

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 2023



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	ACAM2000 (Vaccinia Vaccine)	Mpox	Traditional		Vaccine Preventive	NEW FORMULATION: ADD to preventive vaccine coverage.		3/10/2023
			EG-Optimized		Vaccine Preventive	NEW FORMULATION: ADD to preventive vaccine coverage.		
			PPACA-Optimized		Vaccine Preventive	NEW FORMULATION: ADD to preventive vaccine coverage.		
			Medicaid	Rx: Medical:	Rx: NF Medical: Covered	Rx: NEW FORMULARTION not added to formulary. Medical: NEW FORMULATION: ADD to coverage under the medical benefit.		
	CPT - 90622 Lyophilized powder in 3mL Multi-dose vial		Medicare	Part D: Excluded Part B:	Part D: Excluded Part B: Covered, PA (BvD)	Part D: NEW FORMULATION: Excluded. Part B: NEW FORMULATION: ADD to formulary at Tier 3 with Prior Authorization requirements (Part B vs Part D criteria)		
Pharmacy	Acetazolamide ER (Geq for Diamox Sequels)	Glaucoma	Traditional					1/1/2024
			EG-Optimized	T1a	T1b	INCREASE Tier from Tier 1a to Tier 1b.		
			PPACA-Optimized	T1a	T1b	INCREASE Tier from Tier 1a to Tier 1b.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	500mg Extended-Release Capsule		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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Pharmacy	Aimovig (Erenumab-aooe)	Migraine	Traditional					5/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	70mg/ml and 140mg/ml Auto-injector		Medicare	Part D: T4, PA, QL Part B:	Part D: T4, PA, QL Part B:	Part D: REMOVE Prior Authorization combination therapy restriction with botulinum toxin agents. Part B:		
Pharmacy	Ajovy (Fremanezumab-vfrm)	Migraine	Traditional					5/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	225MG/1.5mg Auto-injector and Prefilled Syringe		Medicare	Part D: T4, PA, QL Part B:	Part D: T4, PA, QL Part B:	Part D: REMOVE Prior Authorization combination therapy restriction with botulinum toxin agents. Part B:		

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Pharmacy/Medical	Altuviiio (Fc-VWF-XTEN fusion protein ehtl)	Hemophilia A	Traditional		T5, PA, ST, QL	NEW DRUG: ADD to formulary at Tier 5 with Prior Authorization requirements, Step therapy, and Quantity Limit of 20,000 units per 28 days.		COMM 7/1/2023 6/1/2023
			EG-Optimized		T5, PA, ST, QL	NEW DRUG: ADD to formulary at Tier 5 with Prior Authorization requirements, Step therapy, and Quantity Limit of 20,000 units per 28 days.		
			PPACA-Optimized		T5, PA, ST, QL	NEW DRUG: ADD to formulary at Tier 5 with Prior Authorization requirements, Step therapy, and Quantity Limit of 20,000 units per 28 days.		
			Medicaid	Rx: Medical:	Rx: Carve-out Medical: Not Covered	Rx: NEW DRUG: Carve-out. Medical: NEW DRUG: not added to coverage under Medical Benefit.		
	J7199 250, 500, 1000, 2000, 3000, and 4000 Single-dose vials		Medicare	Part D: Part B:	Part D: NF Part B: Pref Spec (T7)	Part D: NEW DRUG: not added to formulary. Part B: NEW DRUG: ADD to coverage under Part B as Preferred Specialty (T7).		
Pharmacy	Amitiza (Lubiprostone)	Constipation	Traditional	T3, ST, QL	T3, QL	REMOVE Step Therapy Requirements.		7/1/2023
			EG-Optimized	T3, ST, QL	T3, QL	REMOVE Step Therapy Requirements.		
			PPACA-Optimized	T3, ST, QL	T3, QL	REMOVE Step Therapy Requirements.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	8mcg and 24mcg Capsules		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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Pharmacy	Atorvaliq (Atorvastatin)	Cholesterol	Traditional		NF	NEW FORMULATION: not added to formulary.		3/24/2023 Part D 3/7/2023
			EG-Optimized		NF	NEW FORMULATION: not added to formulary.		
			PPACA-Optimized		NF	NEW FORMULATION: not added to formulary.		
			Medicaid	Rx: Medical:	Rx: NF Medical: N/A	Rx: NEW FORMULATION: not added to formulary. Medical: N/A		
	20mg/5ml Suspension		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION: not added to formulary. Part B: N/A		
Pharmacy	Austedo XR (Deutetrabenazine)	Huntington's Disease and Tardive Dyskinesia	Traditional		T5, PA, QL	NEW DRUG: ADD to formulary at Tier 5 with Prior Authorization Requirements, and Quantity Limit of 60 tablets/30 days.		5/5/2023 Part D 4/18/2023
			EG-Optimized		T5, PA, QL	NEW DRUG: ADD to formulary at Tier 5 with Prior Authorization Requirements, and Quantity Limit of 60 tablets/30 days.		
			PPACA-Optimized		T5, PA, QL	NEW DRUG: ADD to formulary at Tier 5 with Prior Authorization Requirements, and Quantity Limit of 60 tablets/30 days.		
			Medicaid	Rx: Medical:	Rx: NF Medical: N/A	Rx: NEW DRUG: not added to formulary. Medical: N/A		
	XR 6mg, XR 12mg, and XR 24mg Tablets		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW DRUG: not added to formulary. Part B: N/A		

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Pharmacy	Azelastine (Geq for Astelin)	Allergic Rhinitis	Traditional	Tl	NF	REMOVE from formulary.		1/1/2024
			EG-Optimized	Tlb	NF	REMOVE from formulary.		
			PPACA-Optimized	Tlb	NF	REMOVE from formulary.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.1% Nasal Spray		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Azelastine (Geq for Astepro)	Allergic Rhinitis	Traditional	Tl	NF	REMOVE from formulary.		1/1/2024
			EG-Optimized	Tlb	NF	REMOVE from formulary.		
			PPACA-Optimized	Tlb	NF	REMOVE from formulary.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.15% Nasal Spray		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Bethanechol Chloride (Geq for Urecholine)	Overactive Bladder	Traditional					1/1/2024
			EG-Optimized	Tla	Tlb	INCREASE Tier from Tier 1a to Tier 1b.		
			PPACA-Optimized	Tla	Tlb	INCREASE Tier from Tier 1a to Tier 1b.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	5mg, 10mg, 25mg, 50mg Tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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Medical	Botox (OnabotulinumtoxinA)	Chronic Migraine	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered, PA	Medical: REMOVE Prior Authorization combination therapy restriction with CGRP preventative drug Vyepti.		
	J0585 100u and 200u Single Dose Vial		Medicare	Part D: Part B:	Part D: Part B:			
Medical	Briumvi (ublituximab-xiiy)	Relapsing MS	Traditional	NF	Pref Spec (T7), PA, SOS	ADD to coverage under the Medical benefit as Preferred Specialty (T7) with Prior Authorization and Site of Service Requirements.		4/1/2023
			EG-Optimized	NF	Pref Spec (T7), PA, SOS	ADD to coverage under the Medical benefit as Preferred Specialty (T7) with Prior Authorization and Site of Service Requirements.		
			PPACA-Optimized	NF	Pref Spec (T7), PA, SOS	ADD to coverage under the Medical benefit as Preferred Specialty (T7) with Prior Authorization and Site of Service Requirements.		
			Medicaid	Rx: N/A Medical: Not Covered	Rx: N/A Medical: Covered, PA, SOS	Rx: N/A Medical: ADD to coverage under the Medical benefit with Prior Authorization and Site of Service Requirements.		
	J3490, J3590, C9399 150mg/6ml vial		Medicare	Part D: N/A Part B: NPS (T8), PA, ST	Part D: N/A Part B: Pref Spec (T7)	Part D: N/A Part B: DECREASE Tier from Non-Preferred Specialty (T8) to Preferred Specialty (T7) and REMOVE Prior Authorization and Step Therapy Requirements.		

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Pharmacy	Captopril (Geq for Captoten)	Hypertension	Traditional					1/1/2024
			EG-Optimized	T1a	T1b	INCREASE Tier from Tier 1a to Tier 1b.		
			PPACA-Optimized	T1a	T1b	INCREASE Tier from Tier 1a to Tier 1b.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	12.5mg, 25mg, 50mg, and 100mg Tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	CaroSpir (Spironolactone)	Heart Failure and Hypertension	Traditional	NF	T3, QL, AL	ADD to formulary at Tier 3 with Quantity Limit of 120ml/30 days, and Age Limit maximum of 9 years.		7/1/2023
			EG-Optimized	NF	T3, QL, AL	ADD to formulary at Tier 3 with Quantity Limit of 120ml/30 days, and Age Limit maximum of 9 years.		
			PPACA-Optimized	NF	T3, QL, AL	ADD to formulary at Tier 3 with Quantity Limit of 120ml/30 days, and Age Limit maximum of 9 years.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	5mg/1ml Oral Suspension		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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Medical	Cefazolin (Same ingredient as Ancef)	Antimicrobial	Traditional		Non-spec (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		3/13/2023
			EG-Optimized		Non-spec (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		
			PPACA-Optimized		Non-spec (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		
			Medicaid	Rx: Medical:	Rx: NF Medical: Covered	Rx: NEW FORMULATION: not added to formulary. Medical: NEW FORMULATION: ADD to coverage under the Medical benefit.		
	J0690 2gm and 3gm Single Dose Vial		Medicare	Part D: Part B:	Part D: NF Part B: Non-spec (T6)	Part D: NEW FORMULATION: not added to formulary. Part B: NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		
Pharmacy	CitraNatal Medley (Calcium, DHA, Folic Acid, Iron, Vitamins B6, D, and E)	Prenatal Nutritional Supplementation	Traditional		T3	NEW DRUG: ADD to formulary at Tier 3.		4/5/2023
			EG-Optimized		T3	NEW DRUG: ADD to formulary at Tier 3.		
			PPACA-Optimized		T3	NEW DRUG: ADD to formulary at Tier 3.		
			Medicaid	Rx: Medical:	Rx: NF Medical: N/A	Rx: NEW DRUG: not added to formulary. Medical: N/A		
	Prenatal Multivitamins and Minerals liquid filled Capsules		Medicare	Part D: Part B:	Part D: Excluded Part B: N/A	Part D: NEW DRUG: Excluded. Part B: N/A		

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Pharmacy	Clenpiq (Sodium picosulfate/Magnesium oxide/Anhydrous citric acid)	Diagnostic agent	Traditional		T3	NEW FORMULATION: ADD to formulary at Tier 3.		3/1/2023
			EG-Optimized		T3	NEW FORMULATION: ADD to formulary at Tier 3.		
			PPACA-Optimized		T3	NEW FORMULATION: ADD to formulary at Tier 3.		
			Medicaid	Rx: Medical:	Rx: NF Medical: N/A	Rx: NEW FORMULATION: not added to formulary. Medical: N/A		
	175ml Solution Prep Kit		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION: not added to formulary. Part B: N/A		
Pharmacy	Cuvrior (Trientine)	Wilson's disease (hepatolenticular degeneration)	Traditional		NF	NEW DRUG: not added to formulary.		4/10/2023
			EG-Optimized		NF	NEW DRUG: not added to formulary.		
			PPACA-Optimized		NF	NEW DRUG: not added to formulary.		
			Medicaid	Rx: Medical:	Rx: NF Medical: N/A	Rx: NEW DRUG: not added to formulary.		
	300mg Tablet		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW DRUG: not added to formulary. Part B: N/A		

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Dexcom G6 (CGM)	Diabetic Supply	Traditional	T2, QL	T2, ST, QL	UPDATE utilization management criteria from Smart PA to Step Therapy: Must have insulin use in the past 6 months.		7/1/2023
			EG-Optimized	T2, QL	T2, ST, QL	UPDATE utilization management criteria from Smart PA to Step Therapy: Must have insulin use in the past 6 months.		
			PPACA-Optimized	T2, QL	T2, ST, QL	UPDATE utilization management criteria from Smart PA to Step Therapy: Must have insulin use in the past 6 months.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	G6 Reader device, G6 sensor, and Transmitter device		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Dexcom G7 (CGM)	Diabetic Supply	Traditional	T2, SmartPA, QL	T2, ST, QL	UPDATE utilization management criteria from Smart PA to Step Therapy: Must have insulin use in the past 6 months.		5/1/2023
			EG-Optimized	T2, SmartPA, QL	T2, ST, QL	UPDATE utilization management criteria from Smart PA to Step Therapy: Must have insulin use in the past 6 months.		
			PPACA-Optimized	T2, SmartPA, QL	T2, ST, QL	UPDATE utilization management criteria from Smart PA to Step Therapy: Must have insulin use in the past 6 months.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	G7 Receiver and G7 Sensor		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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Pharmacy	Diclofenac Potassium (Geq for Lofena)	Pain and inflammation	Traditional		NF	NEW GENERIC: not added for formulary.		3/1/2023
			EG-Optimized		NF	NEW GENERIC: not added for formulary.		
			PPACA-Optimized		NF	NEW GENERIC: not added for formulary.		
			Medicaid	Rx: Medical:	Rx: Covered, PA	Rx: NEW GENERIC: ADD to formulary as PDL Non-Preferred with Prior Authorization Requirements.		
	25mg Tablet		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW GENERIC: not added to formulary. Part B: N/A		
Pharmacy	Digitek (Digoxin)	Chronic Atrial Fibrillation	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	250 mcg Tablet		Medicare	Part D: T4 Part B:	Part D: NF Part B: N/A	Part D: REMOVE from formulary. Part B: N/A		
Medical	Dysport (AbobotulinumtoxinA)	Chronic Migraine	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered, PA	Medical: REMOVE Prior Authorization combination therapy restriction with CGRP preventative drug Vyepti.		
	J0586 300 unit and 500 unit Single Dose Vial		Medicare	Part D: Part B:	Part D: Part B:			

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Medical	Emerphed (Ephedrine Sulfate)	Hypotension (Low Blood pressure)	Traditional		Non-spec (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		3/6/2023
			EG-Optimized		Non-spec (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		
			PPACA-Optimized		Non-spec (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		
			Medicaid	Rx: Medical:	Rx: NF Medical: Covered	Rx: NEW FORMULATION: not added to formulary. Medical: NEW FORMULATION: ADD to coverage under the Medical benefit.		
	C9399 and J3490 25mg/5ml and 50mg/10ml Syringe Injection		Medicare	Part D: Part B:	Part D: Excluded Part B: Non-spec (T6)	Part D: NEW DRUG: Excluded from formulary. Part B: NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		
Pharmacy	Emgality (Galcanezumab-gnlm)	Migraine	Traditional					5/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	120mg/ml Auto-injector and Prefilled Syringe and 300mg dose Prefilled Syringe		Medicare	Part D: T4, PA, QL Part B: N/A	Part D: T4, PA, QL Part B: N/A	Part D: REMOVE Prior Authorization combination therapy restriction of preferred agents with botulinum toxin agents. Part B: N/A		

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Pharmacy	Erleada (Apalutamide)	Chemotherapy	Traditional		T4, PA, ST, QL	NEW FORMULATION: ADD to formulary at Tier 4 with Prior Authorization criteria (Oncology), Step Therapy of Abiraterone and Quantity Limit of 14 tablets/14 days.		2/27/2023
			EG-Optimized		T4, PA, ST, QL	NEW FORMULATION: ADD to formulary at Tier 4 with Prior Authorization criteria (Oncology), Step Therapy of Abiraterone and Quantity Limit of 14 tablets/14 days.		
			PPACA-Optimized		T4, PA, ST, QL	NEW FORMULATION: ADD to formulary at Tier 4 with Prior Authorization criteria (Oncology), Step Therapy of Abiraterone and Quantity Limit of 14 tablets/14 days.		
			Medicaid	Rx: Medical:	Rx: Covered Medical: N/A	Rx: NEW FORMULATION: ADD to formulary. Medical: N/A		
	240mg Tablet ONLY		Medicare	Part D: Part B:	Part D: T5, PA, QL Part B: N/A	Part D: NEW FORMULATION: ADD to formulary at Tier 5 with Prior Authorization Requirements and Quantity limit of 30 Tablets/30 days. Part B: N/A		
Pharmacy	Esbriet (Pirfenidone)	Idiopathic Pulmonary Fibrosis	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	267mg Capsules ONLY		Medicare	Part D: T5 Part B:	Part D: NF Part B:	Part D: REMOVE from formulary. (Generic added) Part B:		

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Medical	Evkeeza (Evinacumab-dgnb)	homozygous familial hypercholesterolemia	Traditional					6/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	J1305 345mg/2.3ml and 1200mg/8ml Single Dose Vials		Medicare	Part D: Part B: Pref Spec (T7), PA	Part D: Part B: Pref Spec (T7), PA	Part B: UPDATE Prior Authorization requirement to show Step therapy with Repatha for approved age groups.		
Pharmacy	Femynor (Norgestimate/Ethinyl Estradiol)	Contraception	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.25mg-0.035mg Tablet		Medicare	Part D: T2 Part B:	Part D: NF Part B:	Part D: REMOVE from formulary. Part B:		
Medical	Fibryga (Fibrinogen Concentrate, Human)	Acute Hemorrhage	Traditional					6/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: N/A Medical: Not Separately payable	Rx: N/A Medical: Covered	Rx: N/A Medical: ADD to coverage under the Medical benefit.		
	J7177 1g Powder for injection		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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Pharmacy	Filspari (Sparsentan)	Reduction of protein in the urine in kidney disease	Traditional		T5, PA, QL, AL	NEW DRUG: ADD to formulary at Tier 5 with Prior Authorization requirements, Quantity Limit of 30 tablets/30 days, and a minimum age limit of 18 years old.		7/1/2023
			EG-Optimized		T5, PA, QL, AL	NEW DRUG: ADD to formulary at Tier 5 with Prior Authorization requirements, Quantity Limit of 30 tablets/30 days, and a minimum age limit of 18 years old.		
			PPACA-Optimized		T5, PA, QL, AL	NEW DRUG: ADD to formulary at Tier 5 with Prior Authorization requirements, Quantity Limit of 30 tablets/30 days, and a minimum age limit of 18 years old.		
			Medicaid	Rx: Medical:	Rx: Pending Medical: N/A	Rx: NEW DRUG: Pending MDHHS review Medical: NEW DRUG: N/A		
	200mg and 400mg Tablets		Medicare	Part D: Part B:	Part D: T5, PA, QL Part B: N/A	Part D: NEW DRUG: ADD to formulary at Tier 5 with Prior Authorization Requirements and Quantity Limit of 30 tablets/30 days. Part B: N/A		

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Pharmacy	Freestyle Libre (CGM)	Diabetic Supply	Traditional	T2, QL	T2, ST, QL	UPDATE utilization management criteria from Smart PA to Step Therapy: Must have insulin use in the past 6 months.		7/1/2023
			EG-Optimized	T2, QL	T2, ST, QL	UPDATE utilization management criteria from Smart PA to Step Therapy: Must have insulin use in the past 6 months.		
			PPACA-Optimized	T2, QL	T2, ST, QL	UPDATE utilization management criteria from Smart PA to Step Therapy: Must have insulin use in the past 6 months.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Freestyle Libre 14 day Reader device and sensor Freestyle Libre 2 Reader device and sensor Freestyle Libre 3 sensor		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Gemtesa (Vibegron)	Overactive Bladder	Traditional	NF	T2, ST	ADD to formulary at Tier 2 with Step Therapy Requirements. Must try ONE of the following: oxybutynin/ER, tolterodine/ER, or trospium/ER.		7/1/2023
			EG-Optimized	NF	T2, ST	ADD to formulary at Tier 2 with Step Therapy Requirements. Must try ONE of the following: oxybutynin/ER, tolterodine/ER, or trospium/ER.		
			PPACA-Optimized	NF	T2, ST	ADD to formulary at Tier 2 with Step Therapy Requirements. Must try ONE of the following: oxybutynin/ER, tolterodine/ER, or trospium/ER.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	75mg Tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

PA - Prior Authorization
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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Gilenya (Fingolimod)	Multiple Sclerosis	Traditional		T5, SmartPA, QL, AL	NEW FORMULATION: ADD to formulary at Tier 5 with SMART Prior Authorization (ICD-10 G35), Quantity Limit of 30 tablets/30 days and Age Limit of 10-17 years-old		3/3/2023
			EG-Optimized		T5, SmartPA, QL, AL	NEW FORMULATION: ADD to formulary at Tier 5 with SMART Prior Authorization (ICD-10 G35), Quantity Limit of 30 tablets/30 days and Age Limit of 10-17 years-old		
			PPACA-Optimized		T5, SmartPA, QL, AL	NEW FORMULATION: ADD to formulary at Tier 5 with SMART Prior Authorization (ICD-10 G35), Quantity Limit of 30 tablets/30 days and Age Limit of 10-17 years-old		
			Medicaid	Rx: Medical:	Rx: Covered Medical: N/A	Rx: NEW FORMULATION: ADD to formulary as PDL Preferred. Medical: N/A		
	0.25mg Capsule ONLY		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION: not added to formulary. Part B: N/A		
Pharmacy	Griseofulvin microsize (Grifulvin V)	Fungal Infections	Traditional	T1	T2	INCREASE Tier from Tier 1 to Tier 2.		1/1/2024
			EG-Optimized	T1b	T2	INCREASE Tier from Tier T1b to Tier 2.		
			PPACA-Optimized	T1b	T2	INCREASE Tier from Tier T1b to Tier 2.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	500mg Oral 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	Haegarda (C1 Inhibitor, Human)	Hereditary angioedema (HAE)	Traditional	T5, PA	T5, PA	UPDATE Prior Authorization requirement to include criteria of trial/failure, or intolerance/contraindication to a preferred product (Takhyzro and Orladeyo).		7/1/2023
			EG-Optimized	T5, PA	T5, PA	UPDATE Prior Authorization requirement to include criteria of trial/failure, or intolerance/contraindication to a preferred product (Takhyzro and Orladeyo).		
			PPACA-Optimized	T5, PA	T5, PA	UPDATE Prior Authorization requirement to include criteria of trial/failure, or intolerance/contraindication to a preferred product (Takhyzro and Orladeyo).		
			Medicaid	Rx: Medical:	Rx: Medical:			
	2000 units, 3000 units Powder for Solution		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Haloperidol (Geq for Haldol)	Antipsychotic	Traditional					1/1/2024
			EG-Optimized	T1a	T1b	INCREASE Tier from Tier 1a to Tier 1b.		
			PPACA-Optimized	T1a	T1b	INCREASE Tier from Tier 1a to Tier 1b.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.5mg, 1mg, 2mg, 5mg, 10mg, 20mg Tablets		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	Hemgenix (etranacogene dezaparvovec)	Hemophilia B	Traditional		Gene Therapy, PA, QL	NEW DRUG: ADD to coverage under the Medical benefit as Gene Therapy with Prior Authorization Requirements and Quantity Limit of ONE per lifetime.		4/1/2023
			EG-Optimized		Gene Therapy, PA, QL	NEW DRUG: ADD to coverage under the Medical benefit as Gene Therapy with Prior Authorization Requirements and Quantity Limit of ONE per lifetime.		
			PPACA-Optimized		Gene Therapy, PA, QL	NEW DRUG: ADD to coverage under the Medical benefit as Gene Therapy with Prior Authorization Requirements and Quantity Limit of ONE per lifetime.		
			Medicaid	Rx: Medical:	Rx: Not Covered Medical: Not Covered	Rx: NEW DRUG: not added to formulary. Medical: NEW DRUG: Not Covered.		
	J1411 Kit containing 10–48 single-use vials (weight based)		Medicare	Part D: Part B:	Part D: Excluded Part B: Gene Therapy, PA	Part D: NEW DRUG: Excluded from formulary. Part B: NEW DRUG: ADD to coverage under Part B as Gene Therapy with Prior Authorization Requirements.		
Pharmacy/Medical	Heplisav-B (Hepatitis B Vaccine, Recombinant)	Hepatitis B	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	CPT - 90739 20 mcg/0.5ml Solution for injection		Medicare	Part D: NF Part B:	Part D: T3, BvsD Part B:	Part D: ADD to formulary at Tier 3 with Prior Authorization requirements (Part B vs Part D criteria) Part B:		

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Humira (adalimumab)	Indicated to treat Rheumatoid arthritis, Psoriatic arthritis, Ankylosing spondylitis, Crohn's disease, and Plaque psoriasis	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml Pen injectors and Syringes		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATE Prior Authorization Other Criteria replacing Humira with Adalimumab. Part B: No Change.		
Pharmacy	Hyftor (Sirolimus)	Kidney Transplant rejection Prophylaxis	Traditional					3/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.2% Topical Gel		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATE Prior Authorization requirements by adding prescriber criteria: Must be prescribed by, or in consultation with, a dermatologist, neurologist or geneticist. Part B:		

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Inqovi (decitabine/ cedazuridine)	Chemotherapy	Traditional	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria to Oncology criteria with Step Therapy through decitabine.		7/1/2023
			EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria to Oncology criteria with Step Therapy through decitabine.		
			PPACA-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria to Oncology criteria with Step Therapy through decitabine.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	35-100mg Tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Isosorbide Dinitrate (Geq for Sorbitrate)	Coronary Artery Disease	Traditional					1/1/2024
			EG-Optimized	T1a	T1b	INCREASE Tier from Tier 1a to Tier 1b.		
			PPACA-Optimized	T1a	T1b	INCREASE Tier from Tier 1a to Tier 1b.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	5mg, 10mg, 20mg, and 30mg Tablets ONLY		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/Medical	Jynneos Vaccine (Vaccinia Ankara Vaccine)	Mpox	Traditional		Vaccine Preventive	NEW FORMULATION: ADD to preventive vaccine coverage.		Part B 5/1/2023 Part D 1/1/2023
			EG-Optimized		Vaccine Preventive	NEW FORMULATION: ADD to preventive vaccine coverage.		
			PPACA-Optimized		Vaccine Preventive	NEW FORMULATION: ADD to preventive vaccine coverage.		
			Medicaid	Rx: Medical:	Rx: NF Medical: Covered	Rx: NEW FORMULATION: not added to formulary. Medical: NEW FORMULATION: ADD to coverage under medical benefit.		
	CPT - 90611 0.5ml Suspension Injection		Medicare	Part D: Part B:	Part D: T3, PA, BvD Part B: BvD	Part D: NEW FORMULATION: ADD to formulary at Tier 3 with Prior Authorization requirements (Part B vs Part D criteria) Part B: Part B vs Part D requirements		
Pharmacy	Kevzara (Sarilumab)	Polymyalgia Rheumatica	Traditional	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization requirement: Trial of one systemic corticosteroid AND evidence of large vessel vasculitis by angiography or imaging (e.g. MRI, PET/CT).		7/1/2023
			EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization requirement: Trial of one systemic corticosteroid AND evidence of large vessel vasculitis by angiography or imaging (e.g. MRI, PET/CT).		
			PPACA-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization requirement: Trial of one systemic corticosteroid AND evidence of large vessel vasculitis by angiography or imaging (e.g. MRI, PET/CT).		
			Medicaid	Rx: Covered Medical:	Rx: Covered Medical:	UPDATE Prior Authorization Criteria for newly approved indication of polymyalgia rheumatica.		
	1.4ml Prefilled Syringe		Medicare	Part D: NF Part B:	Part D: NF 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	Konvomep (Omeprazole/Sodium Bicarbonate)	Gastroesophageal reflux disease (GERD)	Traditional		T3	NEW DRUG: ADD to formulary at Tier 3.		3/1/2023
			EG-Optimized		NF	NEW DRUG: not added to formulary.		
			PPACA-Optimized		NF	NEW DRUG: not added to formulary.		
			Medicaid	Rx: Medical:	Rx: NF Medical: N/A	Rx: NEW DRUG: not added to formulary.		
	2-84mg/ml Oral Suspension		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW DRUG: not added to formulary. Part B: N/A		
Medical	Labetalol (Same ingredient as Trandate)	Hypertension	Traditional		Non-spec (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		3/9/2023
			EG-Optimized		Non-spec (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		
			PPACA-Optimized		Non-spec (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		
			Medicaid	Rx: Medical:	Rx: NF Medical: Covered	Rx: NEW FORMULATION: not added to formulary. Medical: NEW FORMULATION: ADD to coverage under the Medical benefits.		
	J3490 10mg/2ml Syringe		Medicare	Part D: Part B:	Part D: NF Part B: Non-spec (T6)	Part D: NEW FORMULATION: not added to formulary. Part B: ADD to coverage under Part B as Non-Specialty (Tier 6).		

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical	Lamzede IV (velmanase alfa-tycv)	Enzyme Replacement for Alpha-mannosidosis	Traditional		Pref Spec (T7), PA, SOS	NEW DRUG: ADD to coverage under the Medical Benefit as a Preferred Specialty (T7) with Prior Authorization and Site of Service Requirements.		6/1/2023
			EG-Optimized		Pref Spec (T7), PA, SOS	NEW DRUG: ADD to coverage under the Medical Benefit as a Preferred Specialty (T7) with Prior Authorization and Site of Service Requirements.		
			PPACA-Optimized		Pref Spec (T7), PA, SOS	NEW DRUG: ADD to coverage under the Medical Benefit as a Preferred Specialty (T7) with Prior Authorization and Site of Service Requirements.		
			Medicaid	Rx: Medical:	Rx: N/A Medical: Covered, PA, SOS	Rx: NEW DRUG: not added to formulary Medical: NEW DRUG: ADD to coverage under the Medical Benefit with Prior Authorization and Site of Service Requirements.		
	J3590, C9399 10mg Single-dose vial		Medicare	Part D: Part B:	Part D: NF Part B: Pref Spec (T7), PA	Part D: NEW DRUG: not added to formulary. Part B: NEW DRUG: ADD to coverage under Part B as Preferred Specialty (T7) with Prior Authorization Requirement.		
Pharmacy	Latuda (Lurasidone)	Antipsychotic	Traditional					5/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	20mg, 40mg, 60mg, 80mg, and 120mg Tablets		Medicare	Part D: T5 Part B:	Part D: NF Part B:	Part D: REMOVE from formulary. (Generic available) Part B:		

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Linezolid (Geq for Zyvox)	Antimicrobial	Traditional	T2, QL	T1, QL	DECREASE from Tier 2 to Tier 1.		7/1/2023
			EG-Optimized	T2, QL	T1b, QL	DECREASE from Tier 2 to Tier 1b.		
			PPACA-Optimized	T2, QL	T1b, QL	DECREASE from Tier 2 to Tier 1b.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	600mg Tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Lubiprostone (Geq for Amitiza)	Constipation	Traditional	T3, ST, QL	T1, QL	DECREASE Tier from Tier 3 to Tier 1 and REMOVE Step Therapy Requirement.		7/1/2023
			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:			
	8mcg and 24 mcg Capsules		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	Lumakras (Sotorasib)	Chemotherapy	Traditional		T4, PA, QL	NEW FORMULATION: ADD to formulary at Tier 4 with Prior Authorization requirements and Quantity Limit of 42 tablets/14 days.		3/6/2023
			EG-Optimized		T4, PA, QL	NEW FORMULATION: ADD to formulary at Tier 4 with Prior Authorization requirements and Quantity Limit of 42 tablets/14 days.		
			PPACA-Optimized		T4, PA, QL	NEW FORMULATION: ADD to formulary at Tier 4 with Prior Authorization requirements and Quantity Limit of 42 tablets/14 days.		
			Medicaid	Rx: Medical:	Rx: Covered Medical: N/A	Rx: NEW FORMULATION: ADD to formulary. Medical: N/A		
	320mg Tablet ONLY		Medicare	Part D: Part B:	Part D: T5, PA, QL Part B: N/A	Part D: NEW FORMULATION: ADD to formulary at Tier 5 with Prior Authorization requirements and Quantity Limit of 90 Tablets/30 days. Part B: N/A		
Medical	Myobloc (rimabotulinumtoxinB)	Chronic Migraine	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered, PA	Medical: REMOVE Prior Authorization combination therapy restriction with CGRP preventative drug Vyepti.		
	J0587 2,500 unit/0.5ml, 5,000 unit/ml, 10,000 unit/2ml Single Dose Vial		Medicare	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	Myrbetriq (Mirabegron)	Overactive Bladder	Traditional	T3, ST, QL	T2, ST, QL	DECREASE Tier from Tier 3 to Tier 2 and UPDATE Step Therapy Requirements. Must try ONE of the following (instead of two): oxybutynin/ER, tolterodine/ER, or trospium/ER.		7/1/2023
			EG-Optimized	T3, ST, QL	T2, ST, QL	DECREASE Tier from Tier 3 to Tier 2 and UPDATE Step Therapy Requirements. Must try ONE of the following (instead of two): oxybutynin/ER, tolterodine/ER, or trospium/ER.		
			PPACA-Optimized	T3, ST, QL	T2, ST, QL	DECREASE Tier from Tier 3 to Tier 2 and UPDATE Step Therapy Requirements. Must try ONE of the following (instead of two): oxybutynin/ER, tolterodine/ER, or trospium/ER.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	25mg and 50mg Tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Myrbetriq (Mirabegron)	Overactive Bladder	Traditional	T3, ST, QL, AL	T2, ST, QL, AL	DECREASE Tier from Tier 3 to Tier 2.		7/1/2023
			EG-Optimized	T3, ST, QL, AL	T2, ST, QL, AL	DECREASE Tier from Tier 3 to Tier 2.		
			PPACA-Optimized	T3, ST, QL, AL	T2, ST, QL, AL	DECREASE Tier from Tier 3 to Tier 2.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	8mg/ml Oral Suspension		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Naproxen Sodium (Geq for Anaprox)	Pain/ Inflammation	Traditional					1/1/2024
			EG-Optimized	T1a	T1b	INCREASE Tier from Tier 1a to Tier 1b.		
			PPACA-Optimized	T1a	T1b	INCREASE Tier from Tier 1a to Tier 1b.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	275mg Tablets ONLY		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Naproxen Sodium (Geq for Anaprox DS)	Pain/ Inflammation	Traditional					1/1/2024
			EG-Optimized	T1a	T1b	INCREASE Tier from Tier 1a to Tier 1b.		
			PPACA-Optimized	T1a	T1b	INCREASE Tier from Tier 1a to Tier 1b.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	550mg Tablets ONLY GCN: 047131		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Narcan (Naloxone)	Opioid Overdose	Traditional	T1, QL	T3, QL	INCREASE Tier from Tier 1 to Tier 3 (Generic available)		1/1/2024
			EG-Optimized	T1b, QL	T3, QL	INCREASE Tier from Tier 1b to Tier 3 (Generic available)		
			PPACA-Optimized	T1b, QL	T3, QL	INCREASE Tier from Tier 1b to Tier 3 (Generic available)		
			Medicaid	Rx: Medical:	Rx: Medical:			
	4mg/0.1ml Nasal Spray BRAND ONLY		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	Neo-Polycin HC (neomycin/polymyxin B/bacitracin/hydrocortisone)	Inflammatory eye Conditions	Traditional					5/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	Ophthalmic ointment		Medicare	Part D: NF Part B:	Part D: T2 Part B:	Part D: ADD to formulary as Tier 2. Part B:		
Pharmacy	Neo-Polycin (neomycin/polymyxin B/bacitracin)	Inflammatory eye Conditions	Traditional					5/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	Ophthalmic ointment		Medicare	Part D: NF Part B:	Part D: T2 Part B:	Part D: Part D: ADD to formulary as Tier 2. Part B:		
Pharmacy	Niacin ER (Niaspan)	Cholesterol	Traditional					1/1/2024
			EG-Optimized	T1a	T1b	INCREASE Tier from Tier 1a to Tier 1b.		
			PPACA-Optimized	T1a	T1b	INCREASE Tier from Tier 1a to Tier 1b.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	500mg, 750mg, and 1000mg Extended-Release Tablets GCN: 42333 and 42331		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	Nitrofurantoin (Geq for Furadantin)	Antimicrobial	Traditional	T4	T4, QL, AL	ADD Quantity Limit of 120ml/30 days and Age Limit of maximum 9 years old.		1/1/2024
			EG-Optimized	T4	T4, QL, AL	ADD Quantity Limit of 120ml/30 days and Age Limit of maximum 9 years old.		
			PPACA-Optimized	T4	T4, QL, AL	ADD Quantity Limit of 120ml/30 days and Age Limit of maximum 9 years old.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	25mg/5ml Oral Suspension		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Onureg (azacitidine)	Chemotherapy	Traditional	T5, PA, QL	T5, PA, ST, QL	UPDATE Prior Authorization requirement to ADD to oncology policy with Step Therapy through azacytidine injection.		7/1/2023
			EG-Optimized	T5, PA, QL	T5, PA, ST, QL	UPDATE Prior Authorization requirement to ADD to oncology policy with Step Therapy through azacytidine injection.		
			PPACA-Optimized	T5, PA, QL	T5, PA, ST, QL	UPDATE Prior Authorization requirement to ADD to oncology policy with Step Therapy through azacytidine injection.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	200mg and 300mg Tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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 ST- Step Therapy

Pharmacy Department
Pending Changes to the
Approved Drug List
May 2023 (continued)



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical	Opdualag (Nivolumab/Relatlimab-rmbw)	Chemotherapy	Traditional	Medical: Pref Spec (T7), PA, SOS	Medical: Pref Spec (T7), PA, SOS	REMOVE Step Therapy requirement of one other NCCN Category 1 Recommendation.		6/1/2023
			EG-Optimized	Medical: Pref Spec (T7), PA, SOS	Medical: Pref Spec (T7), PA, SOS	REMOVE Step Therapy requirement of one other NCCN Category 1 Recommendation.		
			PPACA-Optimized	Medical: Pref Spec (T7), PA, SOS	Medical: Pref Spec (T7), PA, SOS	REMOVE Step Therapy requirement of one other NCCN Category 1 Recommendation.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	J9298 Nivolumab 240mg/Relatlimab-rmbw 80mg 20ml Single dose vial		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

PA - Prior Authorization
 SP- Specialty Pharmacy
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 ST- Step Therapy

Pharmacy Department
Pending Changes to the
Approved Drug List
May 2023 (continued)



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Orenitram Kit (Treprostinil)	Pulmonary Hypertension	Traditional		T5, PA, QL	NEW FORMULATION: ADD to formulary at Tier 5 with Prior Authorization requirement and Quantity Limit of 1 kit (168 tablets/28 days).		5/1/2023
			EG-Optimized		T5, PA, QL	NEW FORMULATION: ADD to formulary at Tier 5 with Prior Authorization requirement and Quantity Limit of 1 kit (168 tablets/28 days).		
			PPACA-Optimized		T5, PA, QL	NEW FORMULATION: ADD to formulary at Tier 5 with Prior Authorization requirement and Quantity Limit of 1 kit (168 tablets/28 days).		
			Medicaid	Rx: Medical:	Rx: Covered, PA Medical: N/A	Rx: NEW FORMULATION: ADD to the formulary as PDL Non-Preferred with Prior Authorization requirement.		
	Month 1 Titration Kit ONLY		Medicare	Part D: Part B:	Part D: T5, PA, QL Part B: N/A	Part D: NEW FORMULATION: ADD to formulary at Tier 5 with Prior Authorization requirement and Quantity Limit of 1 kit per 28 days. Part B: N/A		

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 2023 (continued)



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Orenitram Kit (Treprostinil)	Pulmonary Hypertension	Traditional		T5, PA, QL	NEW FORMULATION: ADD to formulary at Tier 5 with Prior Authorization requirement and Quantity Limit of 1 kit (336 tablets/28 days).		5/1/2023
			EG-Optimized		T5, PA, QL	NEW FORMULATION: ADD to formulary at Tier 5 with Prior Authorization requirement and Quantity Limit of 1 kit (336 tablets/28 days).		
			PPACA-Optimized		T5, PA, QL	NEW FORMULATION: ADD to formulary at Tier 5 with Prior Authorization requirement and Quantity Limit of 1 kit (336 tablets/28 days).		
			Medicaid	Rx: Medical:	Rx: Covered, PA Medical: N/A	Rx: NEW FORMULATION: ADD to the formulary as PDL Non-Preferred with Prior Authorization requirement.		
	Month 2 Titration Kit ONLY		Medicare	Part D: Part B:	Part D: T5, PA, QL Part B: N/A	Part D: NEW FORMULATION: ADD to formulary at Tier 5 with Prior Authorization Requirement and Quantity Limit of 1 kit per 28 days. Part B: N/A		

PA - Prior Authorization
 SP- Specialty Pharmacy
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Pharmacy Department
Pending Changes to the
Approved Drug List
May 2023 (continued)



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Orenitram Kit (Treprostinil)	Pulmonary Hypertension	Traditional		T5, PA, QL	NEW FORMULATION: ADD to formulary at Tier 5 with Prior Authorization requirement and Quantity Limit of 1 kit (252 tablets/28 days).		5/1/2023
			EG-Optimized		T5, PA, QL	NEW FORMULATION: ADD to formulary at Tier 5 with Prior Authorization requirement and Quantity Limit of 1 kit (252 tablets/28 days).		
			PPACA-Optimized		T5, PA, QL	NEW FORMULATION: ADD to formulary at Tier 5 with Prior Authorization requirement and Quantity Limit of 1 kit (252 tablets/28 days).		
			Medicaid	Rx: Medical:	Rx: Covered, PA Medical: N/A	Rx: NEW FORMULATION: ADD to the formulary as PDL Non-Preferred with Prior Authorization requirement.		
	Month 3 Titration Kit ONLY		Medicare	Part D: Part B:	Part D: T5, PA, QL Part B: N/A	Part D: NEW FORMULATION: ADD to formulary at Tier 5 with Prior Authorization requirement and Quantity Limit of 1 kit per 28 days. Part B: N/A		
Pharmacy	Orgovyx (Relugolix)	Chemotherapy	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	120mg Tablet		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATE Quantity Limit from 32 tablets/30 days to 30 tablets/28 days. Part B:		

PA - Prior Authorization
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Pharmacy Department
Pending Changes to the
Approved Drug List
May 2023 (continued)



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Orladeyo (Berotralstat)	Hereditary angioedema	Traditional	T5, PA, QL, AL	T4, PA, QL, AL	DECREASE Tier from Tier 5 to Tier 4 and, UPDATE Prior Authorizaion requirements to move from Non-preferred to preferred status.		7/1/2023
			EG-Optimized	T5, PA, QL, AL	T4, PA, QL, AL	DECREASE Tier from Tier 5 to Tier 4 and, UPDATE Prior Authorizaion requirements to move from Non-preferred to preferred status.		
			PPACA-Optimized	T5, PA, QL, AL	T4, PA, QL, AL	DECREASE Tier from Tier 5 to Tier 4 and, UPDATE Prior Authorizaion requirements to move from Non-preferred to preferred status.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	110mg and 150mg Capsules		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Otezla (Apremilast)	Psoriatic Arthritis, Plaque Psoriasis and Oral ulcers associated with Behcet's Syndrome	Traditional	T4, PA, QL	T4, PA, QL			4/1/2023
			EG-Optimized	T4, PA, QL	T4, PA, QL			
			PPACA-Optimized	T4, PA, QL	T4, PA, QL			
			Medicaid	Rx: Medical:	Rx: Medical:			
	30mg Tablets and Oral Therapy Pack (10mg & 20mg & 30mg)		Medicare	Part D: T5, PA, QL Part B: N/A	Part D: T5, PA, QL Part B: N/A	Part D: UPDATE Prior Authorization Other Criteria replacing Humira with Adalimumab. Part B: N/A		

PA - Prior Authorization
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Pharmacy Department
Pending Changes to the
Approved Drug List
May 2023 (continued)



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Oxybutynin (Geq for Ditropan)	Overactive Bladder	Traditional		NF	NEW FORMULATION: not added to formulary.		3/2/2023
			EG-Optimized		NF	NEW FORMULATION: not added to formulary.		
			PPACA-Optimized		NF	NEW FORMULATION: not added to formulary.		
			Medicaid	Rx: Medical:	Rx: Covered Medical: N/A	Rx: NEW FORMUALATION: ADD to formulary as PDL Preferred.		
	2.5mg Tablet ONLY		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION: not added to formulary. Part B: N/A		
Pharmacy	Phenytoin Sodium ER (Geq for Dilantin)	Seizures	Traditional					1/1/2024
			EG-Optimized	T1a	T1b	INCREASE Tier from Tier 1a to Tier 1b.		
			PPACA-Optimized	T1a	T1b	INCREASE Tier from Tier 1a to Tier 1b.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	100mg, 200mg, and 300mg Extended-Release Capsules		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Pirmella (Geq for Orthro-Novum)	Contraception	Traditional					5/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	1/35 28-Day 1mg-0.035mg Tablet		Medicare	Part D: T2 Part B:	Part D: NF Part B:	Part D: REMOVE from formulary (Removed from CMS Formulary Reference File) Part B:		

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Pharmacy Department
Pending Changes to the
Approved Drug List
May 2023 (continued)



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Polycin (Bacitracin Zinc and Polymyxin B Sulfate)	Bacterial Conjunctivitis	Traditional					5/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	500unit - 1000unit /g Ophthalmic ointment		Medicare	Part D: NF Part B:	Part D: T2 Part B:	Part D: ADD to formulary at Tier 2. Part B:		
Pharmacy	Posaconazole (Geq for Noxafil)	Fungal Infections	Traditional					5/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	40mg/ml Oral Suspension		Medicare	Part D: NF Part B:	Part D: T5 Part B:	Part D: ADD to formulary at Tier 5. Part B:		
Pharmacy	Pradaxa (Dabigatran)	Venous Thromboembolism (VTE), Deep Venous Thrombosis (DVT), Pulmonary Embolism (PE), Cerebral Thromboembolism	Traditional		NF	NEW FORMULATION: not added to formulary.		2/20/2023
			EG-Optimized		NF	NEW FORMULATION: not added to formulary.		
			PPACA-Optimized		NF	NEW FORMULATION: not added to formulary.		
			Medicaid	Rx: Medical:	Rx: Covered, PA Medical: N/A	Rx: NEW FORMULATION: ADD to formulary as PDL Non-Preferred with Prior Authorization Requirements.		
	20mg, 30mg, 40mg, 50mg, 110mg, and 150mg Pellet Packs ONLY		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION: not added to formulary. Part B: N/A		

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Primidone (Same ingredient as Mysoline)	Seizures	Traditional		NF	NEW FORMULATION: not added to formulary.		4/17/2023
			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: N/A	NEW FORMULATION: Carve-out.		
	125mg Tablet ONLY		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION: not added to formulary. Part B: N/A		
Medical/Pharmacy	Prolia (Denosumab)	Osteoporosis	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	J0897 60mg/ml Single Dose Syringe		Medicare	Part D: T4, PA, QL Part B: Pref Spec (T7), PA, ST	Part D: T4, PA, QL Part B: Pref Spec (T7), PA, ST	Part D: REMOVE prescriber restriction. Part B: No change.		

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Pharmacy Department
Pending Changes to the
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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Qulipta (Atogepant)	Chronic Migraine	Traditional	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for newly approved indication of Chronic Migraine.		7/1/2023
			EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for newly approved indication of Chronic Migraine.		
			PPACA-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for newly approved indication of Chronic Migraine.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	10mg, 30mg, and 60mg Tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical/Pharmacy	Radicava (Endaravone)	Amyotrophic Lateral Sclerosis (ALS)	Traditional					6/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: NF Medical: Covered, PA,	Rx: Covered, PA Medical:	Rx: ADD to formulary with Prior Authorization requirements. Medical: REMOVE Site of Service requirements.		
	Rx: 105mg/5ml Oral Suspension Medical: J1301 30mg/100ml IV Solution		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/Medical	Rebinyn (glycopegylated factor IX)	Hemophilia B	Traditional		T5, QL	NEW DRUG: ADD to formulary at Tier 5 with the requirement that it must be ordered from an approved in-network hemophilia specialty pharmacy and Quantity Limit of 23,000 billable units/28 day supply.		7/1/2023
			EG-Optimized		T5, QL	NEW DRUG: ADD to formulary at Tier 5 with the requirement that it must be ordered from an approved in-network hemophilia specialty pharmacy and Quantity Limit of 23,000 billable units/28 day supply.		
			PPACA-Optimized		T5, QL	NEW DRUG: ADD to formulary at Tier 5 with the requirement that it must be ordered from an approved in-network hemophilia specialty pharmacy and Quantity Limit of 23,000 billable units/28 day supply.		
			Medicaid	Rx: Medical:	Rx:Carve-out Medical: Not Covered	Rx: NEW DRUG: Carve-out. Medical: NEW DRUG: not added to medical benefits.		
	J7203 500 IU, 1000 IU, 2000 IU IU Factor IX per kit		Medicare	Part D: Part B:	Part D: Excluded Part B:Pref Spec (T7)	Part D: NEW DRUG: Excluded. Part B: NEW DRUG: ADD to coverage under Medicare Part B as Preferred Specialty (T7).		
Pharmacy	Rezvoglar (Insulin glargine-aglr)	Diabetes	Traditional		NF	NEW DRUG: not added to formulary.		7/1/2023
			EG-Optimized		NF	NEW DRUG: not added to formulary.		
			PPACA-Optimized		NF	NEW DRUG: not added to formulary.		
			Medicaid	Rx: Medical:	Rx: Pending Medical: N/A	Rx: NEW DRUG: Pending MDHHS review. Medical: N/A		
	100U/1ml and 300U/1ml Solution for injection		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW DRUG: not added to formulary. Part B: N/A		

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Pending Changes to the
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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Sodium Sulfacetamide-Sulfur Cleanser (Same ingredients as Sulfacleanse)	Atopic Dermatitis	Traditional		NF	NEW DRUG: not added to formulary.		4/20/2023
			EG-Optimized		NF	NEW DRUG: not added to formulary.		
			PPACA-Optimized		NF	NEW DRUG: not added to formulary.		
			Medicaid	Rx: Medical:	Rx: NF Medical: N/A	Rx: NEW DRUG: not added to formulary.		
	8-4% topical cleanser		Medicare	Part D: Part B:	Part D: Excluded Part B: N/A	Part D: NEW DRUG: Excluded from formulary. Part B: N/A		
Medical/Pharmacy	Stelara (Ustekinumab)	Inflammatory conditions	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	Rx: 45mg/0.5ml Subcutaneous Solution and 45/0.5ml and 90mg/ml Pre-filled syringe. Medical: J3358 130mg/26ml IV Vial		Medicare	Part D: T5, PA, QL Part B: Pref Spec (T7), PA	Part D: T5, PA, QL Part B: Pref Spec (T7), PA	Part D: UPDATE Prior Authorization Other Criteria replacing Humira with Adalimumab. Part B: No Change.		

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Pharmacy Department
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Approved Drug List
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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical	Syfovre (pegcetacoplan intravitreal injection)	Geographic Atrophy (GA)	Traditional		Pref Spec (T7), PA	NEW DRUG: ADD to coverage under the Medical Benefit as Preferred Specialty (T7) with Prior Authorization Requirements.		5/16/2023
			EG-Optimized		Pref Spec (T7), PA	NEW DRUG: ADD to coverage under the Medical Benefit as Preferred Specialty (T7) with Prior Authorization Requirements.		
			PPACA-Optimized		Pref Spec (T7), PA	NEW DRUG: ADD to coverage under the Medical Benefit as Preferred Specialty (T7) with Prior Authorization Requirements.		
			Medicaid	Rx: Medical:	Rx: Not Covered Medical: Covered, PA	Rx: NEW DRUG: not covered under pharmacy benefits. Medical: NEW DRUG: ADD to coverage under medical benefits with Prior Authorization Requirements.		
	J3490 and C9399 15mg (0.1ml of 150mg/ml) Intraocular solution		Medicare	Part D: Part B:	Part D: NF Part B: Pref Spec (T7), PA	Part D: NEW DRUG: not added to formulary. Part B: NEW DRUG: ADD to coverage under Part B as Preferred Specialty (T7) with Prior Authorization Requirements.		
Medical	Tauvid (Flortaucipir F 18)	Diagnostic agent	Traditional		Covered	NEW DRUG: ADD to coverage under the Medical Benefit as a Radiopharmaceutical		6/1/2023
			EG-Optimized		Covered	NEW DRUG: ADD to coverage under the Medical Benefit as a Radiopharmaceutical		
			PPACA-Optimized		Covered	NEW DRUG: ADD to coverage under the Medical Benefit as a Radiopharmaceutical		
			Medicaid	Rx: Medical:	Rx: NF Medical: Covered	Rx: NEW DRUG: not added to formulary. Medical: NEW DRUG: ADD to coverage under the Medical Benefit as a Radiopharmaceutical		
	A9601 Radio Imaging		Medicare	Part D: Part B:	Part D: N/A Part B: Covered	Part D: N/A Part B: NEW DRUG: ADD to coverage under Part B as a Radiopharmaceutical		

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 ST- Step Therapy

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Teriflunomide (Geq for Aubagio)	Multiple Sclerosis	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	7mg and 14mg Tablet		Medicare	Part D: NF Part B:	Part D: T5, PA, QL Part B:	Part D: ADD to formulary at Tier 5 with Prior Authorization requirements and Quantity Limit of 30 tablets/30 days. Part B:		
Pharmacy/Medical	Tezspire (Tezepelumab-ekko)	Asthma	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	210mg/1.91ml Pen		Medicare	Part D: NF Part B:	Part D: T5, PA, QL Part B: No Change	Part D: ADD to formulary at Tier 5 with Prior Authorization requirements with Quantity Limit of 1.91ml/28 days. Part B: No Change		

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy/Medical	Tezspire (Tezepelumab-ekko)	Asthma	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	210mg/1.91ml Syringe		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B: No Change	Part D: UPDATE Quantity limit from 1.91ml/30 days to 1.91/28 days. Part B: No Change		
Pharmacy	Tirosint (Levothyroxine Sodium)	Hypothyroidism	Traditional		NF	NEW FORMULATION: not added to formulary.		4/4/2023
			EG-Optimized		NF	NEW FORMULATION: not added to formulary.		
			PPACA-Optimized		NF	NEW FORMULATION: not added to formulary.		
			Medicaid	Rx: Medical:	Rx: NF Medical: N/A	NEW FORMULATION: not added to formulary.		
	37.5mcg, 44mcg, and 62.5mcg Capsules ONLY		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION: not added to formulary. Part B: N/A		
Medical	Trogarzo (Ibalizumab-uiyk)	HIV	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Carve-out	Medical: REMOVED from formulary due to MDHHS decision to include on the Medicaid Health Plan Injectable Drugs and Biological Carve-out list.		
	J1746 200mg/1.33ml Single dose vial		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	Vegzelma (Bevacizumab-adcd)	Chemotherapy	Traditional		Medical: Not Covered	NEW DRUG: not added to coverage under the medical benefit		6/1/2023
			EG-Optimized		Medical: Not Covered	NEW DRUG: not added to coverage under the medical benefit		
			PPACA-Optimized		Medical: Not Covered	NEW DRUG: not added to coverage under the medical benefit		
			Medicaid	Rx: Medical:	Rx: NF Medical: Covered	Rx: NEW DRUG: not added to formulary. Medical: NEW DRUG: ADD to coverage under the medical benefit.		
	Q5129 100mg/4ml and 400mg/16ml Single does Vials		Medicare	Part D: Part B:	Part D: NF Part B: Covered, PA, ST	Part D: NEW DRUG: not added to formulary. Part B: NEW DRUG: ADD to coverage under Part B with Step Therapy requirement: Must try Mvasi AND Zirabev		
Medical	Vyepti (eptinezumab-jjmr)	Migraine	Traditional					6/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA, SOS	Rx: Medical: Covered, PA, SOS	Medical: REMOVE Prior Authorization combination therapy restriction with botulinum toxin agents.		
	J3032 100mg/ml Solution		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	Xenpozyme (Olipudase Alfa)	Acid Sphingomyelinase Deficiency (ASMD)	Traditional					6/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered, PA, SOS	ADD Site of Service Requirements.		
	J0218 20mg Powder for Injection		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Xeomin (IncobotulinumtoxinA)	Chronic Migraine	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered, PA	Medical: REMOVE Prior Authorization combination therapy restriction with CGRP preventative drug Vyepti.		
	J0588 50u, 100u, and 200u Single Dose Vial		Medicare	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	Xiaflex (collagenase clostridium histolyticum)	Peyronie's Disease	Traditional					6/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered, PA	Medical: REMOVE Prior Authorization requirement for Peyronie's disease: must first try intralesional verapamil or pentoxifylline.		
	J0775 0.9mg Single Dose Vial		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	ZMA Clear Cleanser (Sulfacetamide/Sulfer)	Acne vulgaris, Acne Rosacea, and Seborrheic Dermatitis	Traditional		NF	NEW DRUG: not added to formulary.		4/13/2023
			EG-Optimized		NF	NEW DRUG: not added to formulary.		
			PPACA-Optimized		NF	NEW DRUG: not added to formulary.		
			Medicaid	Rx: Medical:	Rx: NF Medical: N/A	NEW DRUG: not added to formulary.		
	9-4.5% topical suspension		Medicare	Part D: Part B:	Part D: Excluded Part B: N/A	Part D: NEW DRUG: Excluded from formulary. Part B: N/A		