

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 |
|----------|---|--|--|----------------------------|--|---|--|-------------------------------------|---------------------|----------------------|--------------|--------|
| Medical | BENLYSTA IV - J0490 | Vial Systemic Lupus Erythematosus and Lupus Nephritis | Traditional EG-Optimized PPACA-Optimized Medicaid Medicare | | | ADDED Step Therapy for new indication. For lupus nephritis: must continue to receive standard maintenance therapy with mycophenolate or azathioprine (or if contraindicated, another standard drug such as tacrolimus) AND a steroid | | | 5/1/2021 | | | |
| Medical | CABENUV All Strengths/formulations | HIV | Traditional EG-Optimized PPACA-Optimized Medicaid Medicare | | T7 T7 T7 Carve Out Part B - PA | New Drug - ADDED to Formulary (Medical Benefit) T7 - Preferred Specialty New Drug - ADDED to Formulary (Medical Benefit) T7 - Preferred Specialty New Drug - ADDED to Formulary (Medical Benefit) T7 - Preferred Specialty 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 | \$60,192 year 1 \$57,816 continuation | | 5/1/2021 | | | |
| Pharmacy | (CHLORZOXAZONE) lorzone 375mg & 750mg BRAND & GENERIC | Muscle Relaxant | Traditional EG-Optimized PPACA-Optimized Medicaid Medicare | T3 T3 T3 | NF NF NF | REMOVE from formulary REMOVE from formulary REMOVE from formulary | | Chlorzoxazone 500mg | 7/1/2021 | No | 2 | |
| Medical | CINRYZE All Strengths/formulations | hereditary angioedema | Traditional EG-Optimized PPACA-Optimized Medicaid Medicare | | | UPDATED Step Therapy - removed trial with attenuated androgen or antifibrinolytic (Trial with Takhzyro - (Part D covered) remains) | | | 5/1/2021 | Positive Change | | |
| Pharmacy | COLESEVELAM 625 tablet ONLY | High cholesterol | Traditional EG-Optimized PPACA-Optimized Medicaid Medicare | T3, QL T3, QL T3, QL | T1, QL T1b, QL T1b, QL | LOWER Tier LOWER Tier LOWER Tier | \$134 | | 5/1/2021 | Positive Change | 60 | |
| Pharmacy | CROMOLYN Nebulizer ONLY | Asthma | Traditional EG-Optimized PPACA-Optimized Medicaid Medicare | T3 T3 T3 | NF NF NF | REMOVE from formulary REMOVE from formulary REMOVE from formulary | \$2,117 | Inhaled Steroids, SABA is Albuterol | 7/1/2021 | No | 1 | |
| Medical | DANYELZA (naxitamab-GQGK) J9999 | Chemotherapy | Traditional EG-Optimized PPACA-Optimized Medicaid Medicare | | | New Drug, ADDED to formulary as T7 - Preferred Specialty, PA Required - (Medical Oncology Criteria) New Drug, ADDED to formulary as T7 - Preferred Specialty, PA Required - (Medical Oncology Criteria) New Drug, ADDED to formulary as T7 - Preferred Specialty, PA Required - (Medical Oncology Criteria) Covered, PA New Drug, ADDED to formulary as Covered (Preferred Specialty), PA Required - (Medical Oncology Criteria) Part B - PA req Part D - NF 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 | | | 5/1/2021 | | | |

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

| | | | | | | | | | | | | |
|----------|--|---|-----------------|--------|------------|--|--|---|----------|-----------------|----|----|
| Pharmacy | IMCIVREE (setmelanotide) SQ Injection | Chronic weight management, for obesity caused by specific genetic mutations | Traditional | | NF | New Drug, not added to formulary | WAC Annual \$360,000 AWP Annual \$432,000 | | 5/1/2021 | | | |
| | | | EG-Optimized | | NF | New Drug, not added to formulary | | | | | | |
| | | | PPACA-Optimized | | NF | New Drug, not added to formulary | | | | | | |
| | | | Medicaid | | | New Drug, Pending Medicaid Common Formulary Review | | | | | | |
| | | | Medicare | | Part D | New Drug, excluded (weight loss drug) | | | | | | |
| Pharmacy | ORAL ISOTRETINOIN (Amnesteem, Claravis, isotretinoin, Myorisan) All strengths | Acne | Traditional | T2, QL | T2, QL | INCREASE Quantity Limit to 6 prescriptions per 2 years - (previously 5 prescriptions per 2 years) | | Positive change | 5/1/2021 | | | |
| | | | EG-Optimized | T2, QL | T2, QL | INCREASE Quantity Limit to 6 prescriptions per 2 years - (previously 5 prescriptions per 2 years) | | | | | | |
| | | | PPACA-Optimized | T2, QL | T2, QL | INCREASE Quantity Limit to 6 prescriptions per 2 years - (previously 5 prescriptions per 2 years) | | | | | | |
| | | | Medicaid | | | | | | | | | |
| | | | Medicare | | | | | | | | | |
| Pharmacy | KATERZIA (amlodipine) Oral Solution | hypertension | 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 | \$502 | Positive change | 5/1/2021 | N/A | 4 | |
| | | | 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 | | | | | | |
| | | | 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 | | | | | | |
| | | | Medicaid | | | | | | | | | |
| | | | Medicare | | | | | | | | | |
| Pharmacy | KLISYRI (tirbanibulin) ointment | Actinic Keratosis | Traditional | | 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 | \$1,188/5 packets | topical fluorouracil and imiquimod | 5/1/2021 | | | |
| | | | EG-Optimized | | NF | New Drug, not added to formulary | | | | | | |
| | | | PPACA-Optimized | | NF | New Drug, not added to formulary | | | | | | |
| | | | Medicaid | | | New Drug, Pending Medicaid Common Formulary Review | | | | | | |
| | | | 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 | | | | | | |
| Pharmacy | LEVORPHANOL All Strength/ formulation | Pain | Traditional | T1 | NF | REMOVE from formulary | \$3,876/90 tablets | tramadol ER, morphine sulfate ER, or methadone. | 7/1/2021 | | | |
| | | | EG-Optimized | T1b | NF | REMOVE from formulary | | | | | | |
| | | | PPACA-Optimized | T1b | NF | REMOVE from formulary | | | | | | |
| | | | Medicaid | | | | | | | | | |
| | | | Medicare | | | | | | | | | |
| Pharmacy | LOKELMA (sodium zirconium cyclosilicate) Oral packets | hyperkalemia | Traditional | T5, ST | T5, QL | REMOVE Step Therapy, ADD Quantity Limits #30/30 days | \$589 | | 5/1/2021 | Positive change | 5 | No |
| | | | EG-Optimized | T5, ST | T5, QL | REMOVE Step Therapy, ADD Quantity Limits #30/30 days | | | | | | |
| | | | PPACA-Optimized | T5, ST | T5, QL | REMOVE Step Therapy, ADD Quantity Limits #30/30 days | | | | | | |
| | | | Medicaid | | | | | | | | | |
| | | | Medicare | | | | | | | | | |
| Pharmacy | METHAZOLAMIDE All strengths Oral Tablets | glaucoma | Traditional | T1 | T2 | INCREASE to Tier 2 | \$388 | latanoprost, timolol | 7/1/2021 | N/A | 9 | |
| | | | EG-Optimized | T1b | T2 | INCREASE to Tier 2 | | | | | | |
| | | | PPACA-Optimized | T1b | T2 | INCREASE to Tier 2 | | | | | | |
| | | | Medicaid | | | | | | | | | |
| | | | Medicare | | | | | | | | | |
| Pharmacy | NAPROXEN DR 375 & 500mg | Pain/Inflammation | Traditional | T1 | NF | REMOVE from formulary | | Naproxen regular release | 7/1/2021 | No | 67 | |
| | | | EG-Optimized | T1b | NF | REMOVE from formulary | | | | | | |
| | | | PPACA-Optimized | T1b | NF | REMOVE from formulary | | | | | | |
| | | | Medicaid | | | | | | | | | |
| | | | Medicare | | | | | | | | | |

| | | | | | | | | | | | | |
|----------|---|---|-----------------|------------|-----------------|---|-------|--|----------|-----------------|----|--|
| Pharmacy | REDITREX (methotrexate subcutaneous prefilled syringe) Strength/formulation | Rheumatoid Arthritis, polyarticular juvenile idiopathic arthritis, and Psoriasis | Traditional | | T3, ST | ADDED to formulary T3 with Step therapy - must try methotrexate injection | | | | | | |
| | | | EG-Optimized | | T3, ST | ADDED to formulary T3 with Step therapy - must try methotrexate injection | | | | | | |
| | | | PPACA-Optimized | | T3, ST | ADDED to formulary T3 with Step therapy - must try methotrexate injection | | | | | | |
| | | | Medicaid | | | Pending Medicaid Common Formulary Review | | | | | | |
| | | | Medicare | | NF | NF | | | | | | |
| Pharmacy | RHOPRESSA (netarsudil) eye drops | glaucoma | 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) | | Positive change | 5/1/2021 | | | |
| | | | EG-Optimized | NF | NF | | | | | | | |
| | | | PPACA-Optimized | NF | NF | | | | | | | |
| | | | Medicaid | | | | | | | | | |
| | | | Medicare | | | | | | | | | |
| Medical | RIABNI (rituximab- arrx) J3590* | Cancer & Granulomatosis | Traditional | | NF | | | | 3/1/2021 | | | |
| | | | EG-Optimized | | NF | | | | | | | |
| | | | PPACA-Optimized | | NF | | | | | | | |
| | | | Medicaid | | NF | | | | | | | |
| | | | Medicare | | Part B - PA, ST | ADDED Step Therapy required. Must first try Ruxience and Truxima. | | | | | | |
| Pharmacy | ROCKLATAN (netarsudil/latanoprost) eye drops | Glaucoma | 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) | | Positive change | 5/1/2021 | | | |
| | | | EG-Optimized | NF | NF | | | | | | | |
| | | | PPACA-Optimized | NF | NF | | | | | | | |
| | | | Medicaid | | | | | | | | | |
| | | | Medicare | | | | | | | | | |
| Pharmacy | SEEBRI NEOHALER Strength/formulation | COPD | Traditional | T3, QL, AL | T3, QL | REMOVE Age limit | \$388 | | 5/1/2021 | positive change | | |
| | | | EG-Optimized | T3, QL, AL | T3, QL | REMOVE Age limit | | | | | | |
| | | | PPACA-Optimized | T3, QL, AL | T3, QL | REMOVE Age limit | | | | | | |
| | | | Medicaid | | | | | | | | | |
| | | | Medicare | | | | | | | | | |
| Pharmacy | SPS Suspension | Hyperkalemia | Traditional | T3 | T1 | LOWER Tier | \$84 | | 5/1/2021 | positive change | 15 | |
| | | | EG-Optimized | T3 | T1b | LOWER Tier | | | | | | |
| | | | PPACA-Optimized | T3 | T1b | LOWER Tier | | | | | | |
| | | | Medicaid | | | | | | | | | |
| | | | Medicare | | | | | | | | | |
| Pharmacy | TOPIRAMATE ER sprinkle capsule All strengths | siezures, migraines | Traditional | T4,QL | T4, ST, QL | ADD Step Therapy with regular release topiramate sprinkle capsule | \$659 | topiramate regular release sprinkle | 5/1/2021 | YES | 38 | |
| | | | EG-Optimized | T4,QL | T4, ST, QL | ADD Step Therapy with regular release topiramate sprinkle capsule | | | | | | |
| | | | PPACA-Optimized | T4,QL | T4, ST, QL | ADD Step Therapy with regular release topiramate sprinkle capsule | | | | | | |
| | | | Medicaid | | | | | | | | | |
| | | | Medicare | | | | | | | | | |
| Pharmacy | UTIBRON NEOHALER Strength/formulation | COPD | Traditional | T3, QL, AL | T3, QL | REMOVE Age limit | \$361 | | 5/1/2021 | positive change | 1 | |
| | | | EG-Optimized | T3, QL, AL | T3, QL | REMOVE Age limit | | | | | | |
| | | | PPACA-Optimized | T3, QL, AL | T3, QL | REMOVE Age limit | | | | | | |
| | | | Medicaid | | | | | | | | | |
| | | | Medicare | | | | | | | | | |
| Pharmacy | VELTASSA Oral Packets | hyperkalemia | Traditional | T5, QL | T5, QL, ST | ADD Step Therapy - Must try Lokelma | \$753 | Lokelma, SPS suspension, | 7/1/2021 | No | 12 | |
| | | | EG-Optimized | T5, QL | T5, QL, ST | ADD Step Therapy - Must try Lokelma | | | | | | |
| | | | PPACA-Optimized | T5, QL | T5, QL, ST | ADD Step Therapy - Must try Lokelma | | | | | | |
| | | | Medicaid | | | | | | | | | |
| | | | Medicare | | | | | | | | | |

| | | | | | | | | | | | |
|----------|---|---|-----------------|------------|----------------|---|--------------------------------|--|----------|--|--|
| Pharmacy | WINLEVI (clascoterone) all strengths/formulations | Acne | Traditional | | NF | | | | | | |
| | | | EG-Optimized | | NF | | | | | | |
| | | | PPACA-Optimized | | NF | | | | | | |
| | | | Medicaid | | | New Drug - Pending Medicaid Common Formulary Review | | | | | |
| | | | Medicare | | NF | EXCLUDED | | | | | |
| Pharmacy | WYNZORA (calcipotriene and betamethasone cream) topical | Plaque Psoriasis | Traditional | | NF | New Drug, not added to formulary | \$1,380/60gm | | 5/1/2021 | | |
| | | | EG-Optimized | | NF | New Drug, not added to formulary | | | | | |
| | | | PPACA-Optimized | | NF | New Drug, not added to formulary | | | | | |
| | | | Medicaid | | | New Drug, coverage pending Medicaid Common Formulary Review | | | | | |
| | | | Medicare | | EXCLUDED | not signed manufact rebate ? If sign rebate, NF | | | | | |
| Pharmacy | XYWAV (calcium, magnesium, potassium, and sodium oxybates oral solution) solution | Cataplexy or excessive daytime sleepiness | Traditional | | NF | | \$12,000-\$18,000 per month | | 5/1/2021 | | |
| | | | EG-Optimized | | NF | | | | | | |
| | | | PPACA-Optimized | | NF | | | | | | |
| | | | Medicaid | | Covered, PA | ADDED to formulary, PA Required | | | | | |
| | | | Medicare | | T5, PA, QL | ADDED to formulary T5 with Prior Authorization and Quantity Limit 540ml/30 days | | | | | |
| Medical | YUPELRI Strength/formulation | COPD | Traditional | | | | | | 5/1/2021 | | |
| | | | EG-Optimized | | | | | | | | |
| | | | PPACA-Optimized | | | | | | | | |
| | | | Medicaid | | | | | | | | |
| | | | Medicare | Part B, PA | Part B, PA, ST | ADDED Step Therapy - Must try Spiriva AND Incruse | | | | | |
| Pharmacy | ZOKINVY Strength/formulation | Progeria | Traditional | | NF | New Drug - Not added to formulary | AWP \$775,000-\$1,800,000/year | | | | |
| | | | EG-Optimized | | NF | New Drug - Not added to formulary | | | | | |
| | | | PPACA-Optimized | | NF | New Drug - Not added to formulary | | | | | |
| | | | Medicaid | | | | | | | | |
| | | | Medicare | | NF | New Drug - Not added to formulary | | | | | |