

Pharmacy Department
Pending changes to the Approved Drug List
January 2021 Pending Changes



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
Medical	TREMFYA (guselkumab) J1628 - Injection, guselkumab 1mg	Plaque Psoriasis, Psoriatic Arthritis	Traditional	T8	NC	Will only be covered under the pharmacy benefit - J1628 no longer covered under the medical benefit		Covered under the pharmacy benefit	3/1/2021	n/a		
			EG-Optimized	T8	NC	Will only be covered under the pharmacy benefit - J1628 no longer covered under the medical benefit						
			PPACA-Optimized	T8	NC	Will only be covered under the pharmacy benefit - J1628 no longer covered under the medical benefit						
			Medicaid									
			Medicare	Part D	Part D	Only covered under the pharmacy benefit (No Change from before)						
Pharmacy	KESIMPTA All strengths/formulations	Multiple Sclerosis	Traditional	T4, ST	T4, ST	ADDED Dimethyl Fumate to Step Therapy Requirement. - Must first try Glatopa, glatiramer, or dimethyl fumarate. Not covered in combination with other immunomodulatory drugs.		Glatopa, glatiramer, or dimethyl fumarate.	1/1/2021	Yes		
			EG-Optimized	T4, ST	T4, ST	ADDED Dimethyl Fumate to Step Therapy Requirement. - Must first try Glatopa, glatiramer, or dimethyl fumarate. Not covered in combination with other immunomodulatory drugs.						
			PPACA-Optimized	T4, ST	T4, ST	ADDED Dimethyl Fumate to Step Therapy Requirement. - Must first try Glatopa, glatiramer, or dimethyl fumarate. Not covered in combination with other immunomodulatory drugs.						
			Medicaid									
			Medicare									
Pharmacy	ALINIA (nitazoxanide) Oral Suspension	Diarrhea due to Giardia lamblia or CRYPTOSPORIDIUM parvum	Traditional	T3	T5, QL	QL #60ml per 6 months	\$6,521	n/a	3/1/2021	No	<20	QL not a negative change
			EG-Optimized	T3	T5, QL	QL #60ml per 6 months						
			PPACA-Optimized	T3	T5, QL	QL #60ml per 6 months						
			Medicaid									
			Medicare									
Pharmacy	ALINIA (nitazoxanide) Oral Tablets	Diarrhea due to Giardia lamblia or CRYPTOSPORIDIUM parvum	Traditional	T5	T5, QL	QL #6 tablets per 6 months Applies to both brand and gen	\$6,521	N/A	3/1/2021	No	<20	QL not a negative
			EG-Optimized	T5	T5, QL	QL #6 tablets per 6 months Applies to both brand and gen						
			PPACA-Optimized	T5	T5, QL	QL #6 tablets per 6 months Applies to both brand and gen						
			Medicaid									
			Medicare									
Pharmacy	METHYL-TESTOSTERONE Oral Capsule	Inoperable Mammary Cancer	Traditional	T3	T4, PA	ADD PA - Drug will only be covered for an Oncology Diagnosis	\$2,063	Injectable testosterone for primary hypogonadism	3-1-2021	No	0	No Member impact
			EG-Optimized	T3	T4, PA	ADD PA - Drug will only be covered for an Oncology Diagnosis						
			PPACA-Optimized	T3	T4, PA	ADD PA - Drug will only be covered for an Oncology Diagnosis						
			Medicaid									
			Medicare									
Medical	UDENYCA (pegfilgrastim-cbqv) IV - Q5111	Lower risk of infection after chemotherapy	Traditional	T7	NC			Neulasta, Fulphila, or Nivvepria	Grandfathering medicare only - Starts 4-1-2021	Only Medicare		Medical - No letters
			EG-Optimized	T7	NC							
			PPACA-Optimized	T7	NC							
			Medicaid	Covered	NC							
			Medicare	Part B	Part B, PA, ST							
Medical	ZIEXTENZO (pegfilgrastim-bmez) IV - Q5120	Lower risk of infection after chemotherapy	Traditional	T7	NC			Neulasta, Fulphila, or Nivvepria	Grandfathering medicare only - Starts 4-1-2021	Only Medicare		Medical - No letters
			EG-Optimized	T7	NC							
			PPACA-Optimized	T7	NC							
			Medicaid	T7	NC							
			Medicare	Part B	Part B, PA, ST							

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Pharmacy	FANAPT	Antipsychotic	Traditional	T4, PA	T4, ST	REMOVED PA - CHANGED to Step Therapy: Must first try two of the following for at least 28 days each: olanzapine, quetiapine (IR or ER), risperidone, ziprasidone, aripiprazole						
			EG-Optimized	T4, PA	T4, ST	REMOVED PA - CHANGED to Step Therapy: Must first try two of the following for at least 28 days each: olanzapine, quetiapine (IR or ER), risperidone, ziprasidone, aripiprazole						
			PPACA-Optimized	T4, PA	T4, ST	REMOVED PA - CHANGED to Step Therapy: Must first try two of the following for at least 28 days each: olanzapine, quetiapine (IR or ER), risperidone, ziprasidone, aripiprazole						
			Medicaid									
			Medicare									
Pharmacy	QDOLO (tramadol)	Pain Management	Traditional		NF	New Drug, not added to formulary						
			EG-Optimized		NF	New Drug, not added to formulary						
			PPACA-Optimized		NF	New Drug, not added to formulary						
			Medicaid									
					EXCLUDED	Manufacturer has not signed coverage gap agreement, if signed, will be NF						
Pharmacy	CONJUPRI (levamlodipine)	Hypertension	Traditional		NF	New Drug, not added to formulary						
			EG-Optimized		NF	New Drug, not added to formulary						
			PPACA-Optimized		NF	New Drug, not added to formulary						
			Medicaid									
			Medicare		EXCLUDED	Manufacturer has not signed coverage gap agreement, if signed, will be NF						
Pharmacy	ALKINDI SPRINKLE (hydrocortisone granules)	Replacement therapy for adrenocortical insufficiency	Traditional		NF	New Drug, not added to formulary						
			EG-Optimized		NF	New Drug, not added to formulary						
			PPACA-Optimized		NF	New Drug, not added to formulary						
			Medicaid									
			Medicare		NF	New Drug, not added to formulary						
Pharmacy	IMPEKLO (clobetasol propionate lotion)	Treatment of dermatological conditions	Traditional		NF	New Drug, not added to formulary						
			EG-Optimized		NF	New Drug, not added to formulary						
			PPACA-Optimized		NF	New Drug, not added to formulary						
			Medicaid									
			Medicare		NF	New Drug, not added to formulary						
Pharmacy	EYSUVIS (loteprednol etabonate)	Dry eyes	Traditional		T3, ST, QL	New Drug, ADDED to formulary as T3, Step Therapy: Must first try one generic ophthalmic steroid. Quantity Limit: 4 bottles per year						
			EG-Optimized		T3, ST, QL	New Drug, ADDED to formulary as T3, Step Therapy: Must first try one generic ophthalmic steroid. Quantity Limit: 4 bottles per year						
			PPACA-Optimized		T3, ST, QL	New Drug, ADDED to formulary as T3, Step Therapy: Must first try one generic ophthalmic steroid. Quantity Limit: 4 bottles per year						
			Medicaid									
			Medicare		T4, QL	Quantity Limit: 4 bottles per year						
Pharmacy	SUTAB (Sodium Sulfate, Magnesium Sulfate, and Potassium Chloride)	Colonoscopy prep	Traditional		NF	New Drug, not added to formulary						
			EG-Optimized		NF	New Drug, not added to formulary						
			PPACA-Optimized		NF	New Drug, not added to formulary						
			Medicaid									
			Medicare		NF	New Drug, not added to formulary						

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Medical or Pharmacy	XOLAIR (Omalizumab) IV - J2357	Asthma, Chronic Urticaria, Nasal Polyps	Traditional					Asthma:High Dose ICS/LABA inhaler Chronic Urticaria: H1 antihistamines Nasal polyps:inhaled corticosteroids	3/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
			Medicare	Part B, PA Part D-T5, PA	Part B, PA, ST Part D-T5, PA	Part B -ADD Step Therapy: For Asthma: Try 1 High dose ICS/LABA inhaler with 1 other asthma controller; For Chronic Urticaria: Try 2 H1 antihistamines OR 1 H1 antihistamine AND 1 of the following H2 antihistamine, oral steroids, or leukotriene modifiers; For Nasal Polyps: Try inhaled corticosteroids ADD PA criteria for new FDA indication: Must have disease persistence for at least 4 weeks despite daily treatment with intranasal steroids - and - must be used in combination with an intranasal steroid. Must not be used in combination with other biologic drugs (Dupixent, etc.). Must provide baseline IgE level and current weight. For continuation, must not be used in combination with other biologic drugs - and - must have a decrease in nasal polyp and congestion symptoms – and – must provide current weight. Dosing must follow the FDA-approved dosing based on baseline IgE and current weight. T5 - ADD PA criteria due to new indication						
Medical or Pharmacy	NUCALA IV - J2182	Severe Asthma, Eosinophilic Granulomatosis with Polyangitis, Hyper Eosinophilic Syndrome	Traditional						3/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
			Medicare	Part B, PA, ST	Part B, PA, ST	ADD Part B Step Therapy for new indication of HES: Try 1 generic, steroid-sparing therapy						
Medical or Pharmacy	STELARA (ustekinumab) IV - J3358 ONLY	Psoriasis, Psoriatic Arthritis, Crohn's Disease, Ulcerative Colitis	Traditional						3/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
			Medicare	Part B, PA, ST	Part B, PA, ST	CHANGE Part B Step Therapy: Must try 2 of the following: Humira, Rinvoq, Skyrizi, Actemra (SQ), Cosentyx, Otezla, Xeljanz, Xeljanz XR, Orencia (SQ), and Enbrel						
Medical	CIMZIA (certolizumab pegol) IV - J0717	Crohn's Disease, Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Plaque Psoriasis	Traditional						3/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
			Medicare	Part B, PA	Part B, PA, ST	ADD Part B Step Therapy: Must try 2 of the following: Humira, Rinvoq, Skyrizi, Actemra (SQ), Cosentyx, Otezla, Xeljanz, Xeljanz XR, Orencia (SQ), and Enbrel						
Medical	DYSPORT (abobotulinumtoxin A) Injection - J0586	Cervical Dystonia, Glabellar Lines, Spasticity, Anal Fissures, Sialorrhea, Axillary Hyperhidrosis	Traditional						3/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
			Medicare	Part B, PA, ST	Part B, PA, ST	ADD Part B Step Therapy for new indication of Anal fissures: Try topical nitroglycerin or topical nifedipine; For Sialorrhea: Try 1 anticholinergic drug; For Axillary hyperhidrosis: Try topical aluminum chloride ≥ 20%						
Pharmacy	LAMPIT (nifurtimox) All Strength/ formulation	Infection	Traditional		T3, AL, QL	New drug, ADDED to Formulary, T3 Age Limit: Maximum 17 years. Quantity Limit: 60 days per year.	\$27/day (based on dosage >91Kg (2.5 tabs three times daily))		3/1/2020			
			EG-Optimized		T3, AL, QL	New drug, ADDED to Formulary, T3 Age Limit: Maximum 17 years. Quantity Limit: 60 days per year.						
			PPACA-Optimized		T3, AL, QL	New drug, ADDED to Formulary, T3 Age Limit: Maximum 17 years. Quantity Limit: 60 days per year.						
			Medicaid									
			Medicare		NF	New Drug, not added to formulary						

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Pharmacy	SEVENFACT (coagulation factor VIIa recombinant-jncw) All Strength/formulation	Hemophilia	Traditional		T4	New Drug, Added T4 no UM criteria Must be ordered from an approved in-network hemophilia specialty pharmacy. Antihemophilia Agents (Std) 100125 - This list contains drugs required to be dispensed at Priority Health's preferred hemophilia centers.	WAC Annual \$125,950 AWP Annual \$151,140					
			EG-Optimized		T4	New Drug, ADDED, T4 Must be ordered from an approved in-network hemophilia specialty pharmacy. Antihemophilia Agents (Std) 100125 - This list contains drugs required to be dispensed at Priority Health's preferred hemophilia centers.						
			PPACA-Optimized		T4	New Drug, ADDED, T4 Must be ordered from an approved in-network hemophilia specialty pharmacy. Antihemophilia Agents (Std) 100125 - This list contains drugs required to be dispensed at Priority Health's preferred hemophilia centers.						
			Medicaid		Carve-Out	Not covered by Priority Health, this drug is carved out under Medical. Advise provider to contact Fee For Service Medicaid for coverage.						
			Medicare		Part B	New Drug, ADDED to Medical (Part B). Excluded under Part D (hemophila gents)						
Pharmacy	tolazamide 500mg tablets	Type 2 Diabetes	Traditional	T1	NF		\$220	tolazamide 250mg tablets	7/1/2021	No	9	
			EG-Optimized	T1	NF							
			PPACA-Optimized	T1	NF							
			Medicaid									
			Medicare									
Pharmacy	prednisolone 20mg/5ml solution	Allergic reactions, endocrine disorders, various others	Traditional	T1	NF		Up to \$350	prednisolone 15mg/5ml or 25mg/5ml	7/1/2021	No	29	
			EG-Optimized	T1	NF							
			PPACA-Optimized	T1	NF							
			Medicaid									
			Medicare									
Pharmacy	CLIMARA (estradiol patch) Patch	Meopause symptoms	Traditional	T3	NF		\$95-\$133	generic estradiol patch	7/1/2021	No	11	
			EG-Optimized	T3	NF							
			PPACA-Optimized	T3	NF							
			Medicaid									
			Medicare									
Pharmacy	oxandrolone All Strengths/formulations	Promotion of weight gain, offset protien catabolism due to prolonged corticosteroid use, bone pain from osteoporosis	Traditional	T1	T2	Negative change for traditional ONLY	\$170	megestrol acetate	7/1/2021 (Traditional Only) 3-1-2021 Optimized	N/a	2	TRADITIONAL ONLY-may be a member outreach
			EG-Optimized	T3	T2							
			PPACA-Optimized	T3	T2							
			Medicaid									
			Medicare									
Pharmacy	ALTAVERA (levonorgestrel and ethinyl estradiol) Oral Tablets	oral contraceptive	Traditional	T3	T1		\$20	Positive change	3/1/2021	N/A	21	
			EG-Optimized	T3	T1							
			PPACA-Optimized	T3	T1							
			Medicaid									
			Medicare									
Pharmacy	risedronate 30 mg tablets	osteoporosis	Traditional	T1	T4, ST	Step Therapy: Must first try alendronate	\$1,495	alendronate	7/1/2021	No	7	
			EG-Optimized	T1	T4, ST	Step Therapy: Must first try alendronate						
			PPACA-Optimized	T1	T4, ST	Step Therapy: Must first try alendronate						
			Medicaid									
			Medicare									

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Pharmacy	estradiol valerate Intramuscular Injection	Hormone Replacement	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	NF NF NF	T2 T2 T2		\$132	Positive change	3/1/2021	N/A	12	No
Pharmacy	My Way (levonorgestrel) 1.5mg tablets	Emergency Contraception	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	T3 T3 T3	T1 T1 T1		\$57	Positive change	3/1/2021	N/A	247	
Pharmacy	Take Action (levonorgestrel) 1.5mg tablets	Emergency Contraception	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	T3 T3 T3	T1 T1 T1		\$23	Positive change	3/1/2021	N/A	26	
Pharmacy	Plan B (levonorgestrel) 1.5mg tablets	Emergency Contraception	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	T3 T3 T3	T1 T1 T1		\$29-\$31	Positive change	3/1/2021	N/A	13	
Pharmacy	Aftera (levonorgestrel) 1.5mg tablets	Emergency Contraception	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	T3 T3 T3	T1 T1 T1		\$14	Positive change	3/1/2021	N/A	10	
Pharmacy	(levonorgestrel) 1.5mg tablets	Emergency Contraception	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	T3 T3 T3	T1 T1 T1		\$14	Positive change	3/1/2021	N/A	10	
Pharmacy	Ella (ulipristal) 1.5mg tablets	Emergency Contraception	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	T3 T3 T3	T1 T1 T1		\$36	Positive change	3/1/2021	N/A	14	
Pharmacy	Follistim Subcutaneous Solution	Infertility	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	T3, ST T3, ST T3, ST	T3, ST T3, ST T3, ST	Update internal rule for no grandfathering for ST Update internal rule for no grandfathering for ST Update internal rule for no grandfathering for ST		Gonal F	1/1/2021	No	n/a	No

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Pharmacy	calcitriol	Vit D	Traditional	T1	T1, AL	ADD Age Limit: Maximum Age - 9 years	\$171	Calcitriol	3/1/2021	No	13	No
			EG-Optimized	T1	T1, AL	ADD Age Limit: Maximum Age - 9 years						
			PPACA-Optimized	T1	T1, AL	ADD Age Limit: Maximum Age - 9 years						
			Medicaid									
			Medicare									
Pharmacy	metformin	Type 2 Diabetes	Traditional	T1	T1, AL	ADD Age Limit: Maximum Age - 9 years	\$618	Calcitriol	3/1/2021	No	2	No
			EG-Optimized	T1	T1, AL	ADD Age Limit: Maximum Age - 9 years						
			PPACA-Optimized	T1	T1, AL	ADD Age Limit: Maximum Age - 9 years						
			Medicaid									
			Medicare									