

Pharmacy Department
Pending changes to the Approved Drug List
July 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	Abecma (idecabtagene vicleucel) J3490, J3590	Multiple Myeloma	Traditional		Gene Therapy	New Drug, ADDED to formulary as GeneTherapy with prior authorization			9/1/2021			
			EG-Optimized		Gene Therapy	New Drug, ADDED to formulary as GeneTherapy with prior authorization						
			PPACA-Optimized		Gene Therapy	New Drug, ADDED to formulary as GeneTherapy with prior authorization						
			Medicaid		Carve-out	New Drug, Carve-out						
			Medicare	Part D: N/A Part B: N/A	Part D: EXCLUDED Part B: CARE Chemo, PA	Part D: New Drug, Excluded Part B: New Drug, COVERED, Medicare Chemo with Prior Authorization, Drug Specific Form available.						
Pharmacy	Accrufer (ferric malto) capsules	Iron Deficiency	Traditional		T4, PA, QL	New Drug, ADDED to formulary at tier 4, with prior authorization requirements and quantity limit of 60 capsules/30 days			9/1/2021			
			EG-Optimized		T4, PA, QL	New Drug, ADDED to formulary at tier 4, with prior authorization requirements and quantity limit of 60 capsules/30 days						
			PPACA-Optimized		T4, PA, QL	New Drug, ADDED to formulary at tier 4, with prior authorization requirements and quantity limit of 60 capsules/30 days						
			Medicaid			New Drug, awaiting Medicaid Common Formulary Review						
			Medicare	Part D: N/A Part B: N/A	Part D: Excluded Part B: N/A	Part D: New Drug, not eligible (manufacturer has not signed the agreement yet) When eligible, T5, PA, QL 60 capsules/30 days Part B: New Drug, not eligible for coverage under Part B (Pharmacy only)						
Pharmacy	Actemra (tocilizumab) SQ syringe ONLY	Inflammatory conditions	Traditional	T4, PA, QL	T4, PA, QL	ADD criteria for SQ syringe for new indication			9/1/2021	Positive		
			EG-Optimized	T4, PA, QL	T4, PA, QL	ADD criteria for SQ syringe for new indication						
			PPACA-Optimized	T4, PA, QL	T4, PA, QL	ADD criteria for SQ syringe for new indication						
			Medicaid									
			Medicare	Part D: T5, PA, QL Part B: T7, PA	Part D: T5, PA, QL Part B: T7, PA	Part D: ADD criteria for SQ syringe for new indication Part B: No Change						
Medical	Adakveo (crizanlizumab-tmca) J0791	Sickle Cell disease	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid	Covered, PA	Covered, PA, SOS	ADDED Site Of Service-Outpatient Hospital						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Medical	Aduhelm (aducanumab-avwa) J3590	Alzheimer's Disease	Traditional		NF	New Drug, not added to formulary - Excluded per Pharmacy Policy EXPERIMENTAL/INVESTIGATIONAL/UNPROVEN CARE/ BENEFIT EXCEPTIONS			7/13/2021			
			EG-Optimized		NF	New Drug, not added to formulary - Excluded per Pharmacy Policy EXPERIMENTAL/INVESTIGATIONAL/UNPROVEN CARE/ BENEFIT EXCEPTIONS						
			PPACA-Optimized		NF	New Drug, not added to formulary - Excluded per Pharmacy Policy EXPERIMENTAL/INVESTIGATIONAL/UNPROVEN CARE/ BENEFIT EXCEPTIONS						
			Medicaid		NF	New Drug, not added to formulary - Excluded per Pharmacy Policy EXPERIMENTAL/INVESTIGATIONAL/UNPROVEN CARE/ BENEFIT EXCEPTIONS						
			Medicare	Part B: Covered, No PA	Part D: NF Part B: Excluded	Part D: Non-Formulary Part B: New Drug, Excluded (pending National Coverage Determination/Local Coverage Determination from CMS)						
Pharmacy	Aripiprazole (geq for Abilify) Tablets/Oral Solution	Use	Traditional			REMOVE combination therapy with other atypical antipsychotics restriction			9/1/2021	Positive Change		
			EG-Optimized			REMOVE combination therapy with other atypical antipsychotics restriction						
			PPACA-Optimized			REMOVE combination therapy with other atypical antipsychotics restriction						
			Medicaid									
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Aripiprazole ODT (geq for Abilify)	Use	Traditional			REMOVE age limit restriction			9/1/2021	Neutral Change		
			EG-Optimized			REMOVE age limit restriction						
			PPACA-Optimized			REMOVE age limit restriction						
			Medicaid									

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	Oral Disintegrating Tablets ONLY		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Armodafinil (geq for Nuvigil) 50mg & 200mg Tablets ONLY	Narcolepsy/Shift work sleep disorder/Obstructive sleep apnea	Traditional	T9	T1	ADD to formulary at tier 1			9/1/2021	Positive Change		
			EG-Optimized	T9	T1b	ADD to formulary at tier 1b						
			PPACA-Optimized	T9	T1b	ADD to formulary at tier 1b						
			Medicaid									
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Asenapine (geq for Saphris) Sublingual tablets	Atypical Antipsychotic	Traditional			CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for asenapine or paliperidone ER)			9/1/2021	Positive Change		
			EG-Optimized			CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for asenapine or paliperidone ER)						
			PPACA-Optimized			CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for asenapine or paliperidone ER)						
			Medicaid									
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Ayvakit (avapritinib) tablet	Cancer	Traditional	T4, PA	T4, PA	Update PA requirements to follow Oncology Policy			9/1/2021	Neutral Change		
			EG-Optimized	T4, PA	T4, PA	Update PA requirements to follow Oncology Policy						
			PPACA-Optimized	T4, PA	T4, PA	Update PA requirements to follow Oncology Policy						
			Medicaid									
			Medicare	Part D: T5, PA, QL Part B: N/A	Part D: T5, PA, QL Part B: N/A	Update PA criteria for new indication						
Pharmacy	azithromycin (generic for Zithromycin) 100mg/5ml, 200mg/5ml Suspension	Antibiotic	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid		Covered-Preferred	Covered - Preferred						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Asmanex HFA (mometasone furoate) 50mcg, 100mcg, 200mcg inhaler	Asthma	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid		Covered-PA, QL Non-Preferred	Covered - Prior Authorization with Quantity Limits - Non-Preferred						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Banzel (rufinamide) 200mg and 400mg BRAND ONLY	Lennox-Gastaut syndrome	Traditional	T4	T5 (NF)	INCREASE tier			1/1/2022	Negative Change-		
			EG-Optimized	T4	T5	INCREASE tier						
			PPACA-Optimized	T4	T5	INCREASE tier						
			Medicaid									
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Medical	Beovu (brolucizumab)	Macular Degeneration	Traditional						10/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
Pharmacy	cipro (ciprofloxacin) 5% and 10% suspension	Antibiotic	EG-Optimized PPACA-Optimized Medicaid Medicare	 Part D: Part B:	 Covered-PA, Non-Preferred Part D: Part B:	 Covered - Prior Authorization - Non-Preferred Part D: Part B:			8/1/2021			
Pharmacy	ciprofloxacin (generic for Cipro) 250mg/5ml, 500mg/5ml suspension	Antibiotic	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	 Part D: Part B:	 Covered-Preferred Part D: Part B:	 Covered - Preferred Part D: Part B:			8/1/2021			
Pharmacy	clemastine (generic for Tavist) Syrup	Allergies	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	 Part D: n/a Part B: n/a	 Part D: NF Part B: n/a	 Part D: Not added to formulary Part B: N/A			6/1/2021			
Pharmacy	clemastine fumarate (generic for Tavist) 2.68 tablets	Allergies	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	 Part D: Part B:	 Not Covered Part D: NF Part B:	 NOT Covered Part D: Part B:			8/1/2021			
Pharmacy	clindamycin (generic for Cleocin) 2% vaginal cream	Bacterial vaginosis	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	 Part D: Part B:	 Covered - Preferred Part D: Part B:	 Covered - Preferred Part D: Part B:			8/1/2021			
Pharmacy	Clindesse (clindamycin) 2% Vaginal cream	Bacterial vaginosis	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	 Part D: Part B:	 Covered-PA, Non-Preferred Part D: Part B:	 Covered - Prior Authorization - Non-Preferred Part D: Part B:			8/1/2021			
Pharmacy	clobazam (generic for Onfi) Tablets ONLY	Siezuers	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	T3, QL T3, QL T3, QL Part D: Part B:	T2 T2 T2 Part D: Part B:	DECREASE tier, REMOVE QL DECREASE tier, REMOVE QL DECREASE tier, REMOVE QL Part D: Part B:			9/1/2021	Positive Change		
Pharmacy	Clozapine (geq for Clozaril)	Schizophrenia	Traditional EG-Optimized PPACA-Optimized Medicaid	 	 	REMOVE combination therapy with other atypical antipsychotics restriction REMOVE combination therapy with other atypical antipsychotics re striction REMOVE combination therapy with other atypical antipsychotics restriction 			9/1/2021	Positive change		

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	Immediate Release Tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Cosentyx (secukinumab) 75mg syringe	Inflammatory conditions	Traditional		T4, PA, QL, SPC	NEW dosage strength, ADDED to formulary at tier 4 with prior authorization requirements to mirror larger strength, quantity limits apply			9/1/2021			
			EG-Optimized		T4, PA, QL, SPC	NEW dosage strength, ADDED to formulary at tier 4 with prior authorization requirements to mirror larger strength, quantity limits apply						
			PPACA-Optimized		T4, PA, QL, SPC	NEW dosage strength, ADDED to formulary at tier 4 with prior authorization requirements to mirror larger strength, quantity limits apply						
			Medicaid									
			Medicare	Part D: Part B:	Part D: T5, PA Part B: N/A Pharmacy Only	Part D NEW dosage strength, ADDED to formulary at tier 5 with prior authorization Part B: N/A - Pharmacy Only						
Pharmacy	cromolyn (generic for intal) 20mg/2ml nebulizer solution	Asthma/ bronchospasm	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid		Not Covered	NOT Covered						
			Medicare	Part D: Part B:	Part D: NF Part B:	Part D: Part B:						
Pharmacy	Cuvposa (glycopyrrolate) 1mg/5ml solution	Sialorrhea	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid		Covered, AL	Covered, AL						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Medical	Crysvita (burosumab) J0584	X-linked hypophosphatemia (XLH)	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid		Covered, PA, SOS	ADDED to medical benefit, Prior Authorization criteria to match Commercial, Site Of Service applies-Outpatient Hospital						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Medical	Dalvance (dalbavancin) J0875	Antibiotic	Traditional	Tier 7, PA	Tier 8, PA	INCREASE tier			8/1/2021 for Medicaid 9/1/2021 for COMM			
			EG-Optimized	Tier 7, PA	Tier 8, PA	INCREASE tier						
			PPACA-Optimized	Tier 7, PA	Tier 8, PA	INCREASE tier						
			Medicaid	Covered, PA	Covered, PA, SOS	ADD Site of Service-Outpatient Hospital						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	desogestrel-ethinyl estradiol (generic for Desogen or Ortho-Cept) 0.15mg/30mcg tablet	Oral Contraceptive	Traditional						6/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
			Medicare	Part D: NF Part B:	Part D: T2 Part B:	Part D: NEW addition to FRF (Formulary Reference File), covered tier 2 Part B:						
Pharmacy	Desvenlafaxine ER (geq for Khedezla) GCN 34482, 34470	Depression	Traditional	T3	T2	DECREASE tier			9/1/2021	Positive Change		
			EG-Optimized	T3	T2	DECREASE tier						
			PPACA-Optimized	T3	T2	DECREASE tier						
			Medicaid									
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional	T2	T1	DECREASE tier						

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Pharmacy	Desvenlafaxine succinate ER (geq for Pristiq) GCN: 99451, 99452, 38222	Depression	EG-Optimized	T2	T1b	DECREASE tier			9/1/2021	Positive Change		
			PPACA-Optimized	T2	T1b	DECREASE tier						
			Medicaid									
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	doxycycline (generic for Vibramycin) 25mg/5ml suspension	Antibiotic	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid		Covered	Covered						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Medical	Durolane (hyaluronate sodium) J7318	Osteoarthritis of the knee	Traditional						10/1/2021	Positive change		
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
			Medicare	Part D: Part B: NPS	Part D: Part B: Pref. Spec	Part D: Part B: DECREASE tier						
Pharmacy	E.E.S. (erythromycin ethylsuccinate) 200mg/5ml suspension	Antibiotic	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid		Covered-PA, Non-Preferred	Covered - Prior Authorization - Non-Preferred						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Elepsia (levetiracetam) Tablet	Seizures	Traditional			New Drug, not added to formulary			9/1/2021			
			EG-Optimized			New Drug, not added to formulary						
			PPACA-Optimized			New Drug, not added to formulary						
			Medicaid		Carve-out	New Drug, Carve-out						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: New Drug, not added to formulary Part B: New Drug, N/A - Pharmacy Only						
Medical	Elzonris (tagraxofusp) J9269	blastic plasmacytoid dendritic cell neoplasm	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid		Covered, PA, SOS	ADDED to medical benefit, Prior Authorization criteria to match Commercial, Site Of Service applies-Outpatient Hospital						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Entresto (sacubitril, valsartan oral tablet) tablet	Heart Failure	Traditional		T3	REMOVE PA			6/17/2021	Positive change		
			EG-Optimized			REMOVE PA						
			PPACA-Optimized			REMOVE PA						
			Medicaid									
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Medical	Epogen (epoetin alfa)	Anemia	Traditional						10/1/2021	YES-Need GF (FACETS & ESI)		
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									

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	All Strengths/formulations		Medicare	Part D: Part B:	Part D: Part B: ST	Part D: Part B: ADD ST, must first try Procrit and Retacrit						
Medical	Euflexxa (hyaluronate sodium) J7323	Osteoarthritis of the knee	Traditional						10/1/2021	Positive Change		
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
			Medicare	Part D: Part B: NPS	Part D: Part B: Pref. Spec	Part D: Part B: DECREASE tier						
Medical	Evenity (romosozumab) J3111	Osteoporosis	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid	Covered, PA	Covered, PA, SOS	ADDED Site Of Service-Outpatient Hospital						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Exservan (riluzole) Oral Film	ALS (Lou Gehrig's Disease)	Traditional			New Drug, Not added to formulary			9/1/2021			
			EG-Optimized			New Drug, Not added to formulary						
			PPACA-Optimized			New Drug, Not added to formulary						
			Medicaid			New Drug, coverage pending Medicaid Common Formulary Review						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: New Drug, Not added to formulary Part B: New Drug, Pharmacy Only drug						
Medical	Eylea (afibercept) J0178	Macular Degeneration	Traditional						10/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B: Select Providers - ADD Prior Authorization. Step Therapy through Avastin for certain indications						
Pharmacy	Eysuvis (loteprednol) 0.25% eye drops	dry eye disease	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid		Covered, PA, AL, QL	Covered, with prior authorization, age limit, and quantity limits						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Fanapt (iloperidone) tablet	Schizophrenia	Traditional			CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for asenapine or paliperidone ER)			9/1/2021	Positive or Neutral change		
			EG-Optimized			CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for asenapine or paliperidone ER)						
			PPACA-Optimized			CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for asenapine or paliperidone ER)						
			Medicaid									
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Farxiga (dapagliflozin) tablet	Diabetes	Traditional	T2, QL	T2, QL	No Change			6/17/2021	Positive or Neutral change		
			EG-Optimized	T3, PA, QL	T2, QL	LOWER Tier, REMOVE Prior Authorization						
			PPACA-Optimized	T3, PA, QL	T2, QL	LOWER Tier, REMOVE Prior Authorization						
			Medicaid									
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
	Escoge		Traditional									
			EG-Optimized									

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Medical	Benralizumab (benralizumab) J0517- Prefilled Syringe ONLY	Asthma	PPACA-Optimized						8/1/2021			
			Medicaid	Covered, PA	Covered, PA, SOS	ADDED Site Of Service-Outpatient Hospital-Prefilled S						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Fetzima (levomilnacipran) capsules	Depression	Traditional	T3, ST	T3, ST	ADD Step Therapy drug option of desvenlafaxine (currently venlafaxine, venlafaxine ER, or duloxetine)			9/1/2021	Positive		
			EG-Optimized	T3, ST	T3, ST	ADD Step Therapy drug option of desvenlafaxine (currently venlafaxine, venlafaxine ER, or duloxetine)						
			PPACA-Optimized	T3, ST	T3, ST	ADD Step Therapy drug option of desvenlafaxine (currently venlafaxine, venlafaxine ER, or duloxetine)						
			Medicaid									
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Fotivda (Tivozanib) capsules	Oncology	Traditional		T5, PA, QL	New Drug, ADDED to formulary at tier 5 with prior authorization and quantity limits (28/28)- add to oncology policy			9/1/2021			
			EG-Optimized		T5, PA, QL	New Drug, ADDED to formulary at tier 5 with prior authorization and quantity limits (28/28)- add to oncology policy						
			PPACA-Optimized		T5, PA, QL	New Drug, ADDED to formulary at tier 5 with prior authorization and quantity limits (28/28)- add to oncology policy						
			Medicaid			Carve-out						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: New Drug, ADDED to formulary at tier 5 with prior authorization and quantity limits (30/30) Part B: New Drug, N/A - Pharmacy Only						
Medical	Gamifant (emapalumab) J9210	primary hemophagocytic lymphohistiocytosis	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid		Covered, PA, SOS	ADDED to medical benefit, Prior Authorization criteria to match Commercial, Site Of Service applies-Outpatient Hospital						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Medical	Gel-One (hyaluronate sodium) J7326	Osteoarthritis of the knee	Traditional						10/1/2021	YES-Need GF		
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
			Medicare	Part D: Part B: NPS	Part D: Part B: NPS, ST/PA	Part D: Part B: ADD Step Therapy, Must first try Supartz, Gelsyn-3, Durolane, and Euflexxa						
Medical	Gelsyn-3 (hyaluronate sodium) J7328	Osteoarthritis of the knee	Traditional						10/1/2021	Positive Change		
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
			Medicare	Part D: Part B: NPS	Part D: Part B: Pref. Spec	Part D: Part B: DECREASE tier						
Medical	GenVisc 850 (hyaluronate sodium) J7320	Osteoarthritis of the knee	Traditional						10/1/2021	YES-Need GF		
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
			Medicare	Part D: Part B: NPS	Part D: Part B: NPS, ST/PA	Part D: Part B: ADD Step Therapy, Must first try Supartz, Gelsyn-3, Durolane, and Euflexxa						
Pharmacy	Gimoti (metoclopramide)	Gastroparesis	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid		NOT Covered	NOT Covered						

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	15mg Nasal Spray		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Medical	Givlaari (givosiran) J0223	acute hepatic porphyria	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid		Covered, PA, SOS	ADDED to medical benefit, Prior Authorization criteria to match Commercial, Site Of Service applies-Outpatient Hospital						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Glyxambi (empagliflozin & linagliptin) tablet	Diabetes	Traditional	T2, QL	T2, QL	No Change			6/17/2021	Positive Change		
			EG-Optimized	T3, PA, QL	T2, QL	LOWER Tier, REMOVE Prior Authorization						
			PPACA-Optimized	T3, PA, QL	T2, QL	LOWER Tier, REMOVE Prior Authorization						
			Medicaid									
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Hydrocodone/ Ibuprofen (generic for Ibudone, Reprexain, Vicoprofen) 7.5mg/200mg ONLY	Pain	Traditional						8/1/2021	positive change		
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
			Medicare	Part D: NF Part B: N/A	Part D: T4, QL Part B: N/A	Part D: ADDED to formulary, covered tier 4 with Quantity Limits (150/30) Part B: N/A						
Pharmacy	hydrocortisone (geq for Proctosol-HC 2.5% cream) 2.5% cream	Hemorrhoids	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid		Covered	Covered						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Medical	Hymovis (hyaluronic acid) J7322	Osteoarthritis of the knee	Traditional						9/1/2021	YES-Need GF		
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
			Medicare	Part D: Part B: NPS	Part D: Part B: NPS, ST/PA	Part D: Part B: ADD Step Therapy, Must first try Supartz, Gelsyn-3, Durolane, and Euflexxa						
Medical	Ilumya (tildrakizumab) J3245	Plaque Psoriasis	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid		Covered, PA, SOS	ADDED to medical benefit, Prior Authorization criteria to match PDL, Site Of Service applies-Outpatient Hospital						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Impeklo (clobetasol propionate) 0.05% lotion	Dermatoses	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid		Covered-PA, Non-Preferred	Covered - Prior Authorization - Non-Preferred						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Imvexxy (estradiol)	dyspareunia	Traditional			ADD prior authorization requirements to match Intrarosa - Plan must have sexual dysfunction rider			1/1/2022	NO- NEGATIVE		
			EG-Optimized			ADD prior authorization requirements to match Intrarosa - Plan must have sexual dysfunction rider						
			PPACA-Optimized		Excluded	Excluded - no sexual dysfunction rider on any plan						

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Pharmacy Department
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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
Pharmacy	vaginal insert		Medicaid							CHANGE		
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Incruse (umeclidinium)	chronic obstructive pulmonary disease (COPD)	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid		Covered-Preferred	Covered - Preferred						
	Ellipta 62.5 mcg Inhaler		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Ingrezza (valbenazine)	tardive dyskinesia	Traditional						7/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	60mg capsule		Medicare	Part D: Part B:	Part D: T5, PA, QL Part B:	Part D: NEW addition to FRF (Formulary Reference File), covered tier 5, with Prior Authorization and Quantity Limits (30/30) Part B:						
Pharmacy	Ingrezza (valbenazine)	tardive dyskinesia	Traditional						7/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid		Covered, PA, AL	Covered with Prior Authorization and Age Limit						
	40mg, 60mg, 80 mg capsules and Inhalation Pack		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Invenga Trinza (paliperidone)	Schizophrenia	Traditional						8/1/2021	positive change		
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	7.5mg/200mg ONLY		Medicare	Part D: NF Part B: Pref, Spec, NO PA	Part D: T5, QL Part B: Pref Spec, NO PA	Part D: ADDED to formulary, covered tier 5 with Quantity Limits (1/90) Part B: No change to coverage						
Pharmacy	Invokamet/ Invokamet XR (canagliflozin & metformin)	Diabetes	Traditional	T3, ST, QL	T3, ST, QL	No Change			6/17/2021	Neutral Change -		
			EG-Optimized	T3, PA, QL	T3, ST, QL	REMOVE PA, ADD Step Therapy through Farxiga, Xigduo XR, Jardiance, or Synjardy/Synjardy XR						
			PPACA-Optimized	T3, PA, QL	T3, ST, QL	REMOVE PA, ADD Step Therapy through Farxiga, Xigduo XR, Jardiance, or Synjardy/Synjardy XR						
			Medicaid									
	tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Invokana (canagliflozin)	Diabetes	Traditional	T3, ST, QL	T3, ST, QL	No Change			6/17/2021	Neutral Change - ADD ST		
			EG-Optimized	T3, PA, QL	T3, ST, QL	REMOVE PA, ADD Step Therapy through Farxiga, Xigduo XR, Jardiance, or Synjardy/Synjardy XR						
			PPACA-Optimized	T3, PA, QL	T3, ST, QL	REMOVE PA, ADD Step Therapy through Farxiga, Xigduo XR, Jardiance, or Synjardy/Synjardy XR						
			Medicaid									
	tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Isotretinoin (geq for Absorica)	cystic acne vulgaris	Traditional						9/1/2021-or is it immediate!			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	25mg and 35 mg capsule		Medicare	Part D:Nf Part B:	Part D: NF Part B:	Part D: NEW addition to FRF (Formulary Reference File), Not added to formulary Part B:						
			Traditional	T2, QL	T2, QL	No Change						

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
Pharmacy	Jardiance (empagliflozin) tablet	Diabetes	EG-Optimized	T3, PA, QL	T2, QL	LOWER Tier, REMOVE PA			6/17/2021	Positive change		
			PPACA-Optimized	T3, PA, QL	T2, QL	LOWER Tier, REMOVE PA						
			Medicaid									
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Medical	Jemperli (dostarlimab) J9999	Endometrial Cancer	Traditional			New Drug, covered as non-preferred specialty (tier 8), with prior authorization - add to oncology policy			9/1/2021			
			EG-Optimized			New Drug, covered as non-preferred specialty (tier 8), with prior authorization - add to oncology policy						
			PPACA-Optimized			New Drug, covered as non-preferred specialty (tier 8), with prior authorization - add to oncology policy						
			Medicaid			New Drug, covered with Prior Authorization						
			Medicare	Part D: Part B:	Part D: NF Part B: NPS, PA	Part D: New Drug, Non-formulary Part B: New Drug, ADDED to medical benefit with Prior Authorization- add to oncology policy						
Medical	Kanuma (sebelipase alfa) J2840	lysosomal acid lipase (LAL) deficiency	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid	Covered, PA	Covered, PA, SOS	ADDED Site Of Service-Outpatient Hospital						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	ketoconazole (genq for Nizoral) 200mg tablet	Antifungal	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid		Covered-Preferred	Covered - Preferred						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Medical	Kimyrsa (oritavancin) J3490	Antibiotic	Traditional		T8, PA	New Drug, ADDED to the formulary at tier 8 with prior authorization			9/1/2021			
			EG-Optimized		T8, PA	New Drug, ADDED to the formulary at tier 8 with prior authorization						
			PPACA-Optimized		T8, PA	New Drug, ADDED to the formulary at tier 8 with prior authorization						
			Medicaid		Covered, PA	New Drug, ADDED to the formulary						
			Medicare	Part D: Part B:	Part D:NF Part B NPS, PA	Part D: New Drug, Not added to formulary Part B: New Drug, covered with Prior Authorization						
Medical	Krystexxa (pegloticase) J2507	Gout	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid	Covered, PA	Covered, PA, SOS	ADDED Site Of Service-Outpatient Hospital						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Kynmobi (apomorphine) Tablets	Parkinson's disease	Traditional	T4, PA, QL	T4, PA, QL	UPDATE PA Criteria			9/1/2021	Neutral Change		
			EG-Optimized	T4, PA, QL	T4, PA, QL	UPDATE PA Criteria						
			PPACA-Optimized	T4, PA, QL	T4, PA, QL	UPDATE PA Criteria						
			Medicaid									
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	lamotrigine (geq for Lamictal XR)	Seizures	Traditional			INCREASE Quantity Limit to #60/30			9/1/2021	Positive change		
			EG-Optimized			INCREASE Quantity Limit to #60/31						
			PPACA-Optimized			INCREASE Quantity Limit to #60/32						
			Medicaid									

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Pharmacy Department
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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
	ER 200mg, 250mg, 300mg ONLY		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Latuda (lurasidone) tablet	Schizophrenia	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	 Part D: Part B:	 Part D: Part B:	CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for aripiprazole ODT, asenapine, or paliperidone ER) CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for aripiprazole ODT, asenapine, or paliperidone ER) CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for aripiprazole ODT, asenapine, or paliperidone ER) Part D: Part B:			9/1/2021	Neutral Change		
Pharmacy	Lokelma (sodium zirconium cyclosilicate) packets	hyperkalemia	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	T5, QL T5, QL T5, QL Part D: Part B:	T4, QL T4, QL T4, QL Part D: Part B:	LOWER tier LOWER tier LOWER tier Part D: Part B:			7/1/2021	Positive Change		
Medical	Lumizyme (alglucosidase alpha) J0221	Pompe disease	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	 Covered, PA Part D: Part B:	 Covered, PA, SOS Part D: Part B:	 ADDED Site Of Service-Outpatient Hospital Part D: Part B:			8/1/2021			
Pharmacy	Lumakras (sotorasib) tablet	Oncology	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	 Part D: Part B:	T4, PA, QL T4, PA, QL T4, PA, QL Pending Part D: Part B:	New Drug, ADDED to formulary at tier 4 with prior authorization and quantity limits (112/14) Limited to 14 day fill- add to oncology policy New Drug, ADDED to formulary at tier 4 with prior authorization and quantity limits (112/14) Limited to 14 day fill- add to oncology policy New Drug, ADDED to formulary at tier 4 with prior authorization and quantity limits (112/14) Limited to 14 day fill- add to oncology policy New Drug, Pending Medicaid Common Formulary Review Part D: New Drug, ADDED to formulary at tier 5 with prior authorization and quantity limits (224/28)- add to oncology policy Part B: New Drug, N/A - Pharmacy Only			9/1/2021			
Pharmacy	Lupkynis (voclosporin) 7.9mg capsule	Lupus Nephritis	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	 Part D: Part B:	 NOT Covered Part D: Part B:	 NOT Covered Part D: Part B:			8/1/2021			
Medical	Lutathera (Lutetium Lu 177 dotatate) A9513 ,J3490	Oncology	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	 Part D: Part B:	 Covered, PA Part D: Part B:	 ADDED to medical benefit, Prior Authorization criteria to match Commercial Part D: Part B:			8/1/2021			
Medical	Lucentis (ranibizumab) J2778	Macular Degeneration	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	 Part D: Part B:	 Part D: Part B:	 Part D: Part B: Select Providers - ADD Prior Authorization. Step Therapy through Avastin for certain indications			10/1/2021			

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Pharmacy Department
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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
Pharmacy	metronidazole (geq for Vandazole & MetroGel) vaginal 0.75% gel	Antibiotic	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid		Covered - Preferred	Covered - Preferred						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Minolira (minocycline) ER 105mg and 135mg tablet	Antibiotic	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid		NOT Covered	NOT Covered						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Medical	Monovisc (hyaluronate sodium) J7327	Osteoarthritis of the knee	Traditional						9/1/2021	YES-Need GF		
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
			Medicare	Part D: Part B: NPS	Part D: Part B: NPS, ST/PA	Part D: Part B: ADD Step Therapy, Must first try Supartz, Gelsyn-3, Durolane, and Euflexxa						
Pharmacy	moxifloxacin (geq for Vigamox) 0.5% eye drops	Antibiotic	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid		Covered - Preferred	Covered - Preferred						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Neomycin (geq for Mycifradin & Neobiotic) 500mg tablet	Antibiotic	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid		Covered-Preferred	Covered - Preferred						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Nextstellis (drospirenone & estetrol) tablets	Contraception	Traditional		NF	New Drug, Not added to formulary			9/1/2021			
			EG-Optimized		NF	New Drug, Not added to formulary						
			PPACA-Optimized		NF	New Drug, Not added to formulary						
			Medicaid		Pending	New Drug, Pending Medicaid Common Formulary Review						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: New Drug, Not added to formulary Part B: New Drug - Pharmacy Only						
Pharmacy	Nitrofurantoin (monohydrate AND macro/mono) 50mg and 100mg	Use	Traditional						6/1/2021	Positive Change		
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
			Medicare	Part D: T2, QL Part B:	Part D: T2, QL Part B:	Part D: INCREASE Quantity Limit to 1 per day Part B:						
Medical	Nulojix (belatacept)	Antirejection	Traditional						9/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid	Covered, PA	Covered, PA, SOS	ADDED Site Of Service-Outpatient Hospital						

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
	J0485		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Nourianz (Istradefylline) Tablets	Parkinson's Disease	Traditional	T5, PA, QL	T5, PA, QL	UPDATE PA Criteria						
			EG-Optimized	T9	T9	Non-Formulary						
			PPACA-Optimized	T9	T9	Non-Formulary			9/1/2021	Positive/ neutral Change		
			Medicaid									
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Medical	Nuzyra (Omadacycline) J0121	Antibiotic	Traditional									
			EG-Optimized									
			PPACA-Optimized						9/1/2021	YES-Need GF		
			Medicaid									
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B: ADD Additional PA requirements						
Pharmacy	nystatin (geq for Mycostatin) 500,000 unit oral tablet	Antifungal	Traditional									
			EG-Optimized									
			PPACA-Optimized						8/1/2021			
			Medicaid		Covered- Preferred	Covered - Preferred						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Nyvepria (pegfilgrastim) 6mg/0.6ml syringe	Neutropenia	Traditional									
			EG-Optimized									
			PPACA-Optimized						8/1/2021			
			Medicaid		Covered- Preferred	Covered - Preferred						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Ocella (geq for Yasmin) 3mg-0.03mg tablet	Oral Contraceptive	Traditional									
			EG-Optimized									
			PPACA-Optimized						8/1/2021			
			Medicaid		NOT Covered	NOT Covered						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Olanzapine (geq for Zyprexa) Tablets	Schizophrenia/bipolar disorder/depression	Traditional			REMOVE combination therapy with other atypical antipsychotics restriction						
			EG-Optimized			REMOVE combination therapy with other atypical antipsychotics restriction			9/1/2021	Positive Change		
			PPACA-Optimized			REMOVE combination therapy with other atypical antipsychotics restriction						
			Medicaid									
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Olanzapine ODT (geq for Zyprexa Zydis) Oral Disintegrating Tablets ONLY	Schizophrenia/bipolar disorder/depression	Traditional			REMOVE combination therapy with other atypical antipsychotics restriction AND Age limit restriction						
			EG-Optimized			REMOVE combination therapy with other atypical antipsychotics restriction AND Age limit restriction			9/1/2021	Positive Change		
			PPACA-Optimized			REMOVE combination therapy with other atypical antipsychotics restriction AND Age limit restriction						
			Medicaid									
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Retail	Onpatro (geq)	I Use	Traditional									
			EG-Optimized									
			PPACA-Optimized						9/1/2021			

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
Medicaid	J0222		Medicaid		Covered, PA, SOS	ADDED to medical benefit, Prior Authorization criteria to match Commercial, Site Of Service applies-Outpatient Hospital			9/1/2021			
Medicaid	Orbactiv (oritavancin)	Antibiotic	Traditional	T8- Medical	T8, PA	ADD prior authorization requirement			9/1/2021			
			EG-Optimized	T8- Medical	T8, PA	ADD prior authorization requirement						
			PPACA-Optimized	T8- Medical	T8, PA	ADD prior authorization requirement						
	J2407		Medicaid									
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Medicaid	Orthovisc (hyaluronate sodium)	Osteoarthritis of the knee	Traditional						9/1/2021	YES-Need GF		
			EG-Optimized									
	J7324		PPACA-Optimized									
			Medicaid									
			Medicare	Part D: Part B: NPS	Part D: Part B: NPS, ST/PA	Part D: Part B: ADD Step Therapy, Must first try Supartz, Gelsyn-3, Durolane, and Euflexxa						
Medicaid	Oxumo (lumasiran)	primary hyperoxaluria type 1 (PH1)	Traditional						9/1/2021			
			EG-Optimized									
			PPACA-Optimized									
	J0224		Medicaid	Covered, PA	Covered, PA, SOS	ADDED Site Of Service-Outpatient Hospital						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Paliperidone ER (geq for Invega)	Schizophrenia	Traditional			CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for asenapine or paliperidone ER)			9/1/2021	Neutral Change		
			EG-Optimized			CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for asenapine or paliperidone ER)						
			PPACA-Optimized			CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for asenapine or paliperidone ER)						
	tablet		Medicaid									
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Penicillin VK	Antibiotic	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
	125mg/5ml and 250mg/5ml; solution		Medicaid		Covered	Covered						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Ponvory (ponesimod)	Multiple Sclerosis	Traditional		T4, ST, QL	New Drug, ADDED to formulary at tier 4 with Step Therapy and Quantity Limits (30/30) - must first try Glatopa, glatiramer, or dimethyl fumarate (Mirrors Gilenya, Zeposia & Mayzent)			9/1/2019			
			EG-Optimized		T4, ST, QL	New Drug, ADDED to formulary at tier 4 with Step Therapy and Quantity Limits (30/30) - must first try Glatopa, glatiramer, or dimethyl fumarate (Mirrors Gilenya, Zeposia & Mayzent)						
			PPACA-Optimized		T4, ST, QL	New Drug, ADDED to formulary at tier 4 with Step Therapy and Quantity Limits (30/30) - must first try Glatopa, glatiramer, or dimethyl fumarate (Mirrors Gilenya, Zeposia & Mayzent)						
	tablet		Medicaid			Pending Medicaid Common Formulary Review						
			Medicare	Part D: Part B:	Part D: NF Part B:	Part D: New Drug, not added to formulary Part B: New Drug - Pharmacy Only						
Pharmacy	potassium citrate (geq for Urocit K)	Kidney stone prevention	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
	ER 15 MEQ tablet		Medicaid		Covered	Covered						
			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	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
Pharmacy	Pramipexole (geq for Mirapex) ER Tablets ONLY	Parkinson's Disease	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	T1, ST T1b, ST T1b, ST Part D: Part B:	T3, ST T3, ST T3, ST Part D: Part B:	INCREASE tier INCREASE tier INCREASE tier Part D: Part B:		Immediate Release, ropinerole ER & IR,	1/1/2022	Negative Change		
Medical	Prolia (denosumab) J0897	Osteoporosis	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	 Covered, PA Part D: Part B:	T7, PA, SOS Covered, PA, SOS Part D: Part B:	 ADDED Site Of Service-Outpatient Hospital Part D: Part B:			9/1/2021			
Pharmacy	Proventil (albuterol) HFA 90mcg Inhaler	Asthma, Chronic Obstructive Pulmonary Disease (COPD), bronchospasm	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	 Part D: Part B:	 Covered-PA, QL, Non-Preferred Part D: Part B:	 Covered - Prior Authorization and quantity limit - Non-Preferred Part D: Part B:			8/1/2021			
Pharmacy	Qelbree (viloxazine) capsules	ADHD	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	 Part D: Part B:	T3, ST, QL, AL T3, ST, QL, AL T3, ST, QL, AL Part D: T4, PA, QL Part B: N/A	New Drug, ADDED to formulary at tier 3 with Step Therapy -Must first try atomoxetine and either clonidine ER or guanfacine ER; Quantity Limits (100mg-#30/30; 150mg and 200mg - #60/30; and Age Limit (6 to 17) New Drug, ADDED to formulary at tier 3 with Step Therapy -Must first try atomoxetine and either clonidine ER or guanfacine ER; Quantity Limits (100mg-#30/30; 150mg and 200mg - #60/30; and Age Limit (6 to 17) New Drug, ADDED to formulary at tier 3 with Step Therapy -Must first try atomoxetine and either clonidine ER or guanfacine ER; Quantity Limits (100mg-#30/30; 150mg and 200mg - #60/30; and Age Limit (6 to 17) Carve Out Part D: New Drug, ADDED to formulary at tier 4, with Prior Authorization (MAI and trial with Atomoxetine AND clonidine ER) and Quantity Limits (100mg-#30/30; 150mg and 200mg - #60/30 Part B: New Drug - Pharmacy Only		9/1/2021				
Pharmacy	Qtern (dapagliflozin & saxagliptin) tablets	Diabetes	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	T3, ST, QL T3, PA, QL T3, PA, QL Part D: Part B:	T3, ST, QL T3, ST, QL T3, ST, QL Part D: Part B:	No Change REMOVE PA, ADD Step Therapy through Glyxambi REMOVE PA, ADD Step Therapy through Glyxambi Part D: Part B:		6/17/2021	Neutral Change			?
Pharmacy	Quetiapine (geq for Seroquel) tablets	Schizophrenia/ Bipolar Disorder	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	 Part D: Part B:	 Part D: Part B:	REMOVE combination therapy with other atypical antipsychotics restriction REMOVE combination therapy with other atypical antipsychotics restriction REMOVE combination therapy with other atypical antipsychotics restriction Part D: Part B:		9/1/2021	Positive Change			
Pharmacy	Quetiapine (geq for Seroquel XR) ER Tablets ONLY	Schizophrenia/ Bipolar Disorder	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	T2, ST T2, ST T2, ST Part D: Part B:	T1 T1b T1b Part D: Part B:	LOWER tier, REMOVE Step Therapy LOWER tier, REMOVE Step Therapy LOWER tier, REMOVE Step Therapy Part D: Part B:		9/1/2021	Positive Change			
Medical	Radicava (edaravone)	ALS (Lou Gehrig's	Traditional EG-Optimized PPACA-Optimized	 	 	 			9/1/2021			

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
Medicaid	J1301	Diseas)	Medicaid	Covered, PA	Covered, PA, SOS	ADDED Site Of Service-Outpatient Hospital			9/1/2021			
Medical	Reblozyl (lusparcept)	anemia due to Beta Thalassemia	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			9/2/2021			
Pharmacy	Reditrex	Rheumatoid Arthritis & Psoriasis	Traditional						8/1/2021			
Medical	Revcovi (elapegedemase)	severe combined immunodeficiency disease (SCID) due to adenosine deaminase (ADA) deficiency	EG-Optimized						9/1/2021			
Pharmacy	Rexulti (brexpiprazole)	Depression Schizophrenia	PPACA-Optimized						9/1/2021	Neutral Change		
Pharmacy	Risperidone (geq for Risperdal)	Schizophrenia Bipolar Disorder	Medicaid	Part D: Part B:	Part D: Part B:	Part D: Part B:			9/1/2021	Positive Change		
Pharmacy	Risperidone ODT (geq for Risperdal M-tab)	Schizophrenia Bipolar Disorder	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			9/1/2021	Neutral Change		
Pharmacy	Roszet (rosuvastatin & ezetimibe)	hypercholesterolemia	Traditional			New Drug, Not added to formulary			9/1/2021			

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
Medical	Supartz (hyaluronate sodium) J7321	Osteoarthritis of the knee	EG-Optimized						10/1/2021	Positive Change		
			PPACA-Optimized									
			Medicaid									
			Medicare	Part D: Part B: NPS	Part D: Part B: Pref. Spec	Part D: Part B: DECREASE tier						
Pharmacy	Spiriva (tiotropium) Respiimat 1.25mcg, 2.5mcg Inhaler	Chronic obstructive pulmonary disease (COPD)	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid		Covered-QL-Preferred	Covered - with Quantity Limits - Preferred						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Steglatro (ertugliflozin) tablet	Diabetes	Traditional	T3, ST, QL	T3, ST, QL	No Change			6/17/2021	Negative - Cont until 12-31-2021 Member will get letters for 1-1-2022		
			EG-Optimized	T2, PA, QL	T3, ST, QL	INCREASE tier, REMOVE Prior Authorization, ADD Step Therapy through Farxiga, Xigduo XR, Jardiance, or Synjardy/Synjardy XR						
			PPACA-Optimized	T2, PA, QL	T3, ST, QL	INCREASE tier, REMOVE Prior Authorization, ADD Step Therapy through Farxiga, Xigduo XR, Jardiance, or Synjardy/Synjardy XR						
			Medicaid									
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Steglujan (ertugliflozin & sitagliptin) tablet	Type 2 Diabetes	Traditional	T3, ST, QL	T3, ST, QL	No Change			6/17/2021	Neutral Change		
			EG-Optimized	T3, PA, QL	T3, ST, QL	REMOVE Prior Authorization, ADD Step Therapy through Glyxambi						
			PPACA-Optimized	T3, PA, QL	T3, ST, QL	REMOVE Prior Authorization, ADD Step Therapy through Glyxambi						
			Medicaid									
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Medical	Stelara (ustekinumab) J3358- IV ONLY	Crohn's Disease	Traditional		T7, PA, SOS	ADD to Site of Service Policy			9/1/2021			
			EG-Optimized		T7, PA, SOS	ADD to Site of Service Policy						
			PPACA-Optimized		T7, PA, SOS	ADD to Site of Service Policy						
			Medicaid			ADD to Site of Service Policy-Outpatient Hospital						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Medical	Sylvant (Siltuximab) J2860	Multicentric Castleman Disease (MCD)	Traditional						9/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid	Covered, PA	Covered, PA, SOS	ADDED Site Of Service-Outpatient Hospital						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Synjardy/Synjardy XR (empagliflozin & metformin) Tablet	Type 2 Diabetes	Traditional	T2, QL	T2, QL	No Change			6/17/2021	Positive or Neutral change		
			EG-Optimized	T3, PA, QL	T2, QL	LOWER Tier, REMOVE Prior Authorization						
			PPACA-Optimized	T3, PA, QL	T2, QL	LOWER Tier, REMOVE Prior Authorization						
			Medicaid									
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Medical	Synvisc/Synvisc One (hylan)	Osteoarthritis of the knee	Traditional						9/1/2021	YES-Need GF		
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
	J7325		Medicare	Part D: Part B: NPS	Part D: Part B: NPS, ST/PA	Part D: Part B: ADD Step Therapy, Must first try Supartz, Gelsyn-3, Durolane, and Euflexxa						
Pharmacy	tazarotene (geq for Fabior) 0.1% foam ONLY	Acne	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare		Part D: Part B: Part D: NF Part B:	Part D: Part B: ADD Step Therapy, Must first try Supartz, Gelsyn-3, Durolane, and Euflexxa Part D: NEW generic, NOT added to formulary (Brand also NF) Part B:			6/1/2021			
Pharmacy	Tilia FE 28 (norethindrone, ethinyl estradiol, ferrous fumarate) tablet	Oral Contraceptive	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare		NOT Covered Part D: Part B:	NOT Covered Part D: Part B:			8/1/2021			
Pharmacy	tinidazole (geq for Tindamax) 250mg, 500mg tablet	Antibiotic	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare		Covered- Preferred Part D: Part B:	Covered - Preferred Part D: Part B:			8/1/2021			
Pharmacy	Trelegy (Fluticasone Furoate Inhalation powder, Umeclidinium, Vilanterol) Elipta 100-62.5-25, 200-62.5-25 inhaler	Chronic obstructive pulmonary disease (COPD)	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare		Covered - Preferred Part D: Part B:	Covered - Preferred Part D: Part B:			8/1/2021			
Pharmacy	Trijardy (empagliflozin/linagliptin/ metformin) tablet	Type 2 Diabetes	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	T2, QL T3, PA, QL T3, PA, QL Part D: Part B:	T2, QL T2, QL T2, QL Part D: Part B:	No Change LOWER Tier, REMOVE Prior Authorization LOWER Tier, REMOVE Prior Authorization Part D: Part B:			6/17/2021	Positive or Neutral change		
Pharmacy	Trikafta (Elexacaftor, Tezacaftor, Ivacaftor) tablet	Cystic Fibrosis	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare		UPDATE Age Limit to 6 years and older UPDATE Age Limit to 6 years and older UPDATE Age Limit to 6 years and older Part D: Part B:	UPDATE Age Limit to 6 years and older UPDATE Age Limit to 6 years and older UPDATE Age Limit to 6 years and older Part D:REMOVE age limit Part B:			9/1/2021			
Medical	TriLuron (sodium hyaluronate) J7332	Osteoarthritis of the knee	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare		Part D: Part B: NPS, ST/PA	Part D: Part B: ADD Step Therapy, Must first try Supartz, Gelsyn-3, Durolane, and Euflexxa			9/1/2021	YES-Need GF		
Pharmacy	Trintellix (vortioxetine)		Traditional EG-Optimized	T3, ST T3, ST	T3, ST T3, ST	ADD Step Therapy drug option of desvenlafaxine (currently venlafaxine, venlafaxine ER, or duloxetine) ADD Step Therapy drug option of desvenlafaxine (currently venlafaxine, venlafaxine ER, or duloxetine)						

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
Pharmacy	Verquvo (vericiguat) 2.5mg, 5mg, 10 mg tablet	Heart Failure	EG-Optimized						8/1/2021			
			PPACA-Optimized									
			Medicaid		Covered, PA, AL, QL	Covered with Prior Authorization, Age Limit, and Quantity Limit						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Viibryd (vilazodone) tablet	Depression	Traditional	T8, PA	T8, PA	ADD Step Therapy drug option of desvenlafaxine (currently venlafaxine, venlafaxine ER, or duloxetine)			9/1/2021	Positive Change		
			EG-Optimized	T8, PA	T8, PA	ADD Step Therapy drug option of desvenlafaxine (currently venlafaxine, venlafaxine ER, or duloxetine)						
			PPACA-Optimized	T8, PA	T8, PA	ADD Step Therapy drug option of desvenlafaxine (currently venlafaxine, venlafaxine ER, or duloxetine)						
			Medicaid									
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Medical	Vibativ (telavancin) All Strengths/Formulations	Antibiotic	Traditional	T8- Medical	T8, PA	ADD prior authorization requirement			9/1/2021			
			EG-Optimized	T8- Medical	T8, PA	ADD prior authorization requirement						
			PPACA-Optimized	T8- Medical	T8, PA	ADD prior authorization requirement						
			Medicaid									
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B: ADD Prior Authorization						
Pharmacy	Vigamox (moxifloxacin) 0.5% eye drops	Antibiotic	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid		Covered-PA, Non-Preferred	Covered - Prior Authorization - Non-Preferred						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Medical	Visco-3 (hyaluronate sodium) J7321	Osteoarthritis of the knee	Traditional						9/1/2021	YES-Need GF		
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
			Medicare	Part D: Part B: NPS	Part D: NPS, ST/PA	Part D: Part B: ADD Step Therapy, Must first try Supartz, Gelsyn-3, Durolane, and Euflexxa						
Pharmacy	Vraylar (cariprazine) Capsules	Schizophrenia Bipolar Disorder	Traditional			CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for asenapine or paliperidone ER)			9/1/2021	Positive or Neutral Change		
			EG-Optimized			CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for asenapine or paliperidone ER)						
			PPACA-Optimized			CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for asenapine or paliperidone ER)						
			Medicaid									
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Xcopri (cenobamate) 250 mg dose pack	Seizures	Traditional						7/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
			Medicare	Part D:NF Part B:	Part D: T5, QL Part B:	Part D: NEW addition to FRF (Formulary Reference File), covered tier 5, with Quantity Limits (56/30) Part B:						
	Xifaxan		Traditional									
			EG-Optimized									

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
Pharmacy	(rifaximin) 550mg tablets	Hepatic Encephalopathy/ IBS-D	PPACA-Optimized						7/1/2021	positive change		
			Medicaid									
			Medicare	Part D: T5, PA, QL Part B:	Part D: T5, QL Part B:	Part D: REMOVE Prior Authorization Part B:						
Pharmacy	Xigduo (Dapagliflozin and Metformin) tablets	Type 2 Diabetes	Traditional	T2, QL	T2, QL	No Change			6/17/2021	Positive or Neutral change		
			EG-Optimized	T3, PA, QL	T2, QL	LOWER Tier, REMOVE Prior Authorization						
			PPACA-Optimized	T3, PA, QL	T2, QL	LOWER Tier, REMOVE Prior Authorization						
			Medicaid									
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Medicaid	Xolair (Omalizumab) J2357-Vials AND Prefilled Syringes	Asthma, chronic urticaria, nasal polyps	Traditional						9/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid	Covered, PA	Covered, PA, SOS	ADDED Site Of Service-Outpatient Hospital Not covered under pharmacy						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Xpovio (Selinexor) 100mg/week, 40mg /week, 40mg/biweekly,60mg/week, 80mg/week	Oncology	Traditional						9/1/2021	Positive change		
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
			Medicare	Part D:Nf Part B:	Part D: T5, PA, QL Part B:	Part D: NEW addition to FRF (Formulary Reference File), covered tier 5, with Prior Authorization and Quantity Limits Part B:						
Pharmacy	Zegalogue (Dasiglucagon) Syringe and Auto-injector	hypoglycemia	Traditional		T3, QL	New Drug, ADDED to formulary at tier 3 with Quantity Limits (2 kits/30 days) Both Syringe and autoinjector			9/1/2021			
			EG-Optimized		T3, QL	New Drug, ADDED to formulary at tier 3 with Quantity Limits (2 kits/30 days) Both Syringe and autoinjector						
			PPACA-Optimized		T3, QL	New Drug, ADDED to formulary at tier 3 with Quantity Limits (2 kits/30 days) Both Syringe and autoinjector						
			Medicaid			Pending Medicaid Common Formulary Review						
			Medicare	Part D: Part B:	Part D: EXCLUDED Part B:	Part D: New drug, Excluded If/When added to FRF - Covered at tier 4 with Quantity Limits (2 kits/30 days) Part B:						
Pharmacy	Zeposia (Ozanimod) tablet	Multiple Sclerosis, Ulcerative Colitis	Traditional	T4	T4, PA	ADD PA for Ulcerative Colitis Diagnosis ONLY			9/1/2021			
			EG-Optimized	T4	T4, PA	ADD PA for Ulcerative Colitis Diagnosis ONLY						
			PPACA-Optimized	T4	T4, PA	ADD PA for Ulcerative Colitis Diagnosis ONLY						
			Medicaid									
			Medicare	Part D:T5, QL Part B N/A	Part D: T5, QL Part B N/A	Part D: No changes with new indication Part B: N/A - Pharmacy Only Drug						
Pharmacy	Ziprasidone (geq for Geodon) Capsule	Schizophrenia Bipolar Disorder	Traditional			REMOVE combination therapy with other atypical antipsychotics restriction			9/1/2021	Neutral Change		
			EG-Optimized			REMOVE combination therapy with other atypical antipsychotics restriction						
			PPACA-Optimized			REMOVE combination therapy with other atypical antipsychotics restriction						
			Medicaid									
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Zithromax (azithromycin) 100mg/5ml, 200mg/5ml Suspension	Antibiotic	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid		Covered-PA, Non-Preferred	Covered - Prior Authorization - Non-Preferred						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						

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Pharmacy	Zovirax (Acyclovir)	Antiviral	Traditional						8/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid		Covered-Preferred	Covered - Preferred						
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Medical	Zynlonta (amivantamab-vmjw) J3490, J3590, J9999	Oncology	Traditional		T7, PA	New Drug, covered as preferred specialty (tier 7), with prior authorization - add to oncology policy			9/1/2021			
			EG-Optimized		T7, PA	New Drug, covered as preferred specialty (tier 7), with prior authorization - add to oncology policy						
			PPACA-Optimized		T7, PA	New Drug, covered as preferred specialty (tier 7), with prior authorization - add to oncology policy						
			Medicaid			Pending MDHHS Review						
			Medicare	Part D: Part B:	Part D: NF Part B: Pref Spec PA Req	Part D: New Drug, NOT added to formulary Part B: New Drug, ADDED to formulary with prior authorization requirements - Add to Oncology policy						