Medicaid		Pending	Pending MDHHS Common Formulary Review		
			Medicare	Part D: Part B:	Part D: T5, PA, QL Part B: N/A	Part D: NEW DRUG ADDED at Tier 5 with Prior Authorization and Quantity Limit requirement 60 tablets/30 days Part B:		

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Pharmacy	Quinine Sulfate (geq. for Quaalatin)	Treatment of malaria caused by mosquito bites	Traditional	T1, PA	T1	REMOVE Prior Authorization criteria		7/1/2022
			EG-Optimized	T1b, PA	T1b	REMOVE Prior Authorization criteria		
			PPACA-Optimized	T1b, PA	T1b	REMOVE Prior Authorization criteria		
			Medicaid					
Pharmacy	Recorelev (levoketoconazole)	Treatment of endogenous hypercortisolemia in adult patients with Cushing's syndrome for whom surgery is not an option or has not been curative	Traditional		NF	NEW DRUG, not added to formulary		6/1/2022
			EG-Optimized		NF	NEW DRUG, not added to formulary		
			PPACA-Optimized		NF	NEW DRUG, not added to formulary		
			Medicaid		Pending	NEW DRUG, Pending MDHHS Common Formulary Review		
Medical Pharmacy	Releuko (filgrastim-ayow)	Indicated for the treatment of neutropenia	Traditional		Rx: T5 Medical: Pref Spec (T7)	Rx: NEW DRUG, ADDED to coverage at Tier 5 Medical: NEW DRUG, ADDED to the Medical benefit at Tier 7 - Preferred Specialty	Nivestym, Zarxio	6/1/2022
			EG-Optimized		Rx: T5 Medical: Pref Spec (T7)	Rx: NEW DRUG, ADDED to coverage at Tier 5 Medical: NEW DRUG, ADDED to the Medical benefit at Tier 7 - Preferred Specialty		
			PPACA-Optimized		Rx: T5 Medical: Pref Spec (T7)	Rx: NEW DRUG, ADDED to coverage at Tier 5 Medical: NEW DRUG, ADDED to the Medical benefit at Tier 7 - Preferred Specialty		
			Medicaid		Rx: Pending Medical: Covered	Rx: NEW DRUG, Pending MDHHS Common Formulary Review Medical: NEW DRUG, ADDED coverage under the Medical Benefit		
Pharmacy	Rinvoq (upadacitinib)	Indicated to treat moderate to severe rheumatoid arthritis, psoriatic arthritis, atopic dermatitis, ankylosing spondylitis, and ulcerative colitis	Traditional	T4, PA, QL	T4, PA, QL	UPDATE PA Criteria		6/1/2022
			EG-Optimized	T4, PA, QL	T4, PA, QL	UPDATE PA Criteria		
			PPACA-Optimized	T4, PA, QL	T4, PA, QL	UPDATE PA Criteria		
			Medicaid	Covered, PA	Covered, PA			
Pharmacy	Skyrizi (risankizumab-rzaa)	Indicated to treat Rheumatoid arthritis, Psoriatic arthritis, Ankylosing spondylitis, Crohn's disease, and Plaque psoriasis	Traditional	T4, PA, QL	T4, PA, QL			4/1/2022
			EG-Optimized	T4, PA, QL	T4, PA, QL			
			PPACA-Optimized	T4, PA, QL	T4, PA, QL			
			Medicaid					
Pharmacy	Soanz (torsemide)	Indicated to treat symptoms of edema	Traditional					6/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid					
Pharmacy	Twynéo (tretinoin/benzoyl peroxide)	Acne	Traditional	NF	NF			6/1/2022
			EG-Optimized	NF	NF			
			PPACA-Optimized	NF	NF			
			Medicaid					
Pharmacy	0.1-3 % Cream		Traditional	NF	NF			6/1/2022
			EG-Optimized	NF	NF			
			PPACA-Optimized	NF	NF			
			Medicaid					

<div> PA-Prior Authorization SP- Specialty Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy </div> <div> Pharmacy Department Pending Changes to the Approved Drug List May 2022 </div>								
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical	Vabysmo (faricimab-svoa)	Indicated to treat neovascular age related macular degeneration and diabetic macular edema	Traditional		Pref Spec (T7), PA, ST	NEW DRUG, ADDED to Medical Benefit at Tier 7 - Preferred Specialty, with Prior Authorization requirements including Step Therapy with Avastin AND Lucentis or Eylea	Avastin, Lucentis, Eylea	6/1/2022
			EG-Optimized		Pref Spec (T7), PA, ST	NEW DRUG, ADDED to Medical Benefit at Tier 7 - Preferred Specialty, with Prior Authorization requirements including Step Therapy with Avastin AND Lucentis or Eylea		
			PPACA-Optimized		Pref Spec (T7), PA, ST	NEW DRUG, ADDED to Medical Benefit at Tier 7 - Preferred Specialty, with Prior Authorization requirements including Step Therapy with Avastin AND Lucentis or Eylea		
			Medicaid		Rx: NF Medical Covered, PA	Rx: Non-Formulary Medical: NEW DRUG, added to coverage under the Medical Benefit with Prior Authorization requirements		
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: NF Part B: Pref Spec (T7)	Part D: NEW DRUG, not added to the formulary Part B: NEW DRUG, ADDED to Medical Benefit at Tier 7 - Preferred Specialty		
Pharmacy	Vemlidy (tenofovir alafenamide)	Indicated to treat chronic hepatitis B	Traditional	T4	T4, QL	ADD Quantity Limit 30 tablets/30 days		7/1/2022
			EG-Optimized	T4	T4, QL	ADD Quantity Limit 30 tablets/30 days		
			PPACA-Optimized	T4	T4, QL	ADD Quantity Limit 30 tablets/30 days		
			Medicaid					
	25mg Tablet		Medicare	Part D: Part B:	Part D: Part B: N/A	Part D: Part B:		
Pharmacy	Vonjo (pacritinib)	Indicated to treat intermediate or high risk primary or secondary post polycythemia vera or post essential thrombocythemia myelofibrosis	Traditional		T4, PA, QL	NEW DRUG, ADDED to the formulary at Tier 4 with Prior Authorization requirements following the Oncology policy and Quantity Limit of 120 Capsules/30 days		7/1/2022
			EG-Optimized		T4, PA, QL	NEW DRUG, ADDED to the formulary at Tier 4 with Prior Authorization requirements following the Oncology policy and Quantity Limit of 120 Capsules/30 days		
			PPACA-Optimized		T4, PA, QL	NEW DRUG, ADDED to the formulary at Tier 4 with Prior Authorization requirements following the Oncology policy and Quantity Limit of 120 Capsules/30 days		
			Medicaid		Rx: Carve-Out			
	100mg Capsule		Medicare	Part D: Part B:	Part D: T5, PA QL Part B: N/A	Part D: NEW DRUG, ADDED to the formulary at Tier 5 with Prior Authorization requirements and Quantity Limit of 120 capsules/30 days Part B: N/A		
Pharmacy	Vyndaqel (tafamidis meglumine)	Treatment of cardiomyopathy of wild type or hereditary transthyretin-mediated amyloidosis	Traditional	T4, PA, QL				5/1/2022
			EG-Optimized	T4, PA, QL				
			PPACA-Optimized	T4, PA, QL				
			Medicaid					
	20mg Capsule		Medicare	Part D:T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: REMOVE requirement for documentation of an absence of monoclonal protein identified in serum and urine immunofixation and serum free light chain essay Part B:		
Pharmacy	Vyndamax (Tafamidis)	Treatment of cardiomyopathy of wild type or hereditary transthyretin-mediated amyloidosis	Traditional	T4, PA, QL				5/1/2022
			EG-Optimized	T4, PA, QL				
			PPACA-Optimized	T4, PA, QL				
			Medicaid					
	61mg Capsule		Medicare	Part D:T5, PA, QL Part B:	Part D:T5, PA, QL Part B:	Part D: REMOVE requirement for documentation of an absence of monoclonal protein identified in serum and urine immunofixation and serum free light chain essay Part B:		
Pharmacy	Xeljanz (tofacitinib)	Indicated to treat Rheumatoid arthritis, Psoriatic arthritis, Ankylosing spondylitis, Crohn's disease, and Plaque psoriasis	Traditional	T4, PA, QL	T4, PA, QL	UPDATE PA criteria		4/1/2022
			EG-Optimized	T4, PA, QL	T4, PA, QL	UPDATE PA criteria		
			PPACA-Optimized	T4, PA, QL	T4, PA, QL	UPDATE PA criteria		
			Medicaid					
	1mg/ml Solution		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: REMOVE criteria to ensure all preferred biologics within the inflammatory biologic class align Part B:		
Pharmacy	Wakix (pitolisant)	Indicated to treat excessive daytime sleepiness or cataplexy in adults with narcolepsy	Traditional	NF	T4, PA, QL	ADDED to formulary at Tier 4 with Prior Authorization requirements and Quantity Limit of 60 tablets/30 days		7/1/2022
			EG-Optimized	NF	T4, PA, QL	ADDED to formulary at Tier 4 with Prior Authorization requirements and Quantity Limit of 60 tablets/30 days		
			PPACA-Optimized	NF	T4, PA, QL	ADDED to formulary at Tier 4 with Prior Authorization requirements and Quantity Limit of 60 tablets/30 days		
			Medicaid					
	4.45mg and 17.8mg Tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		