

Pharmacy Department
Pending changes to the Approved Drug List
May 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	Amondys 45 (casimersen) All Strengths/Formulations	Muscular Dystrophy	Traditional		NF	New Drug, Not added to formulary	\$890,000/ year	Glucocorticoids Physical Therapy	7/1/2021 (CARE)	N/A	N/A	No
			EG-Optimized		NF	New Drug, Not added to formulary						
			PPACA-Optimized		NF	New Drug, Not added to formulary						
			Medicaid		Carve Out							
			Medicare		Part D: NF Part B: PA	Part D: New Drug, Not added to formulary Part B: PA - Medicare General Part B form						
Pharmacy	Arcalyst (Rilonacept) All Strengths/Formulations	Treatment of CAPS, FCAS, MWS, & Recurrent Pericarditis. Maintenance of remission in DIRA	Traditional					N/A	1/1/2022	No	??	YES
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
			Medicare	Part D: T5	Part D: T5, PA	ADD Prior Authorization - All Medically Accepted Indications						
Medical	Asceniv (immune globulin intravenous, human) All Strengths/Formulations	Immune Globulin	Traditional		NF	New Drug, Not added to formulary	481.77/ 500 unit	Privigen, Gamunex, Gammagard	7/1/2021	CARE Only	0 as of 3-26-2021	No - if no utilization (CARE)
			EG-Optimized		NF	New Drug, Not added to formulary						
			PPACA-Optimized		NF	New Drug, Not added to formulary						
			Medicaid		NF	New Drug, Not added to formulary						
			Medicare		Part D: NF Part B: PA	Part D: New Drug, Not added to formulary Part B: Step Therapy Required: Must try 2 other IVIG products (e.g., Gammagard Liquid, Gamunex, Privigen)						
Pharmacy	Atripla (Efavirenz, Emtricitabine, Tenofovir Disoproxil Fumarate) All Strengths/Formulations	HIV	Traditional	T4	T5	Generic now available as a Tier 4	\$2,878/claim	Efavirenz, Emtricitabine, Tenofovir Disoproxil Fumarate tablets	1/1/2022	No	11	YES
			EG-Optimized	T4	T5	Generic now available as a Tier 4						
			PPACA-Optimized	T4	T5	Generic now available as a Tier 4						
			Medicaid									
			Medicare									
Medical	Botox (onabotulinumtoxinA) All Strengths/Formulations	Multiple Uses: Add Treatment of Overactive Bladder	Traditional					Oxybutynin/ trospium/ Mybetriq	7/1/2021	N/A	N/A	No
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
			Medicare	Part B: ST, PA	Part B: ST, PA	ADD Step Therapy to new indications: For urge incontinence and overactive bladder: Must first try 1 urinary anticholinergic(e.g., oxybutynin, trospium) AND Myrbetriq						
Medical	Breyanzi (lisocabtagene maraleucl) All Strengths/Formulations	Refractory B Cell Lymphoma	Traditional		Gene Therapy	New Drug, ADD to medical benefit as Gene Therapy	\$492,360 AWP		7/1/2021	N/A	N/A	No
			EG-Optimized		Gene Therapy	New Drug, ADD to medical benefit as Gene Therapy						
			PPACA-Optimized		Gene Therapy	New Drug, ADD to medical benefit as Gene Therapy						
			Medicaid		Carve Out							
			Medicare		Part D: Excluded Part B: Medicare Chemo, PA	Add to Part B: PA required						
Pharmacy	Bronchitol (mannitol powder for oral inhalation) All Strengths/Formulations	Cystic Fibrosis	Traditional		NF	New Drug, Not added to formulary	~\$4,000/ year	Pulmozyme, Hypertonic Saline Solution	7/1/2021	N/A	N/A	No
			EG-Optimized		NF	New Drug, Not added to formulary						
			PPACA-Optimized		NF	New Drug, Not added to formulary						
			Medicaid		Pending MCF review Part D: NF Part B: N/A							
			Medicare		Part D: NF Part B: N/A	New Drug, Not added to formulary						
Medical	Cosela (trilaciclib) All Strengths/Formulations	Decrease incidence of neutropenia in Extensive Stage - Small Cell Lung Cancer	Traditional		T7, PA	New drug, ADDED to formulary (medical) at tier 7 (preferred specialty), requiring prior authorization	~\$7,000/ month	Nuvestym/Fulphila	7/1/2021	N/A	N/A	No
			EG-Optimized		T7, PA	New drug, ADDED to formulary (medical) at tier 7 (preferred specialty), requiring prior authorization						
			PPACA-Optimized		T7, PA	New drug, ADDED to formulary (medical) at tier 7 (preferred specialty), requiring prior authorization						
			Medicaid		Covered, PA Part D: Excluded Part B: PA	New drug, ADDED to the medical benefit requiring prior authorization Part D: Excluded Part B: New drug, ADDED to formulary, requiring prior authorization						
			Medicare									

Pharmacy Department
Pending changes to the Approved Drug List
May 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
Pharmacy	Cyclophosphamide	Cancer	Traditional	T4	T3	Lowered tier	\$361/month	Positive change	7/1/2021	N/A	18	No
			EG-Optimized	T4	T3	Lowered tier						
			PPACA-Optimized	T4	T3	Lowered tier						
			Medicaid									
	Capsules		Medicare									
Pharmacy	Droxidopa (Nothera geq)	neurogenic orthostatic hypotension	Traditional	T5, QL	T5, PA, QL	ADD Prior Authorization - Remove 14 day per fill requirement - QL 180 capsules/30 days			7/1/2021	Yes	1	No
			EG-Optimized	T5, QL	T5, PA, QL	ADD Prior Authorization - Remove 14 day per fill requirement - QL 180 capsules/30 days						
			PPACA-Optimized	T5, QL	T5, PA, QL	ADD Prior Authorization - Remove 14 day per fill requirement - QL 180 capsules/30 days						
			Medicaid									
	All Strengths/formulations		Medicare									
Pharmacy	Emtricitabine (Emtriva geq)	HIV	Traditional	T1	T3	Increased tier		Emtricitabine Capsules	7/1/2021	N/A	0	No
			EG-Optimized	T1	T3	Increased tier						
			PPACA-Optimized	T1	T3	Increased tier						
			Medicaid									
	200mg capsule		Medicare									
Pharmacy	Emtricitabine/ Tenofovir (Truvada geq)	HIV	Traditional	T9	T4	ADDED to formulary as a Tier 4	\$1,570/ claim	Positive change	4/16/2021	N/A	N/A	No
			EG-Optimized	T9	T4	ADDED to formulary as a Tier 4						
			PPACA-Optimized	T9	T4	ADDED to formulary as a Tier 4						
			Medicaid									
	All Strengths/formulations		Medicare									
Pharmacy	Emtriva (Emtricitabine)	HIV	Traditional	T2	T5	Increased tier		Emtricitabine capsules	7/1/2021	N/A	0	No
			EG-Optimized	T2	T5	Increased tier						
			PPACA-Optimized	T2	T5	Increased tier						
			Medicaid									
	200 mg capsule		Medicare									
Medial	Evkeeza (evinacumab-dgnb)	homozygous familial hypercholesterolemia	Traditional		T7, PA	New drug, ADDED to formulary (medical) at tier 7 (preferred specialty), requiring prior authorization	\$585,000/ year	Repatha	7/1/2021	N/A	N/A	No
			EG-Optimized		T7, PA	New drug, ADDED to formulary (medical) at tier 7 (preferred specialty), requiring prior authorization						
			PPACA-Optimized		T7, PA	New drug, ADDED to formulary (medical) at tier 7 (preferred specialty), requiring prior authorization						
			Medicaid		Covered, PA Part D: T5, PA Part B: PA, ST	New drug, ADDED to formulary (medical), requiring prior authorization Part D: New Drug, ADDED to formulary at tier 5, prior authorization required Part B: New Drug, prior authorization required - Step Therapy - Must try Repatha						
	All Strengths/formulations		Medicare									
Pharmacy	Hetioz LQ (tasimelteon)	Pediatric Nighttime sleep disturbances in Smith-Magenis syndrom	Traditional		NF	New Drug, Not added to formulary	~\$15,000 to \$25,000/ month	Melatonin	7/1/2021	N/A	N/A	No
			EG-Optimized		NF	New Drug, Not added to formulary						
			PPACA-Optimized		NF	New Drug, Not added to formulary						
			Medicaid		Carve Out							
	Oral Suspension		Medicare		Part D: NF	Part D: New Drug, Not added to formulary						
Pharmacy	Lupkynis (voclosporin)	Lupus Nephritis	Traditional		T5, PA	New drug, ADDED to formulary at tier 5, requiring prior authorization	\$142,200/ year (WAC)	Benlysta, Mycophenolate, Cyclophosphamide	7/1/2021	N/A	N/A	No
			EG-Optimized		T5, PA	New drug, ADDED to formulary at tier 5, requiring prior authorization						
			PPACA-Optimized		T5, PA	New drug, ADDED to formulary at tier 5, requiring prior authorization						
			Medicaid		Pending MCF review							
	All Strengths/formulations		Medicare		Part D: T5, PA	Part D: New drug, ADDED to formulary at tier 5, requiring prior authorization						

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
May 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	Margenza (margetuximab-cmkb) All Strengths/formulations	HER2 receptor positive breast cancer	Traditional		T7, PA	New drug, ADDED to formulary (medical) at tier 7 (preferred specialty), requiring prior authorization (oncology)	\$169,473/ year	Trazimera, Kanjinti	7/1/2021	N/A	N/A	No
			EG-Optimized		T7, PA	New drug, ADDED to formulary (medical) at tier 7 (preferred specialty), requiring prior authorization (oncology)						
			PPACA-Optimized		T7, PA	New drug, ADDED to formulary (medical) at tier 7 (preferred specialty), requiring prior authorization (oncology)						
			Medicaid		Covered, PA	New drug, ADDED to formulary (medical), requiring prior authorization						
			Medicare		Part D: Excluded Part B: PA, ST	Part D: Not Part D eligible Part B: Covered, Prior Authorization Required, Step Therapy - Must try trastuzumab biosimilar (Trazimera or Kanjinti)-based regimen						
Pharmacy	Modafinil 100mg	Narcolepsy	Traditional	T1, QL	T1, QL	INCREASE QL to 2 tablets per day	\$85/ month	Positive change	7/1/2021	N/A	N/A	No
			EG-Optimized	T1b, QL	T1b, QL	INCREASE QL to 2 tablets per day						
			PPACA-Optimized	T1b, QL	T1b, QL	INCREASE QL to 2 tablets per day						
			Medicaid									
			Medicare									
Pharmacy	Nitrofurantoin 25mg/5mL solution	Antibiotic	Traditional	T2	T4	INCREASE Tier	\$3,057/ claim	amoxicillin suspension, bactrim suspension, nitrofurantoin capsules	1/1/2022	No	33	YES
			EG-Optimized		T2	INCREASE Tier						
			PPACA-Optimized	T2	T4	INCREASE Tier						
			Medicaid									
			Medicare									
Pharmacy	Norvir (ritonavir) 80mg/mL Soln	HIV	Traditional	T3	T4	INCREASE Tier	\$253/ claim		1/1/2022	No	1	Yes
			EG-Optimized	T3	T4	INCREASE Tier						
			PPACA-Optimized	T3	T4	INCREASE Tier						
			Medicaid									
			Medicare									
Pharmacy	Norvir (ritonavir) 100mg capsule	HIV	Traditional	T3	T9	REMOVE from formulary - product discontinued			7/1/2021	No	0	No
			EG-Optimized	T3	T9	REMOVE from formulary - product discontinued						
			PPACA-Optimized	T3	T9	REMOVE from formulary - product discontinued						
			Medicaid									
			Medicare									
Medical	Nulibry (fosdoxopterin) All Strengths/formulations	molybdenum cofactor deficiency (MoCD) type A	Traditional		T7, PA, SOS	New drug, ADDED to formulary (medical) at tier 7 (preferred specialty), requiring prior authorization - SOS Drug	~\$115,000 to \$542,000/ year		7/1/2021	N/A	N/A	No
			EG-Optimized		T7, PA, SOS	New drug, ADDED to formulary (medical) at tier 7 (preferred specialty), requiring prior authorization - SOS Drug						
			PPACA-Optimized		T7, PA, SOS	New drug, ADDED to formulary (medical) at tier 7 (preferred specialty), requiring prior authorization - SOS Drug						
			Medicaid		Covered, PA, SOS	New drug, ADDED to formulary (medical), requiring prior authorization - SOS Drug						
			Medicare		Part D: T5, PA Part B: PA	Part D: New drug, ADDED to formulary at tier 5, requiring prior authorization Part B: New drug, requiring prior authorization						
Pharmacy	Orilissa (elagolix) All Strengths/formulations	Endometriosis	Traditional	T4, PA, QL	T4, PA, QL	UPDATE PA Criteria - remove maximum duration of coverage			7/1/2021	Yes	41	No
			EG-Optimized	T4, PA, QL	T4, PA, QL	UPDATE PA Criteria - remove maximum duration of coverage						
			PPACA-Optimized	T4, PA, QL	T4, PA, QL	UPDATE PA Criteria - remove maximum duration of coverage						
			Medicaid									
			Medicare									
Medical	Pepaxto (melphalan flufenamide) All Strengths/formulations	Multiple Myeloma	Traditional		T8, PA	New drug, ADDED to formulary (medical) at tier 8 (non-preferred specialty), requiring prior authorization (oncology)	\$236,400/ year		7/1/2021	N/A	N/A	No
			EG-Optimized		T8, PA	New drug, ADDED to formulary (medical) at tier 8 (non-preferred specialty), requiring prior authorization (oncology)						
			PPACA-Optimized		T8, PA	New drug, ADDED to formulary (medical) at tier 8 (non-preferred specialty), requiring prior authorization (oncology)						
			Medicaid		Covered, PA	New drug, ADDED to formulary (medical), requiring prior authorization (oncology)						
			Medicare		Part D: NF Part B: PA	Part D: New Drug, Not added to Formulary. - if added to FRF - will be T5, PA (oncology) Part B: New Drug, Prior Authorization required (oncology)						

Pharmacy Department
Pending changes to the Approved Drug List
May 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	Prevymis (letermovir) IV	CMV prevention for Bone Marrow Transplant	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	T4 T4 T4	T7, PA T7, PA T7, PA	REMOVE from Pharmacy coverage, ADD to medical coverage at tier 7 (preferred specialty), requiring prior authorization REMOVE from Pharmacy coverage, ADD to medical coverage at tier 7 (preferred specialty), requiring prior authorization REMOVE from Pharmacy coverage, ADD to medical coverage at tier 7 (preferred specialty), requiring prior authorization			7/1/2021	N/A	0	No
Pharmacy	Prolate (oxycodone and acetaminophen) All Strengths/formulations	Pain	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare		NF NF NF Covered, PA Part D: NF (since 2020)	New Drug, Not added to formulary New Drug, Not added to formulary New Drug, Not added to formulary New Drug, Added to formulary, non-preferred PDL New Drug, Not added to formulary	\$29/ tablet	oxycodone and acetaminophen tablets	7/1/2021	N/A	N/A	No
Pharmacy	Restasis (cyclosporine) All Strengths/formulations	Dry Eyes	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare			INCREASE tier INCREASE tier		Xidra	1/1/2022	Yes	49	YES
Pharmacy	Sustiva (efavirenz) All Strengths/formulations	HIV	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	T3 T3 T3	T5 T5 T5	INCREASE Tier INCREASE Tier INCREASE Tier	\$943/ claim	Efavirenz capsule	1/1/2022	No	1	YES
Medical	Tecentriq (atezolizumab) Strength/formulation	Cancer	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare						7/1/2021	YES		No
Pharmacy	Tenofovir Disoproxil Fumarate (Viread geq) 300 mg	HIV	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	T4 T4 T4	T1 T1 T1	DECREASE tier DECREASE tier DECREASE tier	\$100/ claim	Positive Change	7/1/2021	N/A	32	No
Pharmacy	Tepmetko (tepotinib) All Strengths/formulations	Cancer-NSCLC	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare		T5, PA, QL T5, PA, QL T5, PA, QL Carve Out Part D: T5, PA, QL	New drug, ADDED to formulary at tier 5, requiring prior authorization and quantity limit 28 tablets/14 days New drug, ADDED to formulary at tier 5, requiring prior authorization and quantity limit 28 tablets/14 days New drug, ADDED to formulary at tier 5, requiring prior authorization and quantity limit 28 tablets/14 days New drug, ADDED to formulary at tier 5, requiring prior authorization and quantity limit 60 tablets/30 days	\$254,000/ year		7/1/2021	N/A	N/A	No
Pharmacy	Thiola EC (tiopronin) All Strengths/formulations	prevention of cystine nephrolithiasis due to severe homozygous cystinuria	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	T9 T9 T9	T4, PA, QL T4, PA, QL T4, PA, QL	ADDED to formulary, prior authorization required, quantity limits: 100mg - 240 tablets/30 days. 300mg tablets - 90 tablets/30 days ADDED to formulary, prior authorization required, quantity limits: 100mg - 240 tablets/30 days. 300mg tablets - 90 tablets/30 days ADDED to formulary, prior authorization required, quantity limits: 100mg - 240 tablets/30 days. 300mg tablets - 90 tablets/30 days	\$9,100/ month		7/1/2021	N/A	N/A	No

Pharmacy Department
Pending changes to the Approved Drug List
May 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
Pharmacy	Thyquidity (levothyroxine sodium)	Hypothyroidism	Traditional		NF	New Drug, Not added to formulary	\$12/ 200mcg dose		7/1/2021	N/A	N/A	No
			EG-Optimized		NF	New Drug, Not added to formulary						
			PPACA-Optimized		NF	New Drug, Not added to formulary						
			Medicaid			Pending MCF Decision						
			Oral Solution	Medicare	Part D: NF	New Drug, Not added to formulary						
Pharmacy	Truvada (Emtricitabine/ Tenofovir)	HIV	Traditional	T4	T5	INCREASED tier, generic available	\$1,790/ claim		1/1/2022	No	212	Yes
			EG-Optimized	T4	T5	INCREASED tier, generic available						
			PPACA-Optimized	T4	T5	INCREASED tier, generic available						
			Medicaid									
			All Strengths/formulations	Medicare								
Pharmacy	Ukoniq (umbralisib)	Lymphoma	Traditional		T5, PA, QL	New drug, ADDED to formulary at tier 5, requiring prior authorization (oncology) and quantity limit 4 tab per day – limit 14 days/ fill	\$190,800/ year	Aliqopa, Copiktra, or Zydelig	7/1/2021	N/A	N/A	No
			EG-Optimized		T5, PA, QL	New drug, ADDED to formulary at tier 5, requiring prior authorization (oncology) and quantity limit 4 tab per day – limit 14 days/ fill						
			PPACA-Optimized		T5, PA, QL	New drug, ADDED to formulary at tier 5, requiring prior authorization (oncology) and quantity limit 4 tab per day – limit 14 days/ fill						
			Medicaid		Carve Out Part D: T5, PA, QL							
			All Strengths/formulations	Medicare		Part D: New drug, ADDED to formulary at tier 5, requiring prior authorization and quantity limit 120 tablets/30 days						
Pharmacy	Verquvo (veriquat)	Heart failure	Traditional		T3, PA, QL	New drug, ADDED to formulary at tier 3, requiring prior authorization and quantity limit 30 tablets/30 days	\$8,393/ year		7/1/2021	N/A	N/A	No
			EG-Optimized		T3, PA, QL	New drug, ADDED to formulary at tier 3, requiring prior authorization and quantity limit 30 tablets/30 days						
			PPACA-Optimized		T3, PA, QL	New drug, ADDED to formulary at tier 3, requiring prior authorization and quantity limit 30 tablets/30 days						
			Medicaid		Pending MCF decision							
			Medicare		T4, PA, QL	New drug, ADDED to formulary at tier 4, requiring prior authorization and quantity limit 30 tablets/30 days						
			All Strengths/formulations									
Pharmacy	Vesicare LS (solifenacin)	neurogenic detrusor overactivity	Traditional		T3, ST, QL, AL	New drug, ADDED to formulary at tier 3, step therapy:Must first try oxybutynin, oxybutynin ER, trospium, trospium ER, or tolterodine; quantity limit 150ml/30 days and age limit of 9 years or younger	\$514/ bottle	oxybutynin, trospium, tolterodine, solifenacin	7/1/2021	N/A	N/A	No
			EG-Optimized		T3, ST, QL, AL	New drug, ADDED to formulary at tier 3, step therapy:Must first try oxybutynin, oxybutynin ER, trospium, trospium ER, or tolterodine; quantity limit 150ml/30 days and age limit of 9 years or younger						
			PPACA-Optimized		T3, ST, QL, AL	New drug, ADDED to formulary at tier 3, step therapy:Must first try oxybutynin, oxybutynin ER, trospium, trospium ER, or tolterodine; quantity limit 150ml/30 days and age limit of 9 years or younger						
			Medicaid		Covered, PA	New Drug, Added to formulary, non-preferred PDL						
			Medicare		Part D: NF	New Drug, Not added to formulary						
			Oral Suspension									
Pharmacy	Vocabria (cabotegravir)	HIV	Traditional		NF	New Drug, Not added to formulary - available from the manufacturer for no charge	\$0		7/1/2021	N/A	N/A	No
			EG-Optimized		NF	New Drug, Not added to formulary - available from the manufacturer for no charge						
			PPACA-Optimized		NF	New Drug, Not added to formulary - available from the manufacturer for no charge						
			Medicaid		Carve Out							
			Tablets	Medicare		NF						
Pharmacy	Xolair (omalizumab)	Asthma/Nasal Polyps/Chronic Idiopathic Urticaria	Traditional		T4, PA, QL	New Approval for self-administration, ADDED coverage under the Pharmacy Benefit, tier 4 with prior authorization and quantity limits of 2 syringes/month	\$1,394 AWP		7/1/2021	N/A	N/A	No
			EG-Optimized		T4, PA, QL	New Approval for self-administration, ADDED coverage under the Pharmacy Benefit, tier 4 with prior authorization and quantity limits of 2 syringes/month						
			PPACA-Optimized		T4, PA, QL	New Approval for self-administration, ADDED coverage under the Pharmacy Benefit, tier 4 with prior authorization and quantity limits of 2 syringes/month						
			Medicaid		Pending MCF decision							
			75 mg and 150 mg Pre-filled Syringe ONLY	Medicare		PartD: T5, PA						
Pharmacy	Zokinvy (lonafarnib)	Use	Traditional		NF	New Drug, Not added to formulary	~\$774,000 to \$1,858,000/ year		7/1/2021	N/A	N/A	No
			EG-Optimized		NF	New Drug, Not added to formulary						
			PPACA-Optimized		NF	New Drug, Not added to formulary						
			Medicaid		Carve Out							
			All Strengths/formulation	Medicare		Part D: NF						