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

## Pharmacy Department Pending changes to the Approved Drug List March 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
			Traditional									
ı	BENLYSTA Vial		EG-Optimized									
dical	DEITE 10171 VIII	Systemic Lupus Erythematosus and	PPACA-Optimized						5/1/2021			
M		Lupus Nephritis	Medicaid									
	IV - J0490		Medicare	Part B -PA, ST		ADDED Step Therapy for new indication. For lupus nephritis: must continue toreceive standard maintenance therapy with mycophenolate or azathioprine (or if contraindicated, another standard drug such as tacrolimus) AND a steroid						
			Traditional		T7	New Drug - ADDED to Formulary (Medical Benefit) T7 - Preferred Specialty						
	CABENUV		EG-Optimized		T7	New Drug - ADDED to Formulary (Medical Benefit) T7 - Preferred Specialty		n	5/1/2021			
	CADENUV	HIV	PPACA-Optimized		T7	New Drug - ADDED to Formulary (Medical Benefit) T7 - Preferred Specialty	\$60,192 year 1 \$57,816 continuation					
			Medicaid		Carve Out							
	All Strengths/formulations		Medicare		Part B - PA	New Drug - Part B: PA - General Part B Form Part D: NF until FRF then T5, QL (600mg/900mg - 1 kit/yr 400mg/600mg - 1 kit/28 days						
			Traditional	T3	NF	REMOVE from formulary						
	(CHLORZOXAZONE)		EG-Optimized	T3	NF	REMOVE from formulary						
macy	lorzone	Muscle Relaxant	PPACA-Optimized	T3	NF	REMOVE from formulary		Chlorzoxazone	7/1/2021	No	2	
			Medicaid					500mg				
	375mg & 750mg BRAND & GENERIC		Medicare									
	CINRYZE		Traditional									
8			EG-Optimized							D16		
		hereditary angioedema	PPACA-Optimized						5/1/2021	Positive Change		
			Medicaid									
	All Strengths/formulations		Medicare	Part B - PA, ST	Part B - PA, ST	UPDATED Step Therapy - removed trial with attenuated androgen or antifibrinolytic (Trial with Takhzyro - (Part D covered) remains)						
			Traditional	T3, QL	T1, QL	LOWER Tier						
5	COLESEVELAM		EG-Optimized	T3, QL	T1b, QL	LOWER Tier			5/1/2021	D16		
	OOLLOLVLLAM	High cholesterol	PPACA-Optimized	T3, QL	T1b, QL	LOWER Tier	\$134			Positive Change	60	
-			Medicaid							_		
	625 tablet ONLY		Medicare									
Ī			Traditional	T3	NF	REMOVE from formulary						
5	CROMOLYN		EG-Optimized	T3	NF	REMOVE from formulary						
	OKOMOLIN	Asthma	PPACA-Optimized	T3	NF	REMOVE from formulary	\$2,117	Inhaled Steroids, SABA ie Albuterol	7/1/2021	No	1	
1			Medicaid									
	Nebulizer ONLY		Medicare								ı J	
			Traditional			New Drug, ADDED to formulary as T7 - Preferred Specialty, PA Required - (Medical Oncology Criteria)			_			
	DANYELZA		EG-Optimized			New Drug, ADDED to formulary as T7 - Preferred Specialty, PA Required - (Medical Oncology Criteria)						
	(naxitamab-GQGK)	Chemotherapy	PPACA-Optimized			New Drug, ADDED to formulary as T7 - Preferred Specialty, PA Required - (Medical Oncology Criteria)			5/1/2021			
			Medicaid		Covered, PA	New Drug, ADDED to formulary as Covered (Preferred Specialty), PA Required - (Medical Oncology Criteria)	1					
	J9999		Medicare		Part B - PA req	Part B - New Drug, added to formulary, PA required - (Medical Oncology criteria) Part D: Non Formulary until added to Formulary Reference File - then T5 with PA						

			I				1	1		1		1
			Traditional	T5, PA, QL	NF	REMOVE from formulary	4					
acy	DEPEN (penicillamine)		EG-Optimized	T5, PA, QL	NF	REMOVE from formulary	_					
harm		Heavy Metal Antagonist	PPACA-Optimized	T5, PA, QL	NF	REMOVE from formulary	\$7,300	penicillamine	7/1/2021	No	1	
L .			Medicaid									
	tablets -BRAND Only		Medicare									
	DESCOVY		Traditional	T4,QL	NF	REMOVE from formulary						
	(emtricitabine/tenofovir		EG-Optimized	T4,QL	NF	REMOVE from formulary						
hamac	alafenamide)	HIV	PPACA-Optimized	T4,QL	NF	REMOVE from formulary		generic Truvada	7/1/2021	No	150	
"			Medicaid									
	Brand Only -All Strength/formulation		Medicare									
			Traditional	T2	T1	LOWER Tier				1		
5	DIGOXIN		EG-Optimized	T2	T1b	LOWER Tier						TRADITIONAL
ama	DIGOXIN	heart failure/ atrial fibrillation	PPACA-Optimized	T2	T1b	LOWER Tier	\$91		5/1/2021	Positive		ONLY-may be a member
풉		ad al III III III III III III III III III	Medicaid									outreach
	Oral Solution		Medicare									
			Traditional	T7 - No PA	T7, PA	ADD PA - Medical Oncology Criteria						
	ENHERTU		EG-Optimized	T7 - No PA	T7, PA	ADD PA - Medical Oncology Criteria			1			
edica	ENHERIU	Chemotherapy	PPACA-Optimized	T7 - No PA	T7, PA	ADD PA - Medical Oncology Criteria			5/1/2021	No	9	
2			Medicaid	No PA	PA							
	J9358		Medicare	Medicare		Part B: PA required - Part B Medical Oncology criteria						
			Traditional	T3	NF	REMOVE from formulary		Fenofibrate				
ठ	FIBRICOR (fenofibric		EG-Optimized	T3	NF	REMOVE from formulary			7/1/2021			
arma	acid)	high cholesterol	PPACA-Optimized	T3	NF	REMOVE from formulary	\$966			No	2	
4			Medicaid									
	35mg & 105 MG BRAND ONLY		Medicare									
			Traditional		NF	New Drug, not added to formulary						
5.	GEMTESA		EG-Optimized		NF	New Drug, not added to formulary						
аттах	GEWITEOA	Over Active Bladder	PPACA-Optimized		NF	New Drug, not added to formulary	AWP \$6,600					
4			Medicaid			New drug -Pending Medicaid Common Formulary Review						
	All Strengths/formulations		Medicare		NF	New Drug, not added to formulary						
			Traditional	T3, AL	T3, AL	CHANGE maximum age limit from less than 4 years to less than 2 years						
λ:	HEMANGEOL		EG-Optimized	T3, AL	T3, AL	CHANGE maximum age limit from less than 4 years to less than 2 years						
armac	(propranolol hcl)	Infantile Hemangioma	PPACA-Optimized	T3, AL	T3, AL	CHANGE maximum age limit from less than 4 years to less than 2 years	\$526-\$1093		5/1/2021	N/A	0	
ᅕ			Medicaid									
	4.28 mg/ml Oral Solution		Medicare									
			Traditional									
	ILUMYA (tildrakizumab-		EG-Optimized									
77	asmn)		PPACA-Optimized									
Medic		Plaque Psoriasis	Medicaid						5/1/2021			
	All Strengths/formulations		- Toulouiu			ADD Step Therapy - Must try 2 of the following: Humira, Rinvoq, Skyrizi, Actemra (subcutaneous), Cosentyx, Otezla, Xeljanz, Xeljanz XR, Orencia						
			Medicare	Part B, PA	Part B, PA, ST	(subcutaneous), and Enbrel						

				1				1			1	
		Chronic weight	Traditional		NF	New Drug, not added to formulary						
acy	IMCIVREE	management, for	EG-Optimized		NF	New Drug, not added to formulary	WAC Annual \$360,000					
harm	(setmelanotide)	obesity caused by specific genetic	PPACA-Optimized		NF	New Drug, not added to formulary	AWP Annual		5/1/2021			
_		mutations	Medicaid			New Drug, Pending Medicaid Common Formulary Review	\$432,000					
	SQ Injection		Medicare		Part D	New Drug, excluded (weight loss drug)			<u> </u>			
	ORAL ISOTRETINOIN		Traditional	T2, QL	T2, QL	INCREASE Quantity Limit to 6 prescriptions per 2 years - (previously 5 prescriptions per 2 years)						
lc,	(Amnesteem, Claravis,		EG-Optimized	T2, QL	T2, QL	INCREASE Quantity Limit to 6 prescriptions per 2 years - (previously 5 prescriptions per 2 years)						
harme	isotretinoin, Myorisan)	Acne	PPACA-Optimized	T2, QL	T2, QL	INCREASE Quantity Limit to 6 prescriptions per 2 years - (previously 5 prescriptions per 2 years)		Positive change	5/1/2021			
ш			Medicaid									
	All strengths		Medicare									
			Traditional	NF	T3, AL, QL	ADDED to formulary Tier 3 with Age Limit of 6 years and younger and Quantity Limit of 150ml/30 days						
ે	KATERZIA		EG-Optimized	NF	T3, AL, QL	ADDED to formulary Tier 3 with Age Limit of 6 years and younger and Quantity Limit of 150ml/30 days				N/A		
harma	(amlodipine)	hypertension	PPACA-Optimized	NF	T3, AL, QL	ADDED to formulary Tier 3 with Age Limit of 6 years and younger and Quantity Limit of 150ml/30 days	\$502	Positive change	5/1/2021		4	
Δ.			Medicaid									
	Oral Solution		Medicare									
			Traditional		TF 07 01	New Date ADDED to Complete on Tourish Class Thomas Must be besied for a constitution of the Constitution o					_	
	KLISYRI (tirbanibulin)				T5, ST, QL NF	New Drug, ADDED to Formulary as T5 with Step Therapy - Must try topical fluorouracil and imiquimod and Quantity Limits #5 single dose packets/365 days						
macy		Actinic Keratosis	EG-Optimized			New Drug, not added to formulary	\$1,188/5 packets	topical fluorouracil	5/1/2021			
Phar		Actinic relations	PPACA-Optimized		NF	New Drug, not added to formulary	ψ1,100/0 packets	and imiquimod	3/1/2021			
			Medicaid			New Drug, Pending Medicaid Common Formulary Review						
	ointment		Medicare		T5, ST, QL	New Drug, ADDED to Formulary as T5 with Step Therapy - Must try topical fluorouracil and imiquimod and Quantity Limits #5 single dose packets/365 days						
			Traditional	T1	NF	REMOVE from formulary	\$3,876/90 tablets					
<u>5</u>	LEVORPHANOL		EG-Optimized	T1b	NF	REMOVE from formulary		tramadol ER, morphine sulfate ER, or methadone.	7/1/2021			
hame	ELVORI HAROE	Pain	PPACA-Optimized	T1b	NF	REMOVE from formulary						
Δ.			Medicaid									
	All Strength/formulation		Medicare							<u> </u>		
			Traditional	T5, ST	T5, QL	REMOVE Step Therapy, ADD Quantity Limits #30/30 days						
ς	LOKELMA (sodium		EG-Optimized	T5, ST	T5, QL	REMOVE Step Therapy, ADD Quantity Limits #30/30 days						
hama	zirconium cyclosilicate)	hyperkalemia	PPACA-Optimized	T5, ST	T5, QL	REMOVE Step Therapy, ADD Quantity Limits #30/30 days	\$589		5/1/2021	Positive change	5	No
₫.			Medicaid							-		
	Oral packets		Medicare									
		·	Traditional	T1	T2	INCREASE to Tier 2						
5	METHAZOLAMIDE		EG-Optimized	T1b	T2	INCREASE to Tier 2						
Jarmai	IVIE I HAZULAIVIIDE	glaucoma	PPACA-Optimized	T1b	T2	INCREASE to Tier 2	\$388	latanoprost, timolol	7/1/2021	N/A	9	
늅			Medicaid									
	All strengths Oral Tablets		Medicare									
			Traditional	T1	NF	REMOVE from formulary						
	NADBOVEN DD		EG-Optimized	T1b	NF	REMOVE from formulary	1					
macy	NAPROXEN DR	Pain/Inflammation	PPACA-Optimized	T1b	NF	REMOVE from formulary	1	Naproxen regular	7/1/2021	No	67	
Pha			Medicaid					release				
	375 & 500mg		Medicare									
Щ	2. 2 2 300mg									1	]	

	1	1		1								
			Traditional	Т3	NF	REMOVE from formulary						
5	EC-NAPROSYN (enteric-		EG-Optimized	T3	NF	REMOVE from formulary						
<sup>2</sup> hama(	coated naproxen)		PPACA-Optimized	Т3	NF	REMOVE from formulary		Naproxen regular release	7/1/2021			
_			Medicaid									
	375mg & 500mg ONLY (BRAND & GENERIC)		Medicare									
	,		Traditional	T8- Medical	T7 - Medical	LOWER Tier - Medical Only (Pharmacy coverage - No change)						
_	NIVESTYM (filgrastim-		EG-Optimized	T8- Medical	T7 - Medical	LOWER Tier - Medical Only (Pharmacy coverage - No change)						
/ledica	aafi)	Neutopenia	PPACA-Optimized	T8- Medical	T7 - Medical	LOWER Tier - Medical Only (Pharmacy coverage - No change)		Positive change	5/1/2021	N/A		
-			Medicaid									
	Q5110 - Injection		Medicare									
			Traditional		Medical T7 RX T4, QL	Medical: T7 - preferred specialty - no PA required Pharmacy: T4 with Quantity Limit of 2 syringes/28 days						
acy			EG-Optimized		Medical T7 RX T4, QL	Medical: T7 - preferred specialty - no PA required Pharmacy: T4 with Quantity Limit of 2 syringes/28 days						
Pharm	NO EDDIA		PPACA-Optimized		Medical T7 RX T4, OI	Medical: T7 - preferred specialty - no PA required Pharmacy: T4 with Quantity Limit of 2 syringes/28 days						
al or F	NYVEPRIA (pegfilgrastim-apgf)	Neutropenia	Medicaid		Medical -Covered RX -await MCF	Medical: COVERED (NPS) - No PA required Pharmacy: Pending Medicaid Common Formulary review			3/1/2021			
Medic					Part B - Covered -							
	Q5122		Medicare		No PA Part D - T5,QL	Part B - Covered -No PA Part D - T5 Quantity Limit of 2 syringes/28 days						
			Traditional		T5, PA, QL	New Drug, ADDED to formulary as T5, Prior Authorization required (Oncology Criteria) Quantity Limit of 14 days supply QL for 1 tablet per day						
25	ODCOVAY (askesselled)		EG-Optimized		T5, PA, QL	New Drug, ADDED to formulary as T5, Prior Authorization required (Oncology Criteria) Quantity Limit of 14 days supply QL for 1 tablet per day						
narmac	ORGOVYX (relugolix)	chemotherapy					WAC \$28,681 AWP \$34,410		5/1/2021			No
ᅕ			PPACA-Optimized		T5, PA, QL	New Drug, ADDED to formulary as T5, Prior Authorization required (Oncology Criteria) Quantity Limit of 14 days supply QL for 1 tablet per day	_					
			Medicaid			New Drug, Pending Medicaid Common Formulary Review						
	All strengths/formulations		Medicare		T5, PA, QL	New Drug, ADDED to formulary as T5 with Prior Authorization and Quantity Limits - First Fill #32/30 days, continuation #30/30 days		<u> </u>				
			Traditional		T5, PA, QL, AL	New Drug, ADDED to formulary as T5 with Prior Authorization, Quantity Limits #30/30 days, and Age Limit minimum 12 years						
acy	ORLADEYO	hereditary angioedema	EG-Optimized		T5, PA, QL, AL	New Drug, ADDED to formulary as T5 with Prior Authorization, Quantity Limits #30/30 days, and Age Limit minimum 12 years			5/1/2021			
ham	(berostalstat)	prophylaxis	PPACA-Optimized		T5, PA, QL, AL	New Drug, ADDED to formulary as T5 with Prior Authorization, Quantity Limits #30/30 days, and Age Limit minimum 12 years	AWP \$583,635			No	0	No
_			Medicaid			New Drug, Pending Medicaid Common Formulary Review						
			Medicare		Part D	New Drug, ADDED to formulary as T5 with Prior Authorization and Quantity Limits - #30/30 days						
	OTREXUP		Traditional	T3, ST	NF	REMOVE from formulary						
cy	(methotrexate	Rheumatoid Arthritis,	EG-Optimized	T3, ST	NF	REMOVE from formulary						
hams	subcutaneous auto	polyarticular juvenile idiopathic arthritis, and	PPACA-Optimized	T3, ST	NF	REMOVE from formulary		methotrexate injection, Reditrex	5/1/2021	YES	4	
Δ.	injector)	Psoriasis	Medicaid									
			Medicare									
			Traditional		T7, PA	New Drug, ADDED to Medical Benefit - Tier 7 - Preferred specialty with Prior Authorization Required - see Drug Specific form						
	<b>av</b>		EG-Optimized		T7, PA	New Drug, ADDED to Medical Benefit - Tier 7 - Preferred specialty with Prior Authorization Required - see Drug Specific form						
Aedical	OXLUMO (lumasiran)	Primary hyperoxaluria, type 1	PPACA-Optimized		T7, PA	New Drug, ADDED to Medical Benefit - Tier 7 - Preferred specialty with Prior Authorization Required - see Drug Specific form	WAC \$493,000 AWP \$591,600		5/1/2021			
2		.,,,,	Medicaid		Not Covered	New Drug, not covered	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	J3490*		Medicare		Part B (PS), PA	New Drug, ADDED to Part B - PA required - see General Part B form						
	RASUVO		Traditional	T3, ST	NF	REMOVE from formulary				1		
_	(methotrexate	Rheumatoid Arthritis,	EG-Optimized	T3, ST	NF	REMOVE from formulary	7					
ırmacı	subcutaneous auto	polyarticular juvenile	PPACA-Optimized	T3. ST	NF	REMOVE from formulary	7	methotrexate	5/1/2021	YES	5	
Phs	injector)	idiopathic arthritis, and Psoriasis	Medicaid	.0, 01	1-41			injection, Reditrex				
			Medicare									
_			wedicare	1	I	I .		]				

			ı	1	1	T						
	REDITREX		Traditional		T3, ST	ADDED to formulary T3 with Step therapy - must try methotrexate injection						
acy	(methotrexate	Rheumatoid Arthritis, polyarticular juvenile	EG-Optimized		T3, ST	ADDED to formulary T3 with Step therapy - must try methotrexate injection						
Pharm	subcutaneous prefilled	idiopathic arthritis, and	PPACA-Optimized		T3, ST	ADDED to formulary T3 with Step therapy - must try methotrexate injection						
-	syringe)	Psoriasis	Medicaid			Pending Medicaid Common Formulary Review						
	Strength/formulation		Medicare		NF	NF						
			Traditional	NF	T3, ST	ADDED to formulary T3 with Step therapy - must try two generic eye drops for glaucoma (e.g., latanoprost, bimatoprost, travoprost, timolol, betaxolol, dorzolamide, dorzolamide/timolol, brimonidine)						
acy		RHOPRESSA	EG-Optimized	NF	NF							
harm	(netarsudil)	glaucoma	PPACA-Optimized	NF	NF			Positive change	5/1/2021			
_			Medicaid									
	eye drops		Medicare									
			Traditional		NF							
	RIABNI (rituximab-		EG-Optimized		NF							
edical	arrx)	Cancer & Granulomatosis	PPACA-Optimized		NF				3/1/2021			
M		Granulomatosis	Medicaid		NF							
	J3590*		Medicare		Part B - PA, ST	ADDED Step Therapy required. Must first try Ruxience and Truxima.						
				†		ADDED to formulary T3 with Step therapy - must try two generic eye drops for glaucoma (e.g., latanoprost, bimatoprost, travoprost, timolol, betaxolol,		<u>†                                      </u>				
	2000 4740		Traditional	NF	T3, ST	dorzolamide, dorzolamide/timolol, brimonidine)						
nacy	ROCKLATAN (netarsudil/latanoprost)	01	EG-Optimized	NF	NF				5/4/0004			
Pharr	(netai sudii/iatanopi ost)	Glaucoma	PPACA-Optimized	NF	NF			Positive change	5/1/2021			
			Medicaid									
	eye drops		Medicare									
			Traditional	T3, QL, AL	T3, QL	REMOVE Age limit						
S)	SEEBRI NEOHALER		EG-Optimized	T3, QL, AL	T3, QL	REMOVE Age limit						
harme	OLLDIN NEOTINEER	COPD	PPACA-Optimized	T3, QL, AL	T3, QL	REMOVE Age limit	\$388		5/1/2021	positive change		
Δ.			Medicaid									
	Strength/formulation		Medicare									
			Traditional	T3	T1	LOWER Tier						
~	CDC Cuenensien	Hyperkalemia	EG-Optimized	T3	T1b	LOWER Tier						
armac	SPS Suspension		PPACA-Optimized	Т3	T1b	LOWER Tier	\$84		5/1/2021	positive change	15	
윤			Medicaid									
			Medicare									
			Traditional	T4,QL	T4, ST, QL	ADD Step Therapy with regular release topiramate sprinkle capsule						
_	TOPIRAMATE ER		EG-Optimized	T4,QL	T4, ST, QL	ADD Step Therapy with regular release topiramate sprinkle capsule						
amac	sprinkle capsule	siezures, migraines	PPACA-Optimized	T4,QL	T4, ST, QL	ADD Step Therapy with regular release topiramate sprinkle capsule	\$659	topiramate regular release sprinkle	5/1/2021	YES	38	
Ph		-	Medicaid	. T, QL	, o i , QL	and a set a		release sprinkle				
	All strengths		Medicare									
			Traditional	T3, QL, AL	T3, QL	REMOVE Age limit						
				T3, QL, AL		REMOVE Age limit						
тасу	UTIBRON NEOHALER	COPD	EG-Optimized		T3, QL		\$361		5/1/2021	positive change	1	
Phar		301 B	PPACA-Optimized	T3, QL, AL	T3, QL	REMOVE Age limit	φου 1		0/1/2021	positive unarige	·	
	Strength/formulation		Medicaid									
	Strengthylormulation		Medicare									
			Traditional	T5, QL	T5, QL, ST	ADD Step Therapy - Must try Lokelma						
nacy	VELTASSA	to a saluda asi.	EG-Optimized	T5, QL	T5, QL, ST	ADD Step Therapy - Must try Lokelma	\$753 Lokelma, SPS suspension,	Lokelma, SPS	7/4/0004		40	
Pham.		hyperkalemia	PPACA-Optimized	T5, QL	T5, QL, ST	ADD Step Therapy - Must try Lokelma			7/1/2021	No	12	
			Medicaid		1							
	Oral Packets		Medicare									

			_	1			1	1				
			Traditional		NF							
≧ WINI FVI	VINLEVI (clascoterone)		EG-Optimized		NF							
harma		(Glascotororio)	Acne	PPACA-Optimized		NF						
<u>.                                    </u>			Medicaid			New Drug - Pending Medicaid Common Formulary Review						
all strengths	ns/formulations		Medicare		NF	EXCLUDED						
			Traditional		NF	New Drug, not added to formulary						
WYNZORA	A (calcipotriene		EG-Optimized		NF	New Drug, not added to formulary			5/1/2021			
	and betamethasone cream)	Plaque Psoriasis	PPACA-Optimized		NF	New Drug, not added to formulary	\$1,380/60gm					
AG .			Medicaid			New Drug, coverage pending Medicaid Common Formulary Review						
top	opical		Medicare		EXCLUDED	not signed manufact rebate ? If sign rebate, NF						
XYWAV	(calcium,		Traditional		NF							
	magnesium, potassium,		EG-Optimized		NF			r				
		Cataplexy or excessive daytime sleepiness	PPACA-Optimized		NF		\$12,000-\$18,000 per month		5/1/2021			
€ oral so		daytime sicepiness	Medicaid		Covered, PA	ADDED to formulary, PA Required	monai					
solu	olution		Medicare		T5, PA, QL	ADDED to formulary T5 with Prior Authorization and Quantity Limit 540ml/30 days						
			Traditional									
VIID	PELRI		EG-Optimized									
adical 101	LLIN	COPD	PPACA-Optimized					i l	5/1/2021			
2			Medicaid									
Strength/f	n/formulation		Medicare	Part B, PA	Part B, PA, ST	ADDED Step Therapy - Must try Spiriva AND Incruse						
			Traditional		NF	New Drug - Not added to formulary						
> 70K	KINVY		EG-Optimized		NF	New Drug - Not added to formulary						
e ZUK	VIIA A I	Progeria	PPACA-Optimized		NF	New Drug - Not added to formulary	AWP \$775,000- \$1,800,000/year					
2			Medicaid						1			
Strength/f	Strength/formulation		Medicare		NF	New Drug - Not added to formulary						