

Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Le
		Traditional		Gene Therapy	New Drug, ADDED to formulary as GeneTherapy with prior authorization						
Abecma		EG-Optimized		Gene Therapy	New Drug, ADDED to formulary as GeneTherapy with prior authorization						
(idecabtagene vicleucel)		PPACA-Optimized		Gene Therapy	New Drug, ADDED to formulary as GeneTherapy with prior authorization						
	Multiple Myeloma	Medicaid		Carve-out	New Drug, Carve-out			9/1/2021			
J3490, J3590		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.						
		Traditional		T4, PA, QL	New Drug, ADDED to formulary at tier 4, with prior authorization requirements and quantity limit of 60 capsules/30 days						
Accrufer		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						
(ferric maltol)	Iron Deficiency	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			9/1/2021			
		Medicaid			New Drug, awaiting Medicaid Common Formulary Review						
capsules		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)						
		Traditional	T4, PA, QL	T4, PA, QL	ADD criteria for SQ syringe for new indication						
Actemra		EG-Optimized	T4, PA, QL	T4, PA, QL	ADD criteria for SQ syringe for new indication						
(tocilizumab) Inflammatory conditions SQ syringe ONLY	PPACA-Optimized	T4, PA, QL	T4, PA, QL	ADD criteria for SQ syringe for new indication			9/1/2021	Positive			
	conditions	Medicaid						3/1/2021	rusiive		
		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						
		Traditional	Pail B: 17, PA	Pail B: 17, PA	I alt b. No Change						-
		EG-Optimized				+					
Adakveo	0.11.0.11					+					
(crizanlizumab-tmca)	Sickle Cell disease	PPACA-Optimized		O				8/1/2021			
		Medicaid	Covered, PA	Covered, PA, SOS	ADDED Site Of Service-Outpatient Hospital						
J0791		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
		Traditional		NF	New Drug, not added to formulary - Excluded per Pharmacy Policy EXPERIMENTAL/INVESTIGATIONAL/UNPROVEN CARE/ BENEFIT EXCEPTIONS						
Aduhelm (aducanumab-avwa)		EG-Optimized		NF	New Drug, not added to formulary - Excluded per Pharmacy Policy EXPERIMENTAL/INVESTIGATIONAL/UNPROVEN CARE/ BENEFIT EXCEPTIONS						
(auucanumab-avwa)	Alzheimer's Disease	PPACA-Optimized		NF	New Drug, not added to formulary - Excluded per Pharmacy Policy EXPERIMENTAL/INVESTIGATIONAL/UNPROVEN CARE/ BENEFIT EXCEPTIONS			7/13/2021			
J3590		Medicaid	Part B: Covered,	NF Part D: NF	New Drug, not added to formulary - Excluded per Pharmacy Policy EXPERIMENTAL/INVESTIGATIONAL/UNPROVEN CARE/ BENEFIT EXCEPTIONS Part D: Non-Formulary						
9358V		Medicare	No PA	Part B: Excluded	1						-
		Traditional			REMOVE combination therapy with other atypical antipsychotics restriction	+					
Aripiprazole (geq for Abilify)		EG-Optimized			REMOVE combination therapy with other atypical antipsychotics restriction	+			Positive		
(And in volini)	Use	PPACA-Optimized			REMOVE combination therapy with other atypical antipsychotics restriction	-		9/1/2021	Change		
Tablets/Oral Solution		Medicaid Medicare	Part D:	Part D:	Part D: Part B:						
		Traditional	Part B:	Part B:							-
Animinana I ODT					REMOVE age limit restriction	+					
Aripiprazole ODT	Use	EG-Optimized			REMOVE age limit restriction	+			Neutral		
(geq for Abilify)		PPACA-Optimized	1	1	REMOVE age limit restriction	1	1	9/1/2021	Houtidi		1

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
	Oral Disintegrating Tablets ONLY		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional	Т9	T1	ADD to formulary at tier 1						
	Armodafinil	Narcolepsy/Shift work	EG-Optimized	Т9	Т1ь	ADD to formulary at tier 1b	†					
rmacy	(geq for Nuvigil)	sleep	PPACA-Optimized	Т9	T1b	ADD to formulary at tier 1b	†		9/1/2021	Positive		
Pha		disorder/Obstructive sleep apnea	Medicaid			•				Change		
	50mg & 200mg Tablets ONLY		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional			CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for asenapine or paliperidone ER)	+					
асу	Asenapine (geq for Saphris)		EG-Optimized			CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for asenapine or paliperidone ER)				Positive		
Pham	(3-4:	Atypical Antipsychotic	PPACA-Optimized			CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for asenapine or paliperidone ER)			9/1/2021	Change		
			Medicaid									
	Sublingual tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional	T4, PA	T4, PA	Update PA requirements to follow Oncology Policy						
	Ayvakit		EG-Optimized	T4, PA	T4, PA	Update PA requirements to follow Oncology Policy						
пасу	(avapritinib)	Cancer	PPACA-Optimized	T4, PA	T4, PA	Update PA requirements to follow Oncology Policy			9/1/2021	Neutral		
Phari			Medicaid						3/1/2021	Change		
	tablet			Part D: T5, PA,	Part D: T5, PA,							
	tablet		Medicare	QL Part B: N/A	Part B: N/A	Update PA criteria for new indication						
			Traditional									
	azithromycin		EG-Optimized									
ımacy	(generic for Zithromycin)	Antibiotic	PPACA-Optimized						8/1/2021			
Pha			Medicaid		Covered- Preferred	Covered - Preferred						
	100mg/5ml, 200mg/5ml Suspension			Part D:	Part D:	Part D:	1					
	Tooling one, 2001ig one output out		Medicare	Part B:	Part B:	Part B:						
			Traditional				1					
acy	Asmanex HFA (mometasone furoate)		EG-Optimized PPACA-Optimized				+					
Pharm	(moniciasone laloate)	Asthma	FFAOA-Optimized		Covered-PA, QL		1		8/1/2021			
			Medicaid		Non-Preferred	Covered - Prior Authorization with Quantity Limits - Non-Preferred						
	50mcg, 100mcg, 200mcg inhaler		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional	T4	T5 (NF)	INCREASE tier						
_	Banzel		EG-Optimized	T4	T5	INCREASE tier	Ī					
amacy	(rufinamide)	Lennox-Gastaut syndrome	PPACA-Optimized	T4	T5	INCREASE tier			1/1/2022	Negative Change-		
F.		Syndionic	Medicaid							Onungo-		
	200mg and 400mg BRAND ONLY		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional									
	Beovu (hrelyeizymen)		EG-Optimized									
Medica	(brolucizumab)	Macular Degeneration	PPACA-Optimized						10/1/2021			
			Medicaid									

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
	J0179		Medicare	Part D: Part B:		Part D: Part B: Select Providers - ADD Prior Authorization. Step Therapy through Avastin for certain indications						
			Traditional									
	Brineura	late-infantile neuronal	EG-Optimized									
ledical	(celiponase alfa)	ceroid lipofuscinosis	PPACA-Optimized						8/1/2021			
2		type 2 (CLN2) disease	Medicaid			ADDED to medical benefit, Prior Authorization criteria to match Commercial						
	J0567		Medicare	Part D: Part B:		Part D: Part B:						
			Traditional			CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for asenapine or paliperidone ER)						
acy	Caplyta		EG-Optimized			CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for asenapine or paliperidone ER)						
Pharma	(lumateperone)	Schizophrenia	PPACA-Optimized			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		
			Medicaid									
	capsules		Medicare	Part D: Part B:		Part D: Part B:						
			Traditional									
	cefixime		EG-Optimized									
атасу	(geq for Suprax)	(geq for Suprax) Antibiotic F Antibiotic N 100mg/5ml; 200mg/5ml suspension	PPACA-Optimized						8/1/2021			
Æ			Medicaid			Covered - Prior Authorization - Non-Preferred						
	100mg/5ml; 200mg/5ml suspension		Medicare	Part D: Part B:		Part D: Part B:						
			Traditional									
	ciclopirox		EG-Optimized				†					
macy	(geq for Pentac)	anyohamyaasia	PPACA-Optimized				1		8/1/2021			
Phar		onychomycosis	Medicaid		Covered-PA, Preferred	Covered with prior authorization - Preferred			0/1/2021			
	8% solution			Part D:		Part D:	İ					
			Medicare	Part B:	Part B:	Part B:						
			Traditional				+					
acy	ciclopirox	topical treatment of	EG-Optimized				1					
Phama	(geq for Loprox)	tinea corporis, tinea cruris, or tinea pedis	PPACA-Optimized Medicaid		Covered-PA, Non-	Covered with prior authorization - Non-Preferred			8/1/2021			
			Wedicald	Part D:		Part D:]					
	0.77% topical suspension		Medicare	Part B:	Part B:	Part B:						
			Traditional				<u> </u>					
-4	ciclopirox	topical treatment of	EG-Optimized				1					
amacy	(geq for Lorox)	tinea corporis, tinea	PPACA-Optimized						8/1/2021			
Æ		cruris, or tinea pedis	Medicaid			Covered - Preferred						
	0.77% cream		Medicare	Part D: Part B:		Part D: Part B:						
	Tra		Traditional									
		EG-Optimized				Ī						
ical	Cinqair (reslizumab)	Severe eosinophilic	PPACA-Optimized				Ī		0141000			
Med	,	asthma	Medicaid	Covered, PA	Covered, PA, SOS	ADDED Site Of Service-Outpatient Hospital			8/1/2021			
	J2786		Medicare	Part D: Part B:	Part D:	Part D: Part B:						
			Traditional									

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
	cipro		EG-Optimized									
macy	(ciprofloxacin)	Antibiotic	PPACA-Optimized						8/1/2021			
Phar		Anabioac			Covered-PA, Non				0/1/2021			
			Medicaid	Part D:	Preferred Part D:	Covered - Prior Authorization - Non-Preferred Part D:						
	5% and 10% suspension		Medicare	Part B:	Part B:	Part B:						
			Traditional									
	ciprofloxacin		EG-Optimized									
rmacy	(generic for Cipro)	Antibiotic	PPACA-Optimized						8/1/2021			
Pha			Medicaid		Covered-	Covered - Preferred						
	250mg/5ml, 500mg/5ml		iviedicald	Part D:	Preferred Part D:	Part D:						
	suspension		Medicare	Part B:	Part B:	Part B:						
			Traditional									
	clemastine		EG-Optimized									
rmacy	(generic for Tavist)	Allergies Syrup stine furmarate	PPACA-Optimized						6/1/2021			
Pha			Medicaid									
	Syrup		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						
			Traditional									
	clemastine fumarate	(generic for Tavist)	EG-Optimized									
macy		Allergies	PPACA-Optimized						8/1/2021			
Phar		Allergies	Medicaid		Not Covered	NOT Covered			0/1/2021			
	2.68 tablets		Medicare	Part D: Part B:	Part D: NF Part B:	Part D: Part B:						
			Traditional									
	clindamycin		EG-Optimized									
macy	(generic for Cleocin)	Bacterial vaginosis	PPACA-Optimized						8/1/2021			
Phar		bacterial vagillosis			Covered -				0/1/2021			
			Medicaid	Part D:	Preferred Part D:	Covered - Preferred Part D:						
	2% vaginal cream		Medicare	Part B:	Part B:	Part B:						
			Traditional									
	Clindesse		EG-Optimized									
яшасу	(clindamycin)	Bacterial vaginosis	PPACA-Optimized						8/1/2021			
Phe		-	Medicaid	Part D:	Covered-PA, Non-Preferred Part D:	Covered - Prior Authorization - Non-Preferred Part D:						
	2% Vaginal cream		Medicare	Part D: Part B:	Part D: Part B:	Part B:						
			Traditional	T3, QL	T2	DECREASE tier, REMOVE QL						
٠,	clobazam		EG-Optimized	T3, QL	T2	DECREASE tier, REMOVE QL						
amacy	(generic for Onfi)	Siezures	PPACA-Optimized	T3, QL	T2	DECREASE tier, REMOVE QL			9/1/2021	Positive Change		
Pha			Medicaid							Unalige		
	Tablets ONLY		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional			REMOVE combination therapy with other atypical antipsychotics restriction						
>	Clozapine		EG-Optimized			REMOVE combination therapy with other atypical antipsychotics re striction						
Pharmacy	(geq for Clozaril)	Schizophrenia	PPACA-Optimized			REMOVE combination therapy with other atypical antipsychotics restriction			9/1/2021	Positive change		
문			Medicaid							onungo		

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered Implementation alternatives Date	Cont. Currer Users?	Member Count	Letter
	Immediate Release Tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:					
			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					
	Cosentyx		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					
nacy	(secukinumab)	Inflammatory	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					
Pharr		conditions	Medicaid					9/1/2021			
	75mg syringe		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					
			Traditional								
	cromolyn		EG-Optimized								
macy	(generic for Intal)	Asthma/	PPACA-Optimized					8/1/2021			
Pha		bronchospasm	Medicaid		Not Covered	NOT Covered		0.172021			
	20mg/2ml nebulizer solution		Medicare	Part D: Part B:	Part D: NF Part B:	Part D: Part B:					
			Traditional								
acy.	Cuvposa		EG-Optimized								
Ë	(glycopyrrolate)	Sialorrhea	PPACA-Optimized					8/1/2021			
Pha			Medicaid		Covered, AL	Covered, AL					
	1mg/5ml solution		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:					
			Traditional								
	Crysvita		EG-Optimized				•				
iga Ica	(burosumab)	X-linked hypophosphatemia	PPACA-Optimized					8/1/2021			
Mec		(XLH)	Medicaid		Covered, PA, SOS	ADDED to medical benefit, Prior Authorization criteria to match Commercial, Site Of Service applies-Outpatient Hospital		0/1/2021			
	J0584		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:					
			Traditional	Tier 7, PA	Tier 8, PA	INCREASE tier					
	Dahamaa		EG-Optimized	Tier 7, PA	Tier 8, PA	INCREASE tier	•				
[Sa]	Dalvance (dalbavancin)		PPACA-Optimized	Tier 7, PA	Tier 8, PA	INCREASE tier		8/1/2021 for			
Med		Antibiotic	Medicaid	Covered, PA	Covered, PA, SOS	ADD Site of Service-Outpatient Hospital		Medicaid 9/1/2021 for COMM	1		
	J0875		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:					
			Traditional	, are b.	. a.(D.	Y =			1		
	desogestrel-ethinyl		EG-Optimized								
пасу	estradiol		PPACA-Optimized								
Pharm	(generic for Desogen or Ortho- Cept)	Oral Contraceptive	Medicaid					6/1/2021			
	0.15mg/30mcg tablet		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:					
			Traditional	T3	T2	DECREASE tier			1		
		EG-Optimized	Т3	T2	DECREASE tier						
ırmacy	(geq for Khedezla)	Depression	PPACA-Optimized	T3	T2	DECREASE tier	,	9/1/2021	Positive		
Phar			Medicaid						Change		
	GCN 34482, 34470	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional	T2	T1	DECREASE tier					

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
	Desvenlafaxine succinate		EG-Optimized	T2	T1b	DECREASE tier						
macy	ER (geq for Pristiq)	Depression	PPACA-Optimized	T2	T1b	DECREASE tier	-		9/1/2021	Positive		
Pha	(3-4 :	Боргоссіст	Medicaid							Change		
	GCN: 99451, 99452, 38222			Part D:		Part D:						
	GGN. 30431, 33432, 30222		Medicare	Part B:	Part B:	Part B:						
			Traditional									
	doxycycline (generic for Vibramycin)		EG-Optimized									
пасу	(generic for vibraniyon)	Antibiotic	PPACA-Optimized						8/1/2021			
Phar		Anubiouc	Medicaid		Covered	Covered			0/1/2021			
	25mg/5ml suspension		Medicare	Part D: Part B:		Part D: Part B:						
			Traditional									
	Durolane		EG-Optimized									
ical	(hyaluronate sodium)	Osteoarthritis of the	PPACA-Optimized						10/1/2021	Positive		
Me		knee	Medicaid						10/1/2021	change		
	J7318		Medicare	Part D: Part B: NPS	Part D: Part B: Pref. Spec	Part D: Part B: DECREASE tier						
		E.E.S.	Traditional									
	EEC		EG-Optimized									
nacy	(erythromycin ethylsuccinate)		PPACA-Optimized						8/1/2021			
Pharr		Antibiotic	Medicaid			Covered - Prior Authorization - Non-Preferred			6/1/2021			
	200mg/5ml suspension		Medicare	Part D: Part B:		Part D: Part B:						
			Traditional			New Drug, not added to formulary						
	Elepsia		EG-Optimized			New Drug, not added to formulary						
rmacy	(levetiracetam)	Seizures	PPACA-Optimized			New Drug, not added to formulary			9/1/2021			
Pha			Medicaid		Carve-out	New Drug, Carve-out						
	Tablet			Part D:	Part D:	Part D: New Drug, not added to formulary						
	- abiet		Medicare	Part B:	Part B:	Part B: New Drug, N/A - Pharmacy Only						
			Traditional				 					
	Elzonris		EG-Optimized				 					
Medical	(tagraxofusp)	blastic plasmacytoid dendritic cell neoplasm	PPACA-Optimized Medicaid		Covered, PA, SOS	ADDED to medical benefit, Prior Authorization criteria to match Commercial, Site Of Service applies-Outpatient Hospital			8/1/2021			
	J9269			Part D:	Part D:	Part D:						
	55209		Medicare	Part B:		Part B:						
			Traditional			REMOVE PA	 					
acy	Entresto		EG-Optimized			REMOVE PA				D - 18		
² hama	(sacubitril, valsartan oral tablet)	Heart Failure	PPACA-Optimized			REMOVE PA			6/17/2021	Positive change		
ā			Medicaid									
	tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional									
	Epogen		EG-Optimized							V=0 V		
dical	(epoetin alfa)	Anemia	PPACA-Optimized						10/1/2021	YES-Need GF (FACETS &		
Me			Medicaid							ESI)		

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
	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						
			Traditional	T dit 5.	i dit b. o i	.,,,						
	Euflexxa		EG-Optimized				-					
75	(hyaluronate sodium)	Osteoarthritis of the	PPACA-Optimized							Positive		
Medi		knee	Medicaid						10/1/2021	Change		
					Part D:							
	J7323		Medicare	Part D: Part B: NPS	Part B: Pref. Spec	Part D: Part B: DECREASE tier						
			Traditional	T dit B. Till G	орос							
	- "		EG-Optimized				-					
<u>8</u>	Evenity (romosozumab)		PPACA-Optimized				-					
Medi	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Osteoporosis	Medicaid	Covered, PA	Covered, PA,	ADDED Site Of Service-Outpatient Hospital			8/1/2021			
			Wedicald		SOS							
	J3111		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional			New Drug, Not added to formulary						
	Exservan (riluzole) ALS (Lou Gehrig's Disease) ALS (Lou Gehrig's Disease)	EG-Optimized			New Drug, Not added to formulary							
macy		PPACA-Optimized			New Drug, Not added to formulary			9/1/2021				
Pha		Medicaid			New Drug, coverage pending Medicaid Common Formulary Review							
	Oral Film		Medicare	Part D: Part B:	Part D: Part B:	Part D: New Drug, Not added to formulary Part B: New Drug, Pharmacy Only drug						
			Traditional									
	Fylea		EG-Optimized									
dical		Macular Degeneration	PPACA-Optimized						10/1/2021			
Me	(, , , , , , , , , , , , , , , , , , ,		Medicaid									
	J0178		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						
			Traditional									
	Eysuvis		EG-Optimized									
macy	(loteprednol)	dry eye disease	PPACA-Optimized						8/1/2021			
Pha		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	M. 4514		Covered, PA, AL,							
			Medicaid	Part D:	QL Part D:	Covered, with prior authorization, age limit, and quantity limits Part D:						
	0.25% eye drops		Medicare	Part B:	Part B:	Part B:						
			Traditional			CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for asenapine or paliperidone ER)						
ac,	Fanapt		EG-Optimized			CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for asenapine or paliperidone ER)						
Phama	(iloperidone)	Schizophrenia	PPACA-Optimized			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		
			Medicaid									
	tablet		Madiaara	Part D:	Part D:	Part D:						
+			Medicare Traditional	Part B:	Part B:	Part B: No Change						
	Farxiga		EG-Optimized	T2, QL	T2, QL	LOWER Tier, REMOVE Prior Authorization	<u> </u>					
nacy	-	Dist.	PPACA-Optimized	T3, PA, QL	T2, QL	LOWER Tier, REMOVE Prior Authorization	<u> </u>		0147/0004	Positive or		
Pharm	(dapagliflozin)	Diabetes	Medicaid	T3, PA, QL	T2, QL	LOTEN TIOI, NEMOTE L'IUI AUUUIIZAUUI			6/17/2021	Neutral change		
			weulcalu	Part D:	Part D:	Part D:						
	tablet		Medicare	Part B:	Part B:	Part B:						
			Traditional				1					
	Fasenra	I	EG-Optimized		1					I		l

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
dical	(benralizumab)	Asthma	PPACA-Optimized						8/1/2021			
Me		7.00.1110	Medicaid	Covered, PA	Covered, PA, SOS	ADDED Site Of Service-Outpatient Hospital-Prefilled S						
	J0517-Prefilled Syringe ONLY		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional	T3, ST	T3, ST	ADD Step Therapy drug option of desvenlafaxine (currently venlafaxine, venlafaxine ER, or duloxetine)						
acy	Fetzima (levomilnacipran)		EG-Optimized	T3, ST	T3, ST	ADD Step Therapy drug option of desvenlafaxine (currently venlafaxine, venlafaxine ER, or duloxetine)						
Pharma	(levomiinacipran)	Depression	PPACA-Optimized Medicaid	T3, ST	T3, ST	ADD Step Therapy drug option of desvenlafaxine (currently venlafaxine, venlafaxine ER, or duloxetine)			9/1/2021	Positive		
	capsules		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional		T5, PA, QL	New Drug, ADDED to formulary at tier 5 with prior authorization and quantity limits (28/28)- add to oncology policy						
>	Fotivda		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						
amacy	(Tivozanib)	Oncology	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			9/1/2021			
Ph			Medicaid		Carve-out	New Drug, Carve-out						
	capsules		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						
			Traditional									
	Gamifant		EG-Optimized									
dical	(emapalumab)	(emapalumab) primary hemophagocytic lymphohisticcytosis	PPACA-Optimized						8/1/2021			
Me			Medicaid		Covered, PA, SOS	ADDED to medical benefit, Prior Authorization criteria to match Commercial, Site Of Service applies-Outpatient Hospital						
	J9210		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional									
	Gel-One		EG-Optimized									
dical	(hyaluronate sodium)	Osteoarthritis of the	PPACA-Optimized						10/1/2021	YES-Need GF		
Me		knee	Medicaid						10/112021	120 11000 01		
	J7326		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						
			Traditional									
	Gelsyn-3		EG-Optimized									
ical	(hyaluronate sodium)	Osteoarthritis of the	PPACA-Optimized						10/1/2021	Positive		
Mec		knee	Medicaid						10/1/2021	Change		
	J7328		Medicare	Part D: Part B: NPS	Part D: Part B: Pref. Spec	Part D: Part B: DECREASE tier						
			Traditional									
	GenVisc 850		EG-Optimized									
<u>8</u>	(hyaluronate sodium)	Osteoarthritis of the	PPACA-Optimized						10/1/0004	VEC No. 105		
Medi	Osteoarthritis of the knee		Medicaid						10/1/2021	YES-Need GF		
	J7320		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						
			Traditional									
_	Gimoti		EG-Optimized									
armacy	(metoclopramide)	Gastroparesis	PPACA-Optimized						8/1/2021			
Pha			Medicaid		NOT Covered	NOT Covered						

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
	15mg Nasal Spray		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional									
	Givlaari		EG-Optimized				Ī					
dical	(givosiran)	acute	PPACA-Optimized				Ī		8/1/2021			
Mec		hepatic porphyria	Medicaid		Covered, PA, SOS	ADDED to medical benefit, Prior Authorization criteria to match Commercial, Site Of Service applies-Outpatient Hospital			0/1/2021			
	J0223		Medicare	Part D: Part B:	Part D:	Part D: Part B:						
			Traditional	T2, QL	T2, QL	No Change						
	Glyxambi		EG-Optimized	T3, PA, QL	T2, QL	LOWER Tier, REMOVE Prior Authorization						
macy	(empagliflozin & linagliptin)	Diabetes	PPACA-Optimized	T3, PA, QL	T2, QL	LOWER Tier, REMOVE Prior Authorization			6/17/2021	Positive		
Pha			Medicaid				Ì			Change		
	tablet		Markan	Part D:	Part D:	Part D:	Ì					
			Medicare	Part B:	Part B:	Part B:						
	Hydrocodone/		Traditional				1					1
acy	Ibuprofen		EG-Optimized				1			positive		1
Pharma	(generic for Ibudone, Reprexain, Vicoprofen)	Pain	PPACA-Optimized				<u> </u> 		8/1/2021	change		1
Δ.			Medicaid									1
	7.5mg/200mg ONLY		Medicare	Part D: NF Part B: N/A		Part D: ADDED to formulary, covered tier 4 with Quantity Limits (150/30) Part B: N/A						
			Traditional									1
acy	hydrocortisone (geq for Proctosol-HC 2.5%		EG-Optimized									1
² hama	cream)	Hemorrhoids	PPACA-Optimized						8/1/2021			1
늅			Medicaid		Covered	Covered						1
	2.5% cream		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						1
			Traditional									
	Hymovis		EG-Optimized				Ī					1
ca	(hyaluronic acid)	Osteoarthritis of the	PPACA-Optimized				†					1
Med		knee	Medicaid				İ		9/1/2021	YES-Need GF		1
	J7322			Part D:	Part D: Part B: NPS,	Part D:						
			Medicare	Part B: NPS	ST/PA	Part B: ADD Step Therapy, Must first try Supartz, Gelsyn-3, Durolane, and Euflexxa						-
			Traditional				1					1
	llumya		EG-Optimized				1					1
edical	(tildrakizumab)	Plaque Psoriasis	PPACA-Optimized						8/1/2021			1
Ž			Medicaid		Covered, PA, SOS	ADDED to medical benefit, Prior Authorization criteria to match PDL, Site Of Service applies-Outpatient Hospital						
	J3245		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional									1
	Impeklo (clobetasol propionate)		EG-Optimized									1
macy		Dermatoses	PPACA-Optimized						8/1/2021			1
Phar		25	Medicaid		Covered-PA, Non-	Coursed Price Authorization Non Professed			G 172021			
	0.05% lotion		Medicard Medicare	Part D: Part B:		Covered - Prior Authorization - Non-Preferred Part D: Part B:						
			Traditional	rail D.	i dil D.	ADD prior authorization requirements to match Intrarosa - Plan must have sexual dysfunction rider						
	lance		EG-Optimized			ADD prior authorization requirements to match intrarosa - Plan must have sexual dysfunction rider ADD prior authorization requirements to match Intrarosa - Plan must have sexual dysfunction rider	†					1
amacy	(estradiol)		-		Ended:		†			NO-		
ш	(000000)	dyspareunia	PPACA-Optimized		Excluded	Excluded - no sexual dysfunction rider on any plan	I	1 1	1/1/2022	NEGATIVE	l	1

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
Pha			Medicaid							CHANGE		
	vaginal insert		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional									
	Incruse		EG-Optimized									
rmacy	(umeclidinium)	chronic obstructive pulmonary disease	PPACA-Optimized						8/1/2021			
Pha		(COPD)	Medicaid		Covered- Preferred	Covered - Preferred						
	Ellipta 62.5 mcg Inhaler			Part D:	Part D:	Part D:						
	Ellipta 02.5 filog alliales		Medicare	Part B:	Part B:	Part B:						
			Traditional				1					
٠.	Ingrezza (valbenazine)		EG-Optimized									
armacy	(Valbonazino)	tardive dyskinesia	PPACA-Optimized						7/1/2021			
Pha			Medicaid		Part D: T5, PA,							
	60mg capsule			Part D:NF?	QL	Part D: NEW addition to FRF (Formulary Reference File), covered tier 5, with Prior Authorization and Quantity Limits (30/30)						
			Medicare	Part B:	Part B:	Part B:						
			Traditional									
засу	Ingrezza (valbenazine)		EG-Optimized									
Pharm	, ,	tardive dyskinesia	PPACA-Optimized			Constant District Annual Constant			7/1/2021			
	40ma 60ma 80 ma cancular and Initiation	0 mg capsules and Initiation Pack	Medicaid	Part D:	Covered, PA, AL Part D:	Covered with Prior Authorization and Age Limit Part D:						
	Pack		Medicare	Part B:	Part B:	Part B:						
	Pack		Traditional				+					
	Invega Trinza		EG-Optimized				+					
macy	(paliperidone)	Schizophrenia	PPACA-Optimized						8/1/2021	positive		
Pha		.,	Medicaid							change		
	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						
			Traditional	T3, ST, QL	T3, ST, QL	No Change						
	Invokamet/		EG-Optimized	T3, PA, QL	T3, ST, QL	REMOVE PA, ADD Step Therapy through Farxiga, Xigduo XR, Jardiance, or Synjardy/Synjardy XR						
яшасу	Invokamet XR (canagliflozin & metformin)	Diabetes	PPACA-Optimized	T3, PA, QL	T3, ST, QL	REMOVE PA, ADD Step Therapy through Farxiga, Xigduo XR, Jardiance, or Synjardy/Synjardy XR			6/17/2021	Neutral Change -		
Phe	(,		Medicaid							Change -		
	tablets		Medicare	Part D:	Part D:	Part D: Part B:						
			Traditional	Part B: T3, ST, QL	Part B: T3, ST, QL	No Change						
	Invokana		EG-Optimized	T3, S1, QL	T3, ST, QL	REMOVE PA, ADD Step Therapy through Farxiga, Xigduo XR, Jardiance, or Synjardy/Synjardy XR	†					
macy	(canagliflozin)	Diabetes	PPACA-Optimized	T3, PA, QL	T3, ST, QL	REMOVE PA, ADD Step Therapy through Farxiga, Xigduo XR, Jardiance, or Synjardy/Synjardy XR	+		6/17/2021	Neutral Change - ADD		
Pharr		Diabetes	Medicaid	13, 1 A, VL	10, 01, WL	The state of the s	†		0/1//2021	ST		
	tablet Isotretinoin		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional									
			EG-Optimized				†					
acy	(geq for Absorica)		PPACA-Optimized				†		9/1/2021-or is it			
Pharm		cystic acne vulgaris	Medicaid						immediatel			
	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						

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
_	Jardiance		EG-Optimized	T3, PA, QL	T2, QL	LOWER Tier, REMOVE PA						
ırmacy	(empagliflozin)	Diabetes	PPACA-Optimized	T3, PA, QL	T2, QL	LOWER Tier, REMOVE PA			6/17/2021	Positive change		
Pha			Medicaid							change		
	tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional			New Drug, covered as non-preferred specialty (tier 8), with prior authorization - add to oncology policy						
	Jemperli		EG-Optimized			New Drug, covered as non-preferred specialty (tier 8), with prior authorization - add to oncology policy						
ical	(dostarlimab)	Federatics Occurs	PPACA-Optimized			New Drug, covered as non-preferred specialty (tier 8), with prior authorization - add to oncology policy			9/1/2021			
Med		Endometrial Cancer	Medicaid			New Drug, covered with Prior Authorization			9/1/2021			
	J9999		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						
			Traditional									
	Kanuma		EG-Optimized									
lical	(sebelipase alfa)	lysosomal acid lipase	PPACA-Optimized						8/1/2021			
Mec		lipase alfa) lysosomal acid lipase (LAL) deficiency	Medicaid	Covered, PA	Covered, PA, SOS	ADDED Site Of Service-Outpatient Hospital			0/1/2021			
	J2840		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional									
	ketoconazole	EG-Optimized										
macy		(geng for Nizoral)	PPACA-Optimized						8/1/2021			
Pha		, ununungui	Madianid		Covered-	Council Defend			0 1/2021			
		Antifungal	Medicaid	Part D:	Preferred Part D:	Covered - Preferred Part D:						
	200mg tablet		Medicare	Part B:	Part B:	Part B:						
			Traditional		T8, PA	New Drug, ADDED to the formulary at tier 8 with prior authorization						
	Kimyrsa		EG-Optimized		T8, PA	New Drug, ADDED to the formulary at tier 8 with prior authorization						
edical	(oritavancin)	Antibiotic	PPACA-Optimized		T8, PA	New Drug, ADDED to the formulary at tier 8 with prior authorization			9/1/2021			
Σ			Medicaid		Covered, PA	New Drug, ADDED to the formulary						
	J3490		Medicare	Part D:	Part D:NF	Part D: New Drug, Not added to formulary Part B: New Drug, covered with Prior Authorization						
			Traditional	Part B:	Part B NPS, PA	ו מו ט. יוסאי טינען, טייפוסט איונו ו זוטו בענוטוונ						
			EG-Optimized				+					
<u>e</u>	Krystexxa (pegloticase)		PPACA-Optimized				†					
Medic	(pegioticase)	Gout	Medicaid	Covered, PA	Covered, PA, SOS	ADDED Site Of Service-Outpatient Hospital			8/1/2021			
	J2507		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional	T4, PA, QL	T4, PA, QL	UPDATE PA Criteria						
	Kvnmobi		EG-Optimized	T4, PA, QL	T4, PA, QL	UPDATE PA Criteria	İ					
rmacy	Kynmobi (apomorphine)	Parkinson's disease	PPACA-Optimized	T4, PA, QL	T4, PA, QL	UPDATE PA Criteria	İ		9/1/2021	Neutral		
Pha			Medicaid				İ			Change		
	Tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional			INCREASE Quantity Limit to #60/30						
	lamotragine		EG-Optimized			INCREASE Quantity Limit to #60/31	Ţ					
rmacy	(geq for Lamictal XR)	Seizures	PPACA-Optimized			INCREASE Quantity Limit to #60/32	İ		9/1/2021	Positive		
Phar		23.20.00	Medicaid				ĺ			change		

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:						
			Traditional	ruito.	Tarto.	CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for aripiprazole ODT, asenapine, or paliperidone ER)						
acy	Latuda (lurasidone)		EG-Optimized			CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for aripiprazole ODT, asenapine, or paliperidone ER)				Neutral		
Pham	(iui asiuone)	Schizophrenia	PPACA-Optimized			CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for aripiprazole ODT, asenapine, or paliperidone ER)			9/1/2021	Change		
			Medicaid			2.0						
	tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional	T5, QL	T4, QL	LOWER tier						
	Lokelma		EG-Optimized	T5, QL	T4, QL	LOWER tier						
rmacy	(sodium zirconium cyclosilicate)	hyperkalemia	PPACA-Optimized	T5, QL	T4, QL	LOWER tier			7/1/2021	Positive		
Pha			Medicaid							Change		
	packets		Medicare	Part D:	Part D:	Part D: Part B:						
			Traditional	Part B:	Part B:	Part 6:						
_	Lumizyme		EG-Optimized				:					
Medica	(alglucosidase alpha)	Pompe disease	PPACA-Optimized		Covered, PA,				8/1/2021			
			Medicaid	Covered, PA	SOS	ADDED Site Of Service-Outpatient Hospital						
	J0221		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional		T4, PA, QL	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						
acy	Lumakras		EG-Optimized		T4, PA, QL	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						
Ĕ	(sotorasib)	Oncology	PPACA-Optimized		T4, PA, QL	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			9/1/2021			
Ph			Medicaid		Pending	New Drug, Pending Medicaid Common Formulary Review						
	tablet		Medicare	Part D: Part B:	Part D:	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, WA - Pharmacy Only						
			Traditional	Рап в:	Part B:	Fall 6. New Drug, N/A - Frialmacy Only						
	Lupkynis		EG-Optimized									
пасу	(voclosporin)	Lucus Nachritia	PPACA-Optimized						0/4/0004			
Phan		Lupus Nephritis	Medicaid		NOT Covered	NOT Covered			8/1/2021			
			iviedicald	Part D:	Part D:	Part D:						
	7.9mg capsule		Medicare	Part B:	Part B:	Part B:						
			Traditional									
	Lutathera		EG-Optimized									
dical	(Lutetium Lu 177 dotatate)	Oncology	PPACA-Optimized						8/1/2021			
Me		0,	Medicaid		Covered, PA	ADDED to medical benefit, Prior Authorization criteria to match Commercial						
	A9513, J3490		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional									
			EG-Optimized									
lical	Lucentis	Macular					:		10/1/2021			
Med	(ranibizumab)	Degeneration	PPACA-Optimized						10/1/2021			
			Medicaid									
	J2778			Part D:	Part D:	Part D:						
			Medicare	Part B:	Part B:	Part B: Select Providers - ADD Prior Authorization. Step Therapy through Avastin for certain indications						

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
			Traditional									
			EG-Optimized									
nacy	metronidazole (geq for Vandazole & MetroGel)	Antibintin	PPACA-Optimized						0/4/0004			
Pharr		Antibiotic			Covered -				8/1/2021			
			Medicaid	D. 4 D.	Preferred	Covered - Preferred Part D:						
	vaginal 0.75% gel		Medicare	Part D: Part B:	Part D: Part B:	Part B:						
			Traditional									
	Minolira		EG-Optimized									
rmacy	(minocycline)	Antibiotic	PPACA-Optimized						8/1/2021			
Pha			Medicaid		NOT Covered	NOT Covered						
	ER 105mg and 135mg tablet			Part D:	Part D:	Part D:						
			Medicare	Part B:	Part B:	Part B:						
			Traditional									
	Monovisc (hyaluronate sodium)		EG-Optimized									
edical	(Hydidionate socium)	Osteoarthritis of the knee	PPACA-Optimized						9/1/2021	YES-Need GF		
Ž		knee	Medicaid									
	J7327		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						
	moxifloxacin		Traditional									
			EG-Optimized									
nacy	(geq for Vigamox)	A = 0% ! = 0 .	PPACA-Optimized						01410004			
Pharr		Antibiotic	·		Covered -				8/1/2021			
			Medicaid		Preferred	Covered - Preferred						
	0.5% eye drops		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional									
	Neomycin		EG-Optimized									
nacy	(geq for Mycifradin & Neobiotic)	Antibiotic	PPACA-Optimized						8/1/2021			
Pharr		Antibiotic			Covered-		Į.		8/1/2021			
			Medicaid		Preferred	Covered - Preferred						
	500mg tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional		NF	New Drug, Not added to formulary						
	Nextstellis		EG-Optimized		NF	New Drug, Not added to formulary						
rmacy	(drospirenone & estetrol)	Contraception	PPACA-Optimized		NF	New Drug, Not added to formulary			9/1/2021			
Phar			Medicaid		Pending	New Drug, Pending Medicaid Common Formulary Review						
	tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: New Drug. Not added to formulary Part B: New Drug - Pharmacy Only						
			Traditional									
	Nitrofurantoin		EG-Optimized									
rmacy	(monohydrate AND macro/mono)	Use	PPACA-Optimized						6/1/2021	Positive		
Pha	macro/mono) 50mg and 100mg		Medicaid							Change		
			Medicare	Part D: T2, QL	Part D: T2, QL	Part D: INCREASE Quantity Limit to 1 per day						
				Part B:	Part B:	Part B:						
			Traditional									
_	Nulojix		EG-Optimized									
ledical	(belatacept)	Antirejection	PPACA-Optimized						9/1/2021			
2	Antirejection	Medicaid	Covered, PA	Covered, PA, SOS	ADDED Site Of Service-Outpatient Hospital							

Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	L
J0485		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
		Traditional	T5, PA, QL	T5, PA, QL	UPDATE PA Criteria	1					
Nourianz		EG-Optimized	Т9	Т9	Non-Formulary	1			Positive/		
(Istradefylline)	Parkinson's Disease	PPACA-Optimized	Т9	Т9	Non-Formulary			9/1/2021	neutral		
	5100000	Medicaid							Change		
Tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
		Traditional									
Nuzyra		EG-Optimized									
(Omadacycline)	Antibiotic	PPACA-Optimized						9/1/2021	YES-Need GF		
		Medicaid									
J0121			Part D:	Part D:	Part D:						
	+	Medicare	Part B:	Part B:	Part B: ADD Additional PA requirements						\vdash
		Traditional	1	-		1					
nystatin (geq for Mycostatin)		EG-Optimized	1	1		1					
(god for myoodatil)	Antifungal	PPACA-Optimized		_				8/1/2021			
		Medicaid		Covered- Preferred	Covered - Preferred						
500,000 unit oral tablet			Part D:	Part D:	Part D:						
		Medicare	Part B:	Part B:	Part B:						₽
		Traditional									
Nyvepria		EG-Optimized									
(pegfilgrastim)	Neutropenia	PPACA-Optimized						8/1/2021			
		Medicaid		Covered- Preferred	Covered - Preferred						
6mg/0.6ml syringe		Madiana	Part D:	Part D:	Part D: Part B:						
		Medicare	Part B:	Part B:	rail b.						╁
		Traditional									
Ocella (geq for Yasmin)		EG-Optimized									
(3-4)	Oral Contraceptive	PPACA-Optimized						8/1/2021			
		Medicaid	Part D:	NOT Covered Part D:	NOT Covered Part D:						
3mg-0.03mg tablet		Medicare	Part B:	Part B:	Part B:						
		Traditional			REMOVE combination therapy with other atypical antipsychotics restriction						
Olanzapine		EG-Optimized			REMOVE combination therapy with other atypical antipsychotics restriction	1					
(geq for Zyprexa)	Schizophrenia/bipolar disorder/depression	PPACA-Optimized			REMOVE combination therapy with other atypical antipsychotics restriction			9/1/2021	Positive Change		
	uisoruer/uepression	Medicaid							Glialige		
Tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
	+		гап в:	нап в:							\vdash
Ol		Traditional	1		REMOVE combination therapy with other atypical antipsychotics restriction AND Age limit restriction	1					
Olanzapine ODT geq for Zyprexa Zydis)	Schizophrenia/bipolar	EG-Optimized	1		REMOVE combination therapy with other atypical antipsychotics restriction AND Age limit restriction	1			Positive		
(0 · 1 · / –)F······ –) 300)	disorder/depression	PPACA-Optimized Medicaid			REMOVE combination therapy with other atypical antipsychotics restriction AND Age limit restriction			9/1/2021	Change		
Oral Disintegrating Tablets ONLY		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
		Traditional	i ait D.	i ait b.	,						H
		EG-Optimized				†					
Onpattro		LO-Optimized	-			+					1

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
Med		0.00	Medicaid		Covered, PA, SOS	ADDED to medical benefit, Prior Authorization criteria to match Commercial, Site Of Service applies-Outpatient Hospital			3/11/2021			
	J0222		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional	T8- Medical	T8, PA	ADD prior authorization requirement						
-	Orbactiv		EG-Optimized	T8- Medical	T8, PA	ADD prior authorization requirement						
Medica	(oritavancin)	Antibiotic	PPACA-Optimized	T8- Medical	T8, PA	ADD prior authorization requirement			9/1/2021			
			Medicaid	Part D:	Part D:	Part D:						
	J2407		Medicare	Part B:	Part B:	Part B:						
			Traditional									
	Orthovisc		EG-Optimized									
adical	(hyaluronate sodium)	Osteoarthritis of the	PPACA-Optimized						9/1/2021	YES-Need GF		
W		knee	Medicaid									
	J7324		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						
			Traditional									
	Oxlumo		EG-Optimized									
lical	(lumasiran) primary hy	primary hyperoxaluria	PPACA-Optimized						9/1/2021			
Med		type 1 (PH1)	Medicaid	Covered, PA	Covered, PA, SOS	ADDED Site Of Service-Outpatient Hospital			3/112021			
	J0224		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional			CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for asenapine or paliperidone ER)						
nacy	Paliperidone ER		EG-Optimized			CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for asenapine or paliperidone ER)				Neutral		
Pham	(geq loi ilivega)	Schizophrenia	PPACA-Optimized			CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for asenapine or paliperidone ER)			9/1/2021	Change		
			Medicaid	Part D:	Part D:	Part D:						
	tablet		Medicare	Part B:	Part B:	Part B:						
			Traditional									
χ	Penicillin VK		EG-Optimized									
Pharms		Antibiotic	PPACA-Optimized						8/1/2021			
"			Medicaid	Part D:	Covered Part D:	Covered Part D:						
	125mg/5ml and 250mg/5ml; solution		Medicare	Part B:	Part B:	Part B:						
			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)						
acy	Ponvory (ponesimod)		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)						
Pharm	(ponesimod)	Multiple Sclerosis	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)			9/1/2019			
			Medicaid	D- 4D-	D- 4 D- 2 T	Pending Medicaid Common Formulary Review						
L	tablet		Medicare	Part D: Part B:	Part D: NF Part B:	Part D: New Drug, not added to formulary Part B: New Drug - Pharmacy Only						
			Traditional									
acy	potassium citrate		EG-Optimized									
E	(geq for Urocit K)	Kidney stome prevention	PPACA-Optimized						8/1/2021			
Æ		F	Medicaid		Covered	Covered						
	ER 15 MEQ tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
			Traditional	T1, ST	T3, ST	INCREASE tier						
>	Pramipexole		EG-Optimized	T1b, ST	T3, ST	INCREASE tier		ldid-				
armacy	(geq for Mirapex)	Parkinson's Disease	PPACA-Optimized	T1b, ST	T3, ST	INCREASE tier		Immedicate Release, ropinerole	1/1/2022	Negative Change		
Pha		Discuse	Medicaid					ER & IR,		onunge		
	ER Tablets ONLY		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional		T7, PA, SOS							
	Prolia		EG-Optimized									
ical	(denosumab)	0-1	PPACA-Optimized						9/1/2021			
Med		Osteoporosis	Medicaid	Covered, PA	Covered, PA,	ADDED Site Of Service-Outpatient Hospital			9/1/2021			
				Part D:	SOS Part D:	Part D:						
	J0897		Medicare	Part B:	Part B:	Part B:						
			Traditional									
_	Proventil	Asthma, Chronic	EG-Optimized									
ırmacı	(albuterol)	Obstructive Pulmonary Disease (COPD),	PPACA-Optimized						8/1/2021			
Ę		bronchospasm	Medicaid		Covered-PA, QL, Non-Preferred	Covered - Prior Authorization and quantity limit - Non-Preferred						
	HFA 90mcg Inhaler			Part D:	Part D:	Part D:						
	HFA 90mog innaler		Medicare	Part B:	Part B:	Part B:						
			Traditional		T3, ST, QL, AL	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)						
kg/	Qelbree (viloxazine)		EG-Optimized		T3, ST, QL, AL	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)						
Pharmac	(,	ADHD	PPACA-Optimized		T3, ST, QL, AL	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)			9/1/2021			
			Medicaid		Carve Out	New Drug, Carve-Out						
	capsules		Medicare	Part D: Part B:	Part D: T4, PA, QL Part B: N/A	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						
			Traditional	T3, ST, QL	T3, ST, QL	No Change						
	Qtern		EG-Optimized	T3, PA, QL	T3, ST, QL	REMOVE PA, ADD Step Therapy through Glyxambi	-					
macy	(dapagliflozin & saxagliptin)	Diabetes	PPACA-Optimized	T3, PA, QL	T3, ST, QL	REMOVE PA, ADD Step Therapy through Glyxambi	-		6/17/2021	Neutral		2
Phar		Siddotto	Medicaid	,,		The state of the s			0/1//2021	Change		
	tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional			REMOVE combination therapy with other atypical antipsychotics restriction						
	Quetiapine		EG-Optimized			REMOVE combination therapy with other atypical antipsychotics restriction						
ırmacy	(geq for Seroquel)	Schizophrenia/ Bipolar Disorder	PPACA-Optimized			REMOVE combination therapy with other atypical antipsychotics restriction			9/1/2021	Positive		
Ph		Bipolar Disorder	Medicaid							Change		
	tablets			Part D:	Part D:	Part D:						
-			Medicare	Part B:	Part B:	Part B:						
			Traditional	T2, ST	T1	LOWER tier, REMOVE Step Therapy						
acy	Quetiapine (geg for Seroguel XR)	Schizophrenia/	EG-Optimized	T2, ST	T1b	LOWER tier, REMOVE Step Therapy	+			Positive		
ham	(geq for Seroquel XR)	Bipolar Disorder	PPACA-Optimized	T2, ST	T1b	LOWER tier, REMOVE Step Therapy			9/1/2021	Change		
	ER Tablets ONLY		Medicaid Medicare	Part D:	Part D:	Part D: Part B:						
				Part B:	Part B:	n arcu.						
			Traditional				1					
_	Radicava		EG-Optimized				1					
gig	(edaravone)	ALS (Lou Gehrig's	PPACA-Optimized		1				9/1/2021	1		l

Ocoreage Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
No.	Diseas)	Medicaid	Covered, PA	Covered, PA, SOS	ADDED Site Of Service-Outpatient Hospital			STITEDET			
J1301		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
		Traditional									
Reblozyl		EG-Optimized									
(luspatercept)	anemia due to Beta	PPACA-Optimized						9/2/2021			
₩ <u></u>	Thalassemia	Medicaid	Covered, PA	Covered, PA, SOS	ADDED Site Of Service-Outpatient Hospital			0/2/2021			
J0896		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
		Traditional									l
Reditrex		EG-Optimized									1
80		PPACA-Optimized									l
armac	Rheumatoid Arthritis & Psoriasis	Medicaid		NOT Covered	NOT Covered			8/1/2021			I
7.5mg/0.3ml; 10mg/0.4ml; 12.5mg/0.5ml; 15mg/0.6ml; 17.5mg/0.7ml;											
20mg/0.8ml; 22.5mg/0.9ml; and 25mg/ml Syringe		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
		Traditional									
		EG-Optimized									l
Revcovi (elapegademase)	severe combined immunodeficiency	PPACA-Optimized									l
(elapegadelilase)	disease (SCID) due to adenosine deaminase (ADA) deficiency	Medicaid		Covered, PA,	ADDED to medical benefit, Prior Authorization required. It is a carve out drug under the pharmacy benefit and for this reason Site of service will require administration in the home. Will add with prior authorization to require drug be given in the home and billed to Fee-For-Service.			9/1/2021			
J3590		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
		Traditional			CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for asenapine or paliperidone ER)						
Rexulti	December	EG-Optimized			CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for asenapine or paliperidone ER)				Newton		
(brexpiprazole)	Depression Schizophrenia	PPACA-Optimized			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		
		Medicaid									l
tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
		Traditional			REMOVE combination therapy with other atypical antipsychotics restriction						
Risperidone		EG-Optimized			REMOVE combination therapy with other atypical antipsychotics restriction						I
(geq for Risperdal)	Schizophrenia	PPACA-Optimized			REMOVE combination therapy with other atypical antipsychotics restriction			9/1/2021	Positive		I
	Bipolar Disorder	Medicaid							Change		I
tablet/oral solution		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
		Traditional			REMOVE combination therapy with other atypical antipsychotics restriction AND Age limit restriction						
Risperidone ODT		EG-Optimized			REMOVE combination therapy with other atypical antipsychotics restriction AND Age limit restriction						I
(geq for Risperdal M-tab)	Schizophrenia	PPACA-Optimized			REMOVE combination therapy with other atypical antipsychotics restriction AND Age limit restriction	Ť		9/1/2021	Neutral		l
	Bipolar Disorder	Medicaid		1					Change		l
Oral disintegrating Tablets ONLY		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
		Traditional			New Drug, Not added to formulary						1
Roszet		EG-Optimized			New Drug, Not added to formulary	1					I
(rosuvastatin & ezetimibe)	hypercholesterolemia	PPACA-Optimized			New Drug, Not added to formulary	Ť		9/1/2021			I
E	, ,	Medicaid			New Drug, Not added to formulary	†					I

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
	tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: New Drug, Not added to formulary Part B: N/A Pharmacy Only drug						
			Traditional		T7, PA	New Drug, covered as preferred specialty (tier 7), with prior authorization - add to oncology policy						
	Rybrevant		EG-Optimized		T7, PA	New Drug, covered as preferred specialty (tier 7), with prior authorization - add to oncology policy						
-	(amivantamab-vmjw)		PPACA-Optimized		T7, PA	New Drug, covered as preferred specialty (tier 7), with prior authorization - add to oncology policy						
Wedica		Non Small Cell Lung Cancer	Medicaid		Covered, PA	New Drug, covered with prior authorization			9/1/2021			
_	J9999		Medicare	Part D: Part B:	Part D: NF Part B: Medicare Chemo, PA	Part D: NF - If/when added to FRF, Tier 5 with Prior Authorization - add to oncology policy Part B: New Drug, Covered as Medicare Chemo with Prior Authorization - add to oncology policy						
			Traditional	Т9	T5, PA, QL	ADD to formulary						
	Rytary		EG-Optimized	Т9	Т9	Non Formulary	•					
macy	(carbidopa & levodopa)	Parkinson's Disease	PPACA-Optimized	Т9	Т9	Non Formulary	•		9/1/2021	Positive		
Pha		T diffillion o Bloodoo	Medicaid						0/1/2021	Change		
	Capsules		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional									
	Saanaaa		EG-Optimized									
[eg	Scenesse (Afamelanotide)	erythropoietic	PPACA-Optimized				•		01410004			
Medi		protoporphyria (EPP)	Medicaid	Covered, PA	Covered, PA, SOS	ADDED Site Of Service-Outpatient Hospital			9/1/2021			
	J7352		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional	T3, ST, QL	T3, ST, QL	No Change						
_	Segluromet		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				Negative - Cont until 12-		
armacy	(ertugliflozin & metformin)	Diabetes	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			6/17/2021	31-2021 Member will		
Pa R			Medicaid							get letters for 1		
	tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:				1-2022		
			Traditional	Рап в:	Рап в:	Pall b.						
			EG-Optimized									
a	Signifor LAR (pasireotide)	Cushing's Disease	PPACA-Optimized									
Medic	(pasireolide)	Acromegaly	Medicaid	Covered, PA	Covered, PA, SOS	ADDED Site Of Service-Outpatient Hospital			9/1/2021			
	J2502		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional									
	Skyrizi		EG-Optimized									
acy	(Risankizumab-rzaa)		PPACA-Optimized				•					
Phama		Psoriasis	Medicaid						7/1/2021	positive change		
	150 mg prefilled syringe and 150 mg/ml pen			Part D:NF	Part D: T5, PA, QL	Part D: NEW addition to FRF (Formulary Reference File), covered tier 5, with Prior Authorization and Quantity Limits						
			Medicare	Part B:	Part B:	Part B:						
			Traditional									
nacy			EG-Optimized		1							
Phami		Use	PPACA-Optimized						6/1/2021			
-	5000 D		Medicaid	Ded Dr	Ded D. N.	Part D: NEW generic, NOT added to formulary						
	5,000 Dry Mouth 1.1% ONLY		Medicare	Part D: Part B:	Part D: NF Part B:	Part B:						
			Traditional									

Mode	Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
Part Part		Supartz		EG-Optimized									
Market M	<u>7</u>		Osteoarthritis of the								Positive		
Part Part	Medi							ļ		10/1/2021	Change		
Part													
Page		J7321		Medicare			Part B: DECREASE tier						
Page				Traditional		.,							
		Spirius		EG-Optimized									
	пасу			PPACA-Optimized						0/4/0004			
	Pharr			Medicaid			Covered - with Quantity Limits - Preferred			8/1/2021			
				Wedicald	Part D:	_							
		Respimat 1.25mcg, 2.5mcg Inhaler		Medicare	Part B:	Part B:	Part B:						
				Traditional	T3, ST, QL	T3, ST, QL	No Change				Negative -		
Procession Pro	24			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				Cont until 12-		
Medical Medical Part D. Part	ä	(ertugliflozin)	Diabetes	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			6/17/2021	31-2021 Member will		
Medicare Part B: P	ď			Medicaid							get letters for 1-		
Steglijan (eduglificari & stagligin) (eduglificari & staglificari & stagligin) (eduglificari & stagligin) (eduglificari & staglificari & stagligin) (eduglificari & staglificari & st		tablet		Medicare							1-2022		
				Traditional	T3, ST, QL	T3, ST, QL	No Change						
PACA-Cybrinized Type 2 Diabetes PACA-Cybrinized Type 2 Diabetes PACA-Cybrinized Type 2 Diabetes PACA-Cybrinized Type 2 Diabetes Part B.	_			EG-Optimized	T3, PA, QL	T3, ST, QL	REMOVE Prior Authorization, ADD Step Therapy through Glyxambi						
Madicar Part D. Pa	ΕI		Type 2 Diabetes	PPACA-Optimized	T3, PA, QL	T3, ST, QL				6/17/2021	Neutral		
Medicar Part B: Pa	Pha		,,,	Medicaid							Change		
		tablet		Medicare									
Stelara (ustekinumab)				Traditional		T7, PA, SOS	ADD to Site of Service Policy						
Conn's Usease PPA-C-UpulinZed Image: Part B: Par		Stelara		EG-Optimized			ADD to Site of Service Policy						
Medicare Part D: Part B: P	edical	(ustekinumab)	Crohn's Disease	PPACA-Optimized		T7, PA, SOS	ADD to Site of Service Policy			9/1/2021			
No. No.	M			Medicaid			ADD to Site of Service Policy-Outpatient Hospital						
Sylvant (Siltuximab) **Multicentric Castleman Disease (MCD)** **Medicare** **Part D: Part D: Part B: Part B: Part B: Part B: Part B: Part B: Part D: Part B		J3358- IV ONLY		Medicare									
Sylvamic (Sittuximab) Auditicentric Castleman Disease (MCD) Medicare Part D: Part D: Part D: Part B: Part B: Part B: Young adjiftozin & metformin Tablet Part D: Part B:				Traditional									
Siltuximab Medicare PACA-Optimized Castleman Disease (MCD) Medicare Part D: Part B		0.1		EG-Optimized									
ADDED Site Of Service-Outpatient Hospital Lizeso Medicare Part D: Part D: Part B: P	cal			PPACA-Optimized									
Light Medicare Part D: Part D: Part D: Part B: Part D: Part B: Part D: Part B:	Medi				Covered, PA		ADDED Site Of Service-Outpatient Hospital			9/1/2021			
Synjardy/Synjardy XR (empagifilozin & metformin) Tablet Traditional T2, QL T2, QL LOWER Tier, REMOVE Prior Authorization T3, PA, QL T2, QL LOWER Tier, REMOVE Prior Authorization T3, PA, QL T2, QL LOWER Tier, REMOVE Prior Authorization T3, PA, QL T2, QL T2, QL T2, QL T2, QL T2, QL T2, QL T2, QL T2, QL T2, QL T2, QL T3, PA, QL T2, QL T3, PA, QL T4, PA, PA, PA, PA, PA, PA, PA, PA, PA, PA		J2860		Medicare		Part D:							
Synjardy/Synjardy XR (empagiflozin & metformin) Tablet Type 2 Diabetes EG-Optimized T3, PA, QL T2, QL LOWER Tier, REMOVE Prior Authorization				Traditional									
empagilifozin & metrormin Type 2 Diabetes Type		Synjardy/Synjardy XR											
Medicaid	тасу	(empagliflozin & metformin)	Type 2 Diahetes	· · ·		-	· · · · · · · · · · · · · · · · · · ·			6/17/2021	Positive or		
Tablet Part D: Part D: Part D: Part D: Part B: Part B: Part B: Part D: Part B	Pha		. , , , , , , , , , , , , , , , , , , ,		, ,	_,				U , EUE I	Neutral change		
Traditional Tradit													
					ratto.	i alt D.	,						
		Sumulas/Sumulas Co-		EG-Optimized									
(hylan)	<u></u>		Outrood in the										
	Medica	• • •								9/1/2021	YES-Need GF		

Overage 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						
		Traditional									
tazarotene		EG-Optimized				+					l
(geq for Fabior)	Acne	PPACA-Optimized						6/1/2021			l
		Medicaid									l
0.1% foam ONLY		Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW generic, NOT added to formulary (Brand also NF) Part B:						
		Traditional									
Tilia FE 28		EG-Optimized									1
(norethindrone, ethinyl estradiol, ferrous fumarate)	Oral Contraceptive	PPACA-Optimized						8/1/2021			1
, , , , , , , , , , , , , , , , , , , ,		Medicaid		NOT Covered	NOT Covered						1
tablet			Part D:	Part D:	Part D:	İ					l
		Medicare	Part B:	Part B:	Part B:						
		Traditional				1					I
tinidazole		EG-Optimized				-					1
(geq for Tindamax)	Antibiotic	PPACA-Optimized						8/1/2021			1
		Medicaid		Covered- Preferred	Covered - Preferred						1
250mg, 500mg tablet			Part D:	Part D:	Part D:						1
		Medicare	Part B:	Part B:	Part B:						
Trelegy		Traditional									1
(Fluticasone Furoate Inhalation	Chronic obstructive	EG-Optimized									1
powder, Umeclidinium, Vilanterol)	pulmonary disease	PPACA-Optimized						8/1/2021			l
vilanteror)	(COPD)	Medicaid		Covered - Preferred	Covered - Preferred						l
Ellipta 100-62.5-25, 200-62.5-25 inhaler		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						l
		Traditional	T2, QL	T2, QL	No Change						
Trijardy		EG-Optimized	T3, PA, QL	T2, QL	LOWER Tier, REMOVE Prior Authorization						1
(empaglifozin/linagliptin/ metformin)	Type 2 Diabetes	PPACA-Optimized	T3, PA, QL	T2, QL	LOWER Tier, REMOVE Prior Authorization			6/17/2021	Positive or		1
moderniin)	Type 2 Diabetes	Medicaid	10,171, QL	12, 42				0/1//2021	Neutral change		1
		Modicald	Part D:	Part D:	Part D:						I
tablet		Medicare	Part B:	Part B:	Part B:						
		Traditional			UPDATE Age Limit to 6 years and older	<u> </u>					l
Trikafta (Elexacaftor, Tezacaftor,		EG-Optimized			UPDATE Age Limit to 6 years and older						l
lvacaftor)	Cystic Fibrosis	PPACA-Optimized			UPDATE Age Limit to 6 years and older			9/1/2021			l
		Medicaid									l
tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D:REMOVE age limit Part B:						
		Traditional									1
Triluron		EG-Optimized									1
(sodium hyaluronate)	Osteoarthritis of the	PPACA-Optimized						0141222	VEO N. 105		l
	knee	Medicaid						9/1/2021	YES-Need GF		l
J7332		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						
		Traditional	T3, ST	T3, ST	ADD Step Therapy drug option of desvenlafaxine (currently venlafaxine, venlafaxine ER, or duloxetine)						
Trintellix (vertice)		EG-Optimized	T3, ST	T3, ST	ADD Step Therapy drug option of desvenlafaxine (currently venlafaxine, venlafaxine ER, or duloxetine)				Mandad		

Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Le
(vortioxetirie)	Depression	DD404 0 # 1 1						9/1/2021	Neutral Change		
		PPACA-Optimized	T3, ST	T3, ST	ADD Step Therapy drug option of desvenlafaxine (currently venlafaxine, venlafaxine ER, or duloxetine)						
		Medicaid	Part D:	Part D:	Part D:						
tablets		Medicare	Part B:	Part B:	Part B:						
		Traditional									
Trivisc		EG-Optimized									
(hyaluronate sodium)	Osteoarthritis of the	PPACA-Optimized						9/1/2021	YES-Need GF		
	knee	Medicaid						3/1/2021	123-14660 01		
J7329		Medicare	Part D: Part B: NPS	Part D: Part B: NPS, ST/PA	Part D: Part D: ADD Step Therapy, Must first try Supartz, Gelsyn-3, Durolane, and Euflexxa						
		Traditional		T4, PA, QL	New Drug, ADDED to formulary at tier 4 with prior authorization and quantity limits (21 doses/28 days) add to oncology policy						
Truseltig		EG-Optimized		T4, PA, QL	New Drug, ADDED to formulary at tier 4 with prior authorization and quantity limits (21 doses/28 days) add to oncology policy						
(infigratinib)		PPACA-Optimized		T4, PA, QL	New Drug, ADDED to formulary at tier 4 with prior authorization and quantity limits (21 doses/28 days) add to oncology policy						
		Medicaid		Pending	New Drug, Pending Medicaid Common Formulary Review			9/1/2021			
Ccapsules		Medicare	Part D: Part B:	Part D:T5, PA, QL Part B: N/A	Part D: New Drug, ADDED to formulary at tier 5 with prior authorization and quantity limits (25 mg capsule: #21/28 days; 100 mg capsule: #21/28 days; 50 mg pack - 1 pack (#42)/28 days; 75 mg pack - 1 pack (#63)/28 days; 100 mg pack - 1 pack (#21)/28 days; and 125 mg pack - 1 pack (#42)/28 days)- add to oncology policy Part B: New Drug, N/A - Pharmacy Only						
		Traditional	T8, PA	T8, PA	UPDATE Requitements - Age 18 years or older; trial with three of the following: Glatopa or glatiramer, Avonex, Gilenya, Tecfidera, Betaseron, Plegridy, Rebif, dimethyl fumarate, Mayzent, or Ocrevus.						
Tysabri (Natalizumab)		EG-Optimized	T8, PA	T8, PA	UPDATE Requitements - Age 18 years or older; trial with three of the following: Glatopa or glatiramer, Avonex, Gilenya, Tecfidera, Betaseron, Plegridy, Rebif, dimethyl fumarate, Mayzent, or Ocrevus.						
(Natalizumas)	Multiple Sclerosis	PPACA-Optimized	T8, PA	T8, PA	UPDATE Requitements - Age 18 years or older; trial with three of the following: Glatopa or glatiramer, Avonex, Gilenya, Tecfidera, Betaseron, Plegridy, Rebif, dimethyl fumarate, Mayzent, or Ocrevus.			9/1/2021	YES		
		Medicaid	T8, PA	T8, PA	ADDED Site Of Service-Outpatient Hospital						
J2323		Medicare	T8, PA	T8, PA	Part D: Part B:						
		Traditional	T8. PA	T8. PA							
		EG-Optimized	T8, PA	T8, PA							
Uplinza (Inebilizumab-cdon)	neuromyelitis optica	PPACA-Optimized	T8, PA	T8, PA							
, ,	spectrum disorder	Medicaid	T8, PA	T8, PA	ADDED Site Of Service-Outpatient Hospital			9/1/2021			
J1823		Medicare	T8, PA	T8, PA	Part D: Part B:						
		Traditional									
Vandazole		EG-Optimized									
(metronidazole)	Antibiotic	PPACA-Optimized						8/1/2021			
	Anabioac	Medicaid		Covered-PA, Non-Preferred	Covered - Prior Authorization - Non-Preferred			01112021			
0.75 Vaginal gel		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
	1	Traditional									
		EG-Optimized									
Ventolin (albuterol)	Asthma, Chronic Obstructive Pulmonary										
(albaiciói)	Disease (COPD), bronchospasm	Medicaid		Covered- QL, Preferred	Covered - with quantity limit - Preferred			8/1/2021			
HFA 90mcg Inhaler		Medicare	Part D:	Part D:	Part D: Part B:						
		Traditional	Part B:	Part B:	I all D.		+				_

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
	Verquvo		EG-Optimized									
macy	(vericiguat)	Heart Failure	PPACA-Optimized						8/1/2021			
Pha			Medicaid		Covered, PA, AL, QL	Covered with Prior Authorization, Age Limit, and Quantity Limit						
	2.5mg, 5mg, 10 mg tablet			Part D:	Part D:	Part D:						
	2.5mg, 5mg, 10 mg abret		Medicare	Part B:	Part B:	Part B:						
			Traditional	T8, PA	T8, PA	ADD Step Therapy drug option of desvenlafaxine (currently venlafaxine, venlafaxine ER, or duloxetine)	•					
acy	Viibryd (vilazodone)		EG-Optimized	T8, PA	T8, PA	ADD Step Therapy drug option of desvenlafaxine (currently venlafaxine, venlafaxine ER, or duloxetine)				Positive		
Pham	(,	Depression	PPACA-Optimized Medicaid	T8, PA	T8, PA	ADD Step Therapy drug option of desvenlafaxine (currently venlafaxine, venlafaxine ER, or duloxetine)			9/1/2021	Change		
	****		Wedicald	Part D:	Part D:	Part D:						
	tablet		Medicare	Part B:	Part B:	Part B:						
			Traditional	T8- Medical	T8, PA	ADD prior authorization requirement						
- Ea	Vibativ (telavancin)		EG-Optimized	T8- Medical	T8, PA	ADD prior authorization requirement						
Medi	(contract)	Antibiotic	PPACA-Optimized Medicaid	T8- Medical	T8, PA	ADD prior authorization requirement			9/1/2021			
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B: ADD Prior Authorization						
			Traditional									
	Vigamox (moxifloxacin) Antibiotic		EG-Optimized									
macy		Antibiotic	PPACA-Optimized						8/1/2021			
Pha			Medicaid		Covered-PA, Non Preferred	Covered - Prior Authorization - Non-Preferred						
	0.5% eye drops		Medicare	Part D: Part B:	Part D: Part B:	Part D:						
			Traditional									
	Visco-3		EG-Optimized									
edical	(hyaluronate sodium)	Osteoarthritis of the knee	PPACA-Optimized						9/1/2021	YES-Need GF		
Me		knee	Medicaid									
	J7321		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						
			Traditional			CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for asenapine or paliperidone ER)						
acy	Vraylar (cariprazine)	Schizophrenia	EG-Optimized			CHANGE rule that prohibits use with other atypical antipsychotics when the other drug is generic (except for asenapine or paliperidone ER)				Positive or		
Pharm	()	Bipolar Disorder	PPACA-Optimized			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		
			Medicaid			The state of the s						
	Capsules Xcopri (cenobamate) Seizure		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional									
			EG-Optimized									
amacy		Seizures	PPACA-Optimized	1					7/1/2021			
Ph			Medicaid	1								
	250 mg dose pack		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:						
			Traditional									
	Xifaxan		EG-Optimized	_	1					1		

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
асу	(rifaximin)	Hepatic	PPACA-Optimized							positive		
Pham		Encephalopathy/ IBS-D	Medicaid						7/1/2021	change		
	550mg tablets		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, QL Part B:	Part D: REMOVE Prior Authorization Part B:						
			Traditional	T2, QL	T2, QL	No Change						
^	Xigduo		EG-Optimized	T3, PA, QL	T2, QL	LOWER Tier, REMOVE Prior Authorization						
атасу	(Dapagliflozin and Metformin)	Type 2 Diabetes	PPACA-Optimized	T3, PA, QL	T2, QL	LOWER Tier, REMOVE Prior Authorization			6/17/2021	Positive or Neutral change		
Pha			Medicaid							ricultur criange		
	tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional	Pall B.	Part b:	I di U.						
			EG-Optimized									
al	Xolair (Omalizumab)	A athana ahaania	PPACA-Optimized									
Medic	(Omanzumas)	Asthma, chronic uticaria, nasal polyps	Medicaid	Covered, PA	Covered, PA, SOS	ADDED Site Of Service-Outpatient Hospital Not covered under pharmacy			9/1/2021			
	J2357-Vials AND Prefilled Syringes		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional									
	Xpovio		EG-Optimized				+					
ımacy	(Selinexor)	Oncology	PPACA-Optimized						9/1/2021	Positive		
Pha			Medicaid							change		
	100mg/week, 40mg /week, 40mg/biweekly,60mg/eweek, 80mg/week		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:						
			Traditional		T3, QL	New Drug, ADDED to formulary at tier 3 with Quantity Limits (2 kits/30 days) Both Syringe and autoinjector						
	Zegalogue		EG-Optimized		T3, QL	New Drug, ADDED to formulary at tier 3 with Quantity Limits (2 kits/30 days) Both Syringe and autoinjector						
nacy	(Dasiglucagon)	hypoglycemia	PPACA-Optimized		T3, QL	New Drug, ADDED to formulary at tier 3 with Quantity Limits (2 kits/30 days) Both Syringe and autoinjector			9/1/2021			
Phan		пуродіусенна	Medicaid			Pending Medicaid Common Formulary Review			9/1/2021			
	Syringe and Auto-injector		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:						
			Traditional	T4	T4, PA	ADD PA for Ulcerative Colitis Diagnosis ONLY						
_	Zeposia		EG-Optimized	T4	T4, PA	ADD PA for Ulcerative Colitis Diagnosis ONLY						
ятасу	(Ozanimod)	Multiple Sclerosis, Ulcerative Colitis	PPACA-Optimized	T4	T4, PA	ADD PA for Ulcerative Colitis Diagnosis ONLY			9/1/2021			
Phe		olcerative Colffs	Medicaid									
	tablet		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						
			Traditional			REMOVE combination therapy with other atypical antipsychotics restriction						
асу	Ziprasidone		EG-Optimized			REMOVE combination therapy with other atypical antipsychotics restriction	<u> </u>					
^{>} harma	(geq for Geodon)	Schizophrenia Bipolar Disorder	PPACA-Optimized			REMOVE combination therapy with other atypical antipsychotics restriction			9/1/2021	Neutral Change		
Ы			Medicaid									
	Capsule		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
	Capouit		Traditional	. 3.(5.								
	7141		EG-Optimized				İ					
nacy	Zithromax (azithromycin)		PPACA-Optimized				†					
Pharm	(Antibiotic	Medicaid		Covered-PA, Non Preferred	Covered - Prior Authorization - Non-Preferred			8/1/2021			
	100mg/5ml, 200mg/5ml Suspension		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Average cost	Preferred covered alternatives	Implementation Date	Cont. Current Users?	Member Count	Letter
			Traditional									 []
	Zovirax		EG-Optimized									l
macv	(Acyclovir)	Antiviral	PPACA-Optimized						8/1/2021			I
Pha		Medicaid		Covered- Preferred	Covered - Preferred						İ	
	5% Ointment	E9/ Cinterest	Medicare	Part D: Part B:		Part D: Part B:						İ
			Traditional		T7, PA	New Drug, covered as preferred specialty (tier 7), with prior authorization - add to oncology policy						1
	Zynlonta		EG-Optimized		T7, PA	New Drug, covered as preferred specialty (tier 7), with prior authorization - add to oncology policy						I
-	(amivantamab-vmjw) Oncology		PPACA-Optimized		T7, PA	New Drug, covered as preferred specialty (tier 7), with prior authorization - add to oncology policy						I
Madio		Oncology	Medicaid			Pending MDHHS Review			9/1/2021			I
	J3490, J3590, J9999	J3490, J3590, J9999	Medicare	Part D: Part B:		Part D: New Drug, NOT added to formulary Part B: New Drug, ADDED to formulary with prior authorization requirements - Add to Oncology policy						