

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

Pharmacy Department
 Pending Changes to the
 Approved Drug List
 September 2022



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Acyclovir (geq. for Zovirax)	Herpes simplex virus (HSV)	Traditional	NF	T1, QL	ADDED to the formulary at Tier 1 with Quantity Limit of 15 grams per 6 months	acyclovir (capsule, tablet, or suspension), famciclovir, and valacyclovir.	11/1/2022-Traditional 1/1/2023-Optimized
			EG-Optimized	NF	T3, ST, QL	ADDED to the formulary at Tier 3 with Step Therapy requirement: Must try 2 oral antivirals [acyclovir (capsule, tablet, or suspension), famciclovir, and valacyclovir] and Quantity Limit of 15 grams per 6 months		
			PPACA-Optimized	NF	T3, ST, QL	ADDED to the formulary at Tier 3 with Step Therapy requirement: Must try 2 oral antivirals [acyclovir (capsule, tablet, or suspension), famciclovir, and valacyclovir] and Quantity Limit of 15 grams per 6 months		
			Medicaid	Rx: Medical:	Rx: Medical:			
	5% Ointment		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Adlarity (donepezil)	Alzheimer's Disease	Traditional		NF	NEW FORMULATION, not added to formulary		Part D - 11/1/2022 All Others - 6/6/2022
			EG-Optimized		NF	NEW FORMULATION, not added to formulary		
			PPACA-Optimized		NF	NEW FORMULATION, not added to formulary		
			Medicaid	Rx: Medical:	Rx:Pending Medical:	Rx: NEW FORMULATION, Pending MDHHS Review		
	Patch		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION, not added to formulary Part B:		
Medical	Alymsys (Bevacizumab-maly)	Metastatic colorectal cancer	Traditional		NF	NEW DRUG, not added to coverage under the medical benefit	Mvasi and Zirabev	Part D - 8/1/2022 All Others - 10/1/2022
			EG-Optimized		NF	NEW DRUG, not added to coverage under the medical benefit		
			PPACA-Optimized		NF	NEW DRUG, not added to coverage under the medical benefit		
			Medicaid	Rx: Medical:	Rx: Medical: Covered	Medical: NEW DRUG, ADDED to coverage under the medical benefit		
	J9999		Medicare	Part D: Part B:	Part D: Non-Formulary Part B:Medicare Chemo, PA, ST	Part D:: Non-Formulary. If added to FRF - Covered at Tier 5, BvD Part B: NEW DRUG, ADDED to coverage with Prior Authorization and Step Therapy requirement: Must first try Mvasi and Zirabev		

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

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

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Altabax (retapamulin)	Impetigo	Traditional	T3, ST	T3, ST	No Change	Mupirocin ointment	1/1/2023
			EG-Optimized	NF	T3, ST, QL	ADDED to the formulary at Tier 3 with Step Therapy Requirement - Must try Mupirocin ointment and a Quantity Limit of 15 grams per 30 days		
			PPACA-Optimized	NF	T3, ST, QL	ADDED to the formulary at Tier 3 with Step Therapy Requirement - Must try Mupirocin ointment and a Quantity Limit of 15 grams per 30 days		
			Medicaid	Rx: Medical:	Rx: Medical:			
	1% Ointment		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Amcinonide (geq. for Cyclocort)	Inflammatory skin conditions	Traditional	NF	NF	No Change		1/1/2023
			EG-Optimized	T1b	T1b	No Change		
			PPACA-Optimized	NF	T1b	ADDED to the formulary at Tier 1b		
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.1% Cream		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Ambuttra (vutrisiran)	Orphan Drug for Polyneuropathy of hereditary transthyretin-mediated amyloidosis (hATTR-PN) in adults	Traditional		Pref Spec (T7), PA, QL, SOS	NEW DRUG, ADDED to coverage under the Medical Benefit with Prior Authorization and Site of Service requirements with a Quantity Limit of 1 injection (25mg) every 3 months		Medicare Part D - 11/1/2022 All Others -10/1/2022
			EG-Optimized		Pref Spec (T7), PA, QL, SOS	NEW DRUG, ADDED to coverage under the Medical Benefit with Prior Authorization and Site of Service requirements with a Quantity Limit of 1 injection (25mg) every 3 months		
			PPACA-Optimized		Pref Spec (T7), PA, QL, SOS	NEW DRUG, ADDED to coverage under the Medical Benefit with Prior Authorization and Site of Service requirements with a Quantity Limit of 1 injection (25mg) every 3 months		
			Medicaid	Rx: Medical:	Rx: NF Medical: Covered, PA	Rx: NEW DRUG, not added to formulary Medical: NEW DRUG, ADDED to coverage under the Medical Benefit with Prior Authorization requirements		
	J3490, C9399		Medicare	Part D: Part B:	Part D: T5, PA, QL Part B: Pref Spec (T7), PA	Part D: NEW DRUG, ADDED to formulary at Tier 5 with Prior Authorization requirements and Quantity Limit of 1 injection (25mg or 0.5ml) every 3 months Part B: NEW DRUG, ADDED to coverage with Prior Authorization requirements		

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

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

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Anzemet (dolasetron mesylate)	Nausea/Vomiting associated with Chemotherapy	Traditional				Granisetron tablet, Ondansetron tablet, and Ondansetron ODT	12/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	50mg Tablet		Medicare	Part D: Part B:BvD	Part D: Part B: BvD, PA, ST	Part D: Part B: BvD Prior Authorization, ADD Step Therapy to BvD Prior Authorization Requirements: Must first try Granisetron tablet and an oral Ondansetron tablet		
Pharmacy	Aspruzyo (ranolazine)	Chronic Angina	Traditional		NF	NEW FORMULATION, not added to formulary		Part D - 11/1/2022 All Others - 6/30/2022
			EG-Optimized		NF	NEW FORMULATION, not added to formulary		
			PPACA-Optimized		NF	NEW FORMULATION, not added to formulary		
			Medicaid	Rx: Medical:	Rx:Pending Medical:	Rx: NEW FORMULATION, Pending MDHHS Review		
	Sprinkle		Medicare	Part D: Part B:	Part D: NF Part B:N/A	Part D: NEW FORMULATION, not added to formulary Part B:		
Medical	Bebtelovimab	COVID-19	Traditional		Non-Specialty (T6)	ADDED to coverage under the Medical Benefit as Non-Specialty (T6) for commercially available products ONLY (not obtained through EUA)		8/15/2022
			EG-Optimized		Non-Specialty (T6)	ADDED to coverage under the Medical Benefit as Non-Specialty (T6) for commercially available products ONLY (not obtained through EUA)		
			PPACA-Optimized		Non-Specialty (T6)	ADDED to coverage under the Medical Benefit as Non-Specialty (T6) for commercially available products ONLY (not obtained through EUA)		
			Medicaid	Rx: Medical:	Rx: Medical: Covered	Medical: ADDED to coverage under the Medical Benefit for commercially available products ONLY (not obtained through EUA)		
	Q0222		Medicare	Part D: Part B:	Part D: N/A Part B: Covered, Non-Specialty (T6)	Part D: Part B: ADDED to coverage under the Medical Benefit as Non-Specialty (T6) for commercially available products ONLY (not obtained through EUA)		

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

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

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical	Benlysta (belimumab)	Lupus Nephritis	Traditional	Pref Spec (T7), PA	Pref Spec (T7), PA	UPDATED Prior Authorization Requirements		10/1/2022
			EG-Optimized	Pref Spec (T7), PA	Pref Spec (T7). PA	UPDATED Prior Authorization Requirements		
			PPACA-Optimized	Pref Spec (T7), PA	Pref Spec (T7). PA	UPDATED Prior Authorization Requirements		
			Medicaid	Rx: NF Medical: Covered, PA	Rx: NF Medical: Covered, PA	Medical: UPDATED Prior Authorization Requirements		
	J0490		Medicare	Part D: NF (IV formulation) Part B: Covered, ST	Part D: NF (IV formulation) Part B: Covered, ST	Part D: Part B: No Change		
Pharmacy	Betamethasone Dipropionate Aug (geq. for Diprolene)	Inflammatory skin conditions	Traditional	T2, QL	T1, QL	DECREASE Tier from Tier 2 to Tier 1		11/1/2022
			EG-Optimized	T2, QL	T1b, QL	DECREASE Tier from Tier 2 to Tier 1b		
			PPACA-Optimized	T2, QL	T1b, QL	DECREASE Tier from Tier 2 to Tier 1b		
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.05% Lotion		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Betamethasone Dipropionate (geq. for Maxivate)	Inflammatory skin conditions	Traditional	T2	T1	DECREASE Tier from Tier 2 to Tier 1		11/1/2022
			EG-Optimized	T2	T1b	DECREASE Tier from Tier 2 to Tier 1b		
			PPACA-Optimized	T2	T1b	DECREASE Tier from Tier 2 to Tier 1b		
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.05% Lotion		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Breyanzi (lisocabtagene maraleucel)	Gene Therapy (Cancer)	Traditional	Gene Therapy, PA	Gene Therapy, PA	UPDATED Prior Authorization Requirements		11/1/2022
			EG-Optimized	Gene Therapy, PA	Gene Therapy, PA	UPDATED Prior Authorization Requirements		
			PPACA-Optimized	Gene Therapy, PA	Gene Therapy, PA	UPDATED Prior Authorization Requirements		
			Medicaid	Rx: Medical: Carve-Out	Rx: Medical: Carve-Out			
	Q2054		Medicare	Part D: Excluded Part B: Medicare Chemo, PA	Part D: Excluded Part B: Medicare Chemo, PA	Part D: Part B:		

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

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

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Bryhali (halobetasol propionate)	Plaque Psoriasis and Inflammatory skin conditions	Traditional	T3, ST	NF	REMOVE from formulary	Betamethasone augmented lotion, Clobetasol lotion, Fluocinonide solution	1/1/2023
			EG-Optimized	T3, ST	NF	REMOVE from formulary		
			PPACA-Optimized	T3, ST	NF	REMOVE from formulary		
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.01% Lotion		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Byooviz (ranibizumab-nuna)	Neovascular (Wet) Age-Related Macular Degeneration (AMD) and Macular Edema following retinal vein occlusion (RVO)	Traditional		Pref Spec (T7), PA	NEW DRUG, ADDED to coverage under the Medical Benefit as Preferred Specialty (T7) with Prior Authorization Requirements that match Lucentis		10/1/2022
			EG-Optimized		Pref Spec (T7), PA	NEW DRUG, ADDED to coverage under the Medical Benefit as Preferred Specialty (T7) with Prior Authorization Requirements that match Lucentis		
			PPACA-Optimized		Pref Spec (T7), PA	NEW DRUG, ADDED to coverage under the Medical Benefit as Preferred Specialty (T7) with Prior Authorization Requirements that match Lucentis		
			Medicaid	Rx: Medical:	Rx: Medical: Covered, PA	NEW DRUG, ADDED to coverage under the Medical Benefit with Prior Authorization Requirements that match Lucentis		
	Q5124		Medicare	Part D: Part B:	Part D: NF Part B: PA	Part D: NEW DRUG, not added to the formulary Part B: NEW DRUG, ADDED with Prior Authorization Requirements		
Pharmacy	Calcitriol (geq. for Vectical)	plaque psoriasis	Traditional	T1, ST, QL	T3, ST, QL	INCREASE Tier from Tier 1 to Tier 3	calcipotriene cream, ointment, or solution; tacrolimus ointment, any topical steroids (i.e. betamethasone, triamcinolone, etc)	1/1/2023
			EG-Optimized	T1b, ST, QL	T3, ST, QL	INCREASE Tier from Tier 1b to Tier 3		
			PPACA-Optimized	T1b, ST, QL	T3, ST, QL	INCREASE Tier from Tier 1b to Tier 3		
			Medicaid	Rx: Medical:	Rx: Medical:			
	3mcg/gm ointment		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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

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

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical	Camcevi (leuprolide mesylate)	Prostate cancer	Traditional	Pref Spec (T7)	Pref Spec (T7), SOS	ADD Site of Service		New Users 1/1/2023 Current Users 4/1/2023
			EG-Optimized	Pref Spec (T7)	Pref Spec (T7), SOS	ADD Site of Service		
			PPACA-Optimized	Pref Spec (T7)	Pref Spec (T7), SOS	ADD Site of Service		
			Medicaid	Rx: Medical:	Rx: Medical:			
	J1952		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Carisoprodol (geq. for Soma)	Musculoskeletal pain	Traditional	NF	NF	No Change		1/1/2023
			EG-Optimized	NF	T2, QL	ADDED to the formulary at Tier 2 with a Quantity Limit of 90 tablets per 30 days		
			PPACA-Optimized	NF	T2, QL	ADDED to the formulary at Tier 2 with a Quantity Limit of 90 tablets per 30 days		
			Medicaid	Rx: Medical:	Rx: Medical:			
	350mg Tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Clobetasol (geq. for Olux)	Atopic dermatitis	Traditional	NF	T3, QL	ADDED to the formulary at Tier 3 with a Quantiy Limit of 100 grams per 30 days		11/1/2022
			EG-Optimized	NF	T3, QL	ADDED to the formulary at Tier 3 with a Quantiy Limit of 100 grams per 30 days		
			PPACA-Optimized	NF	T3, QL	ADDED to the formulary at Tier 3 with a Quantiy Limit of 100 grams per 30 days		
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.05% Foam GCN 89743		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Clobetasol (geq. for Clobex)	Atopic dermatitis	Traditional	NF	T3	ADDED to the formulary at Tier 3		11/1/2022
			EG-Optimized	NF	T3	ADDED to the formulary at Tier 3		
			PPACA-Optimized	NF	T3	ADDED to the formulary at Tier 3		
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.05% Spray GCN 25909		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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

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

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Clobetasol (geq. for Clobex)	Atopic dermatitis	Traditional	T2, ST, QL	T2, QL	REMOVE Step Therapy		11/1/2022
			EG-Optimized	T2, ST, QL	T2, QL	REMOVE Step Therapy		
			PPACA-Optimized	T2, ST, QL	T2, QL	REMOVE Step Therapy		
	Medicaid		Rx: Medical:	Rx: Medical:				
	Medicare		Part D: Part B:	Part D: Part B:	Part D: Part B:			
Pharmacy	Clobetasol (geq. for Clobex)	Atopic dermatitis	Traditional	T3, ST, QL	T3, QL	REMOVE Step Therapy		11/1/2022
			EG-Optimized	T3, ST, QL	T3, QL	REMOVE Step Therapy		
			PPACA-Optimized	T3, ST, QL	T3, QL	REMOVE Step Therapy		
	Medicaid		Rx: Medical:	Rx: Medical:				
	Medicare		Part D: Part B:	Part D: Part B:	Part D: Part B:			
Medical	Dalvance (dalbavancin)	Bacterial skin infections/ Renal impairment	Traditional					10/1/2022
			EG-Optimized					
			PPACA-Optimized					
	Medicaid		Rx: Medical: Covered, PA, SOS	Rx: Medical: Covered, PA	Rx: Medical: REMOVE Site of Service			
	Medicare		Part D: Part B:	Part D: Part B:	Part D: Part B:			
Pharmacy	Denavir (penciclovir)	Recurrent Herpes Labialis	Traditional	NF	NF	No Change	Acyclovir ointment	1/1/2023
			EG-Optimized	NF	T5, ST, QL	ADDED to the formulary at Tier 5 with Step Therapy Requirement - Must try Acyclovir ointment and a Quantity Limit of 5 grams per 6 months		
			PPACA-Optimized	NF	T5, ST, QL	ADDED to the formulary at Tier 5 with Step Therapy Requirement - Must try Acyclovir ointment and a Quantity Limit of 5 grams per 6 months		
	Medicaid		Rx: Medical:	Rx: Medical:				
	Medicare		Part D: Part B:	Part D: Part B:	Part D: Part B:			
	1% Cream		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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

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

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Diflorasone (geq. for Psorcon)	Atopic dermatitis	Traditional	NF	NF	No Change		1/1/2023
			EG-Optimized	T2, QL	T2, QL	No Change		
			PPACA-Optimized	NF	T2, QL	ADDED to the formulary at Tier 2 with a Quantity Limit of 15 grams per 30 days		
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.05% Ointment		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Dupixent (dupilumab)	Atopic Dermatitis/ Asthma/Chronic Rhinosinusitis with Nasal Polyposis/ Eosinophilic Esophagitis.	Traditional	T4, PA, QL	T5, PA, QL	INCREASE Tier from Tier 4 to Tier 5		Commercial: 1/1/2023 Medicare Part D: 10/1/2022
			EG-Optimized	T4, PA, QL	T5, PA, QL	INCREASE Tier from Tier 4 to Tier 5		
			PPACA-Optimized	T4, PA, QL	T5, PA, QL	INCREASE Tier from Tier 4 to Tier 5		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Pen-injector and Pre-filled Syringe		Medicare	Part D:T5, PA Part B:	Part D: T5, PA Part B:	Part D: UPDATED Prior Authorization Requirements to include new indication for eosinophilic esophagitis Part B:		
Pharmacy	Dyanavel XR (amphetamine)	ADHD	Traditional		NF	NEW FORMULATION, Not added to formulary		Part D - 11/1/2022 All Others - 7/14/2022
			EG-Optimized		NF	NEW FORMULATION, Not added to formulary		
			PPACA-Optimized		NF	NEW FORMULATION, Not added to formulary		
			Medicaid	Rx: Medical:	Rx: Carve-Out Medical:	Rx: NEW FORMULATION, Carve-Out		
	5mg, 10mg, 15mg, and 20mg Tablet		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION, not added to the formulary Part B:		
Medical	Eligard (leuprolide acetate)	Prostate cancer	Traditional	Pref Spec (T7)	Pref Spec (T7), SOS	ADD Site of Service		New Users 1/1/2023 Current Users 4/1/2023
			EG-Optimized	Pref Spec (T7)	Pref Spec (T7), SOS	ADD Site of Service		
			PPACA-Optimized	Pref Spec (T7)	Pref Spec (T7), SOS	ADD Site of Service		
			Medicaid	Rx: Medical:	Rx: Medical:			
	J9217		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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

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

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Famotidine (geq. for Pepcid)	Gastroesophageal reflux disease (GERD)	Traditional	T3	T3	No Change		11/1/2022
			EG-Optimized	NF	T3	ADDED to the formulary at Tier 3		
			PPACA-Optimized	NF	T3	ADDED to the formulary at Tier 3		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Suspension		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Fensolvi (leuprolide acetate)	Central Precocious Puberty (CPP)	Traditional	Pref Spec (T7)	Pref Spec (T7), SOS	ADD Site of Service		New Users 1/1/2023 Current Users 4/1/2023
			EG-Optimized	Pref Spec (T7)	Pref Spec (T7), SOS	ADD Site of Service		
			PPACA-Optimized	Pref Spec (T7)	Pref Spec (T7), SOS	ADD Site of Service		
			Medicaid	Rx: Medical:	Rx: Medical:			
	J1951		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Fluocinolone (geq. for Synalar)	Atopic dermatitis	Traditional	T1, ST, QL	T1, QL	REMOVE Step Therapy		11/1/2022
			EG-Optimized	T1b, ST, QL	T1b, QL	REMOVE Step Therapy		
			PPACA-Optimized	T1b, ST, QL	T1b, QL	REMOVE Step Therapy		
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.01% Solution		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Fluocinolone (geq. for Synalar)	Atopic dermatitis	Traditional	T1, ST	T1	REMOVE Step Therapy		11/1/2022
			EG-Optimized	T1b, ST	T1b	REMOVE Step Therapy		
			PPACA-Optimized	T1b, ST	T1b	REMOVE Step Therapy		
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.01% Cream		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Hydrocortisone enema (geq. for Cortenema)	Inflammatory conditions of the rectum	Traditional	T1	T2	INCREASE Tier from Tier 1 to Tier 2	Hydrocortisone rectal suppository, mesalamine rectal enema	1/1/2023
			EG-Optimized	T1b	T2	INCREASE Tier from Tier 1b to Tier 2		
			PPACA-Optimized	T1b	T2	INCREASE Tier from Tier 1b to Tier 2		
			Medicaid	Rx: Medical:	Rx: Medical:			
	100mg/60ml		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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

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

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical	Hydroxyprogesterone caproate	Cancer	Traditional					6/8/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	Rx: Medical: REMOVE Prior Authorization Requirements		
	J1729		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Leuprolide acetate (geq. for Lupron, non-Depo formulation)	Prostate cancer	Traditional	Pref Spec (T7)	Pref Spec (T7), SOS	ADD Site of Service		New Users 1/1/2023 Current Users 4/1/2023
			EG-Optimized	Pref Spec (T7)	Pref Spec (T7), SOS	ADD Site of Service		
			PPACA-Optimized	Pref Spec (T7)	Pref Spec (T7), SOS	ADD Site of Service		
			Medicaid	Rx: Medical:	Rx: Medical:			
	J9218		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Lupron Depot (leuprolide acetate)	Endometriosis	Traditional	Pref Spec (T7)	Pref Spec (T7), SOS	ADD Site of Service		New Users 1/1/2023 Current Users 4/1/2023
			EG-Optimized	Pref Spec (T7)	Pref Spec (T7), SOS	ADD Site of Service		
			PPACA-Optimized	Pref Spec (T7)	Pref Spec (T7), SOS	ADD Site of Service		
			Medicaid	Rx: Medical:	Rx: Medical:			
	J1950		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Meloxicam (geq. for Mobic)	Osteoarthritis, Rheumatoid Arthritis, Juvenile Rheumatoid Arthritis	Traditional		NF	NEW FORMULATION, Not added to formulary		Part D - 11/1/2022 All Others - 6/29/2022
			EG-Optimized		NF	NEW FORMULATION, Not added to formulary		
			PPACA-Optimized		NF	NEW FORMULATION, Not added to formulary		
			Medicaid	Rx: Medical:	Rx: NF Medical:	Rx: NEW FORMULATION, Not added to formulary		
	Suspension		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION, not added to formulary Part B:		

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

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

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Metronidazole (geq. for MetroLotion)	Rosacea	Traditional	T1	T2	INCREASE Tier from Tier 1 to Tier 2	Metronidazole cream 0.75% and Gel	1/1/2023
			EG-Optimized	T1b	T2	INCREASE Tier from Tier 1b to Tier 2		
			PPACA-Optimized	T1b	T2	INCREASE Tier from Tier 1b to Tier 2		
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.75% Lotion		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Myfembree (relugolix,estradiol and norethindrone)	Endometriosis	Traditional	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization Requirements		11/1/2022
			EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization Requirements		
			PPACA-Optimized	T5, PA, QL	T5, PA, ST, QL	UPDATE Prior Authorization Requirements		
			Medicaid	Rx: Covered, PA, AL Medical:	Rx: Covered, PA, AL Medical:	Rx: UPDATE to Prior Authorization requirements pending MDHHS Review Medical		
	40mg-1mg-0.5mg Tablet		Medicare	Part D: NF Part B:N/A	Part D: NF Part B: N/A	Part D: No Change Part B:		
Medical	Onpattro (patisiran)	Polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults	Traditional					12/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	J0222		Medicare	Part D: Part B: Pref Spec (T7), PA	Part D: Part B: Pref Spec (T7), PA	Part D: Part B: UPDATE Prior Authorization Requirements		
Pharmacy	Orphenadrine/Aspirin/ Caffeine (geq. for Norgesic)	Musculoskeletal pain	Traditional	NF	NF	No Change		1/1/2023
			EG-Optimized	NF	T4, PA, QL	ADDED to the formulary at Tier 4 with Prior Authorization Requirements and a Quantity Limit of 60 tablets per 30 days		
			PPACA-Optimized	NF	T4, PA, QL	ADDED to the formulary at Tier 4 with Prior Authorization Requirements and a Quantity Limit of 60 tablets per 30 days		
			Medicaid	Rx: Medical:	Rx: Medical:			
	385mg/30mg/25mg Tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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

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

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Paroxetine ER (geq. for Paxil)	Depression	Traditional	T2, ST, QL (#30/30)	T2, ST, QL	INCREASE Quantity Limit to 60 tablets per 30 days		11/1/2022
			EG-Optimized	T2, ST, QL (#30/30)	T2, ST, QL	INCREASE Quantity Limit to 60 tablets per 30 days		
			PPACA-Optimized	T2, ST, QL (#30/30)	T2, ST, QL	INCREASE Quantity Limit to 60 tablets per 30 days		
			Medicaid	Rx: Medical:	Rx: Medical:			
	37.5mg extended release tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Praluent (alirocumab)	Hyperlipidemia, Homozygous familial hypercholesterolemia	Traditional	T3, PA, QL	T3, PA, QL	UPDATE Prior Authorization Requirements including trial and failure with Repatha	Repatha	1/1/2023
			EG-Optimized	T3, PA, QL	T3, PA, QL	UPDATE Prior Authorization Requirements including trial and failure with Repatha		
			PPACA-Optimized	T3, PA, QL	T3, PA, QL	UPDATE Prior Authorization Requirements including trial and failure with Repatha		
			Medicaid	Rx: Medical:	Rx: Medical:			
	"Prefilled Syringe/Autoinjector ONLY covered NDC's 72733-5901-02 and 72733-5902-02"		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Prolensa (bromfenac sodium)	Inflammatory Conditions of the Eye	Traditional	T3, ST, QL	NF	REMOVE from formulary	Bromfenac solution, Ketorolac solution, Diclofenac solution, Flurbiprofen solution	1/1/2023
			EG-Optimized	NF	NF	No Change		
			PPACA-Optimized	NF	NF	No Change		
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.07% Ophthalmic Solution		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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

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

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical	Prolia (denosumab)	Osteoporosis	Traditional	Pref Spec (T7), PA	Pref Spec (T7), SOS	ADD Site of Service		New Users 1/1/2023 Current Users 4/1/2023
			EG-Optimized	Pref Spec (T7), PA	Pref Spec (T7), SOS	ADD Site of Service		
			PPACA-Optimized	Pref Spec (T7), PA	Pref Spec (T7), SOS	ADD Site of Service		
			Medicaid	Rx: Medical:	Rx: Medical:			
	J0897		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Radicava (edaravone)	ALS (Lou Gehrig's disease)	Traditional		T5, PA, QL	NEW FORMULATION ADDED to the formulary at Tier 5 with Prior Authorization Requirements and a Quantity Limit of 70ml for the first month, then 50ml per 28 days		11/1/2022
			EG-Optimized		T5, PA, QL	NEW FORMULATION, ADDED to the formulary at Tier 5 with Prior Authorization Requirements and a Quantity Limit of 70ml for the first month, then 50ml per 28 days		
			PPACA-Optimized		T5, PA, QL	NEW FORMULATION ADDED to the formulary at Tier 5 with Prior Authorization Requirements and a Quantity Limit of 70ml for the first month, then 50ml per 28 days		
			Medicaid	Rx: Medical:	Rx: Pending Medical:	Rx: NEW FORMULATION, Pending MDHHS Review Medical:		
	Oral Suspension		Medicare	Part D: Part B:	Part D: T5, PA, QL Part B: N/A	Part D: NEW FORMULATION, ADDED to the formulary at Tier 5 with Prior Authorization Requirements and a Quantity Limit of 70ml per 28 days Part B:		
Pharmacy	Rasagiline (geq. for Azilect)	Parkinson's disease	Traditional	T3, ST, QL	T1, QL	DECREASE Tier from Tier 3 to Tier 1 and REMOVE Step Therapy Requirement		11/1/2022
			EG-Optimized	T3, ST, QL	T1b, QL	DECREASE Tier from Tier 3 to Tier 1b and REMOVE Step Therapy Requirement		
			PPACA-Optimized	T3, ST, QL	T1b, QL	DECREASE Tier from Tier 3 to Tier 1b and REMOVE Step Therapy Requirement		
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.5mg and 1mg Tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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

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

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Repatha (evolocumab)	Hyperlipidemia, Homozygous familial hypercholesterolemia	Traditional	T3, PA, QL	T2, PA, QL	DECREASE Tier from Tier 3 to Tier 2 and UPDATE Prior Authorization Requirements (Positive change - Less restrictive)	Statins	1/1/2023
			EG-Optimized	T3, PA, QL	T2, PA, QL	DECREASE Tier from Tier 3 to Tier 2 and UPDATE Prior Authorization Requirements (Positive change - Less restrictive)		
			PPACA-Optimized	T3, PA, QL	T2, PA, QL	DECREASE Tier from Tier 3 to Tier 2 and UPDATE Prior Authorization Requirements (Positive change - Less restrictive)		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Pre-filled syringe, Autoinjector, and Pushtronix NDC 72511-0760-01 is NOT COVERED		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Rhofade (oxymetazoline hydrochloride)	Rosacea	Traditional	T3, QL, AL	T3, ST, QL, AL	ADD Step Therapy - Must try topical Metronidazole	Topical Metronidazole	1/1/2023
			EG-Optimized	T3, QL, AL	T3, ST, QL, AL	ADD Step Therapy - Must try topical Metronidazole		
			PPACA-Optimized	T3, QL, AL	T3, ST, QL, AL	ADD Step Therapy - Must try topical Metronidazole		
			Medicaid	Rx: Medical:	Rx: Medical:			
	1% Cream		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Ruxience (rituximab-pvvr)	Chemotherapy	Traditional	Pref Spec (T7)	Pref Spec (T7), SOS	ADD Site of Service		New starts 1/1/2023 Current users 4/1/2023
			EG-Optimized	Pref Spec (T7)	Pref Spec (T7), SOS	ADD Site of Service		
			PPACA-Optimized	Pref Spec (T7)	Pref Spec (T7), SOS	ADD Site of Service		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Q5119		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Soliris (eculizumab)	Paroxysmal Nocturnal Hemoglobinuria (PNH) and Myasthenia Gravis	Traditional					12/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	J1300		Medicare	Part D: Part B: PA	Part D: Part B: PA	Part D: Part B: UPDATE Prior Authorization requirements		

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

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

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Soliqua (insulin glargine-lixisenatide)	Diabetes Mellitus	Traditional	T2, QL	T2, QL	No Change		1/1/2023
			EG-Optimized	T3, PA, QL	T3, QL	REMOVE Prior Authorization Requirements		
			PPACA-Optimized	T3, PA, QL	T3, QL	REMOVE Prior Authorization Requirements		
			Medicaid	Rx: Medical:	Rx: Medical:			
	100-33 UNT-MCG/ML		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Taltz (ixekizumab)	Ankylosing spondylitis, Nonradiographic axial spondyloarthritis, Plaque psoriasis, Psoriatic arthritis	Traditional	T5, PA, QL	T5, PA, QL	No change		1/1/2023
			EG-Optimized	NF	T5, PA, QL	ADDED to formulary at Tier 5 with Prior Authorization requirements and Quantity Limit: Prefilled syringe - 1 every 28 days, Autoinjector - 1 every 28 days [2 pack/2ml every 28 days and limited per 2 years - 3 pack/3ml every 28 days and limited to 1 filler per 2 years]		
			PPACA-Optimized	NF	T5, PA, QL	ADDED to formulary at Tier 5 with Prior Authorization requirements and Quantity Limit: Prefilled syringe - 1 every 28 days, Autoinjector - 1 every 28 days [2 pack/2ml every 28 days and limited per 2 years - 3 pack/3ml every 28 days and limited to 1 filler per 2 years]		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Pre-filled syringe and auto-injector		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Tascenso (fingolimod) oral dissolvable tablet	Multiple Sclerosis	Traditional		NF	NEW FORMULATION, not added to formulary		Part D - 11/1/2022 All Others - 7/28/2022
			EG-Optimized		NF	NEW FORMULATION, not added to formulary		
			PPACA-Optimized		NF	NEW FORMULATION, not added to formulary		
			Medicaid	Rx: Medical:	Rx: Pending Medical:	Rx: NEW FORMULATION, Pending MDHHS Review		
	ODT		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION, not added to formulary Part B:		
Medical	Tezspire (tezepelumab-ekko)	Severe Asthma	Traditional					10/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	J2356		Medicare	Part D: Part B: NPS (T8), PA	Part D: Part B: NPS (T8), PA	Part D: Part B: UPDATE Prior Authorization Requirements (Positive change - Less restrictive)		

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

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

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Tlando (testosterone undecanoate)	Testosterone replacement therapy	Traditional		NF	NEW DRUG, not added to the formulary		Medicare D: 8/1/2022
			EG-Optimized		NF	NEW DRUG, not added to the formulary		
			PPACA-Optimized		NF	NEW DRUG, not added to the formulary		
			Medicaid	Rx: Medical:	Rx: NF Medical: N/A	Rx: NEW DRUG, not added to the formulary		
	112.5mg capsule		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW DRUG, not added to the formulary Part B:		
Pharmacy	Trintellix (vortioxetine)	Depression	Traditional	T3, ST, QL, AL	T3, ST, QL, AL	UPDATE Step Therapy Requirement - Must try 3 antidepressants including 1 Serotonin and Norepinephrine Reuptake Inhibitor (SNRI) and Vilazodone (used for 3 months each) - Current ST : Must first try two generic antidepressants, one of which must be either venlafaxine, venlafaxine ER, desvenlafaxine ER or duloxetine, used for 3 months each.		11/1/2022
			EG-Optimized	T3, ST, QL, AL	T3, ST, QL, AL	UPDATE Step Therapy Requirement - Must try 3 antidepressants including 1 Serotonin and Norepinephrine Reuptake Inhibitor (SNRI) and Vilazodone (used for 3 months each) - Current ST : Must first try two generic antidepressants, one of which must be either venlafaxine, venlafaxine ER, desvenlafaxine ER or duloxetine, used for 3 months each.		
			PPACA-Optimized	T3, ST, QL, AL	T3, ST, QL, AL	UPDATE Step Therapy Requirement - Must try 3 antidepressants including 1 Serotonin and Norepinephrine Reuptake Inhibitor (SNRI) and Vilazodone (used for 3 months each) - Current ST : Must first try two generic antidepressants, one of which must be either venlafaxine, venlafaxine ER, desvenlafaxine ER or duloxetine, used for 3 months each.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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

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

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical	Truxima (rituximab-abbs)	Chemotherapy	Traditional	Pref Spec (T7)	Pref Spec (T7), SOS	ADD Site of Service		New starts 1/1/2023 Current users 4/1/2023
			EG-Optimized	Pref Spec (T7)	Pref Spec (T7), SOS	ADD Site of Service		
			PPACA-Optimized	Pref Spec (T7)	Pref Spec (T7), SOS	ADD Site of Service		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Q5115		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Tyvaso (treprostinil) Dry-Powder Inhaler	Pulmonary Arterial Hypertension and Pulmonary hypertension associated with interstitial lung disease	Traditional		T5, PA, ST	NEW FORMULATION, ADDED to formulary at Tier 5 with Prior Authorization Requirements	Tyvaso nebulizer	Part D - 11/1/2022 All Others - 6/8/2022
			EG-Optimized		T5, PA, ST	NEW FORMULATION, ADDED to formulary at Tier 5 with Prior Authorization Requirements		
			PPACA-Optimized		T5, PA, ST	NEW FORMULATION, ADDED to formulary at Tier 5 with Prior Authorization Requirements		
			Medicaid	Rx: Medical:	Rx: Covered, PA Medical:	Rx: NEW FORMULATION, ADDED to formulary with Prior Authorization Requirements		
	DPI ONLY		Medicare	Part D: Part B:	Part D: T5, PA Part B: N/A	Part D: NEW FORMULATION, ADDED to formulary at Tier 5 with Prior Authorization Requirements Part B:		
Medical	Ultomiris (ravulizumab)	Paroxysmal Nocturnal Hemoglobinuria (PNH)	Traditional					12/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	J1303		Medicare	Part D: Part B: Pref Spec (T7), PA	Part D: Part B: Pref Spec (T7), PA	Part D: Part B: UPDATE Prior Authorization requirements		

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

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

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Venlafaxine besylate ER (same base as Effexor XR)	Major Depressive Disorder, General Anxiety Disorder	Traditional		NF	NEW FORMULATION, not added to formulary		Part D - 11/1/2022 All Others - 7/21/2022
			EG-Optimized		NF	NEW FORMULATION, not added to formulary		
			PPACA-Optimized		NF	NEW FORMULATION, not added to formulary		
			Medicaid	Rx: Medical:	Rx: Carve-Out Medical:	Rx: NEW FORMULATION, Carve-Out		
	112.5mg Extended Release Tablet ONLY		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION, not added to formulary, currently excluded. If added to FRF will be non-formulary Part B:		
Pharmacy	Vilazodone (geq. for Viibryd)	Depression	Traditional	T2, ST, QL	T1, QL	DECREASE Tier from Tier 2 to Tier 1 and REMOVE Step Therapy		11/1/2022
			EG-Optimized	T2, ST, QL	T1b, QL	DECREASE Tier from Tier 2 to Tier 1b and REMOVE Step Therapy		
			PPACA-Optimized	T2, ST, QL	T1b, QL	DECREASE Tier from Tier 2 to Tier 1b and REMOVE Step Therapy		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Vivjoa (oteseconazole)	Recurrent vulvovaginal candidiasis (RVVC)	Traditional		NF	NEW DRUG, not added to the formulary		11/1/2022
			EG-Optimized		NF	NEW DRUG, not added to the formulary		
			PPACA-Optimized		NF	NEW DRUG, not added to the formulary		
			Medicaid	Rx: Medical:	Rx: Pending Medical:	NEW DRUG, Pending MDHHS Review		
	150 mg capsule		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW DRUG, not added to the formulary Part B:		
Pharmacy	Voquezna (Dual Pak: vonoprazan- amoxicillin) (Triple Pak: vonoprazan- amoxicillin-clarithromycin)	H. pylori infection	Traditional		NF	NEW DRUG, not added to the formulary		11/1/2022
			EG-Optimized		NF	NEW DRUG, not added to the formualry		
			PPACA-Optimized		NF	NEW DRUG, not added to the formulary		
			Medicaid	Rx: Medical:	Rx: Pending Medical:	Rx: NEW DRUG, Pending MDHHS Review		
	Dual Pak and Triple Pak		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW DRUG, not added to the formulary Part B:		

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

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

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Vtama (tapinarof)	Plaque Psoriasis	Traditional		NF	NEW DRUG, not added to the formulary		11/1/2022
			EG-Optimized		NF	NEW DRUG, not added to the formulary		
			PPACA-Optimized		NF	NEW DRUG, not added to the formulary		
			Medicaid	Rx: Medical:	Rx: Pending Medical:	Rx: NEW DRUG, Pending MDHHS Review		
	1% Cream		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW DRUG, not added to the formulary Part B:		
Pharmacy	Xepi (ozenoxacin)	Impetigo	Traditional	NF	NF	No Change	Mupirocin ointment	1/1/2023
			EG-Optimized	NF	T3, ST, QL	ADDED to the formulary at Tier 3 with Step Therapy Requirement - Must try Mupirocin ointment and a Quantity Limit of 30 grams per 30 days		
			PPACA-Optimized	NF	T3, ST, QL	ADDED to the formulary at Tier 3 with Step Therapy Requirement - Must try Mupirocin ointment and a Quantity Limit of 30 grams per 30 days		
			Medicaid	Rx: Medical:	Rx: Medical:			
	1% Cream		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Xgeva (denosumab)	Bone metastases	Traditional	Pref Spec (T7), PA	Pref Spec (T7), PA, SOS	ADD Site of Service		New starts 1/1/2023 Current users 4/1/2023
			EG-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA, SOS	ADD Site of Service		
			PPACA-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA, SOS	ADD Site of Service		
			Medicaid	Rx: Medical:	Rx: Medical:			
	J0897		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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

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

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Xofluza (baloxavir marboxil)	Influenza	Traditional	T2, QL, AL	T2, QL, AL	UPDATE Age limit to 5 years of age and older		11/1/2022
			EG-Optimized	T2, QL, AL	T2, QL, AL	UPDATE Age Limit to 5 years of age and older		
			PPACA-Optimized	T2, QL, AL	T2, QL, AL	UPDATE Age Limit to 5 years of age and older		
			Medicaid	Rx: Medical:	Rx: Medical:			
	40 mg and 80mg dose		Medicare	Part D: T4, QL Part B: N/A	Part D: T4, QL Part B: N/A	Part D: No change Part B:		
Pharmacy	Ztalmy (ganaxolone)	Seizures	Traditional		T4, PA, QL	NEW DRUG, ADDED to the formulary at Tier 4 with Prior Authorization Requirements and a Quantity Limit of 1100ml per 30 days		11/1/2022
			EG-Optimized		T4, PA, QL	NEW DRUG, ADDED to the formulary at Tier 4 with Prior Authorization Requirements and a Quantity Limit of 1100ml per 30 days		
			PPACA-Optimized		T4, PA, QL	NEW DRUG, ADDED to the formulary at Tier 4 with Prior Authorization Requirements and a Quantity Limit of 1100ml per 30 days		
			Medicaid	Rx: Medical:	Rx: NF Medical:	Rx: NEW DRUG, Carve-Out		
	50 mg/mL Oral Suspension		Medicare	Part D: Part B:	Part D: excluded T5, PA, QL Part B: N/A	Part D: NEW DRUG, currently excluded. If eligibility changes, will be ADDED to the formulary at Tier 5 with Prior Authorization and Quantity Limit requirement of 1100ml per 30 days Part B:		