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Priority Health

Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	**Actemra** (tocilizumab)	Inflammatory Conditions	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	162mg/0.9ml AutoInjector/Prefilled Syringe ONLY		Medicare	Part D: T5, PA, QL Part B: N/A	Part D: T5, PA, QL Part B: N/A	Part D: UPDATED Prior Authorization criteria Part B: Self Administered formulations not covered under Part B		
Pharmacy	**Acthar** (corticotropin)	Pituitary hormones	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	80unit/ml		Medicare	Part D: T5, PA Part B:	Part D: T5, PA Part B:	Part D: UPDATED Prior Authorization criteria Part B:		
Pharmacy	**Adlyxin** (lixisenatide)	Diabetes	Traditional				Byetta, Bydureon, Trulicity	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	20mcg/0.2ml and 10mcg-20mcg/0.2ml pen injector		Medicare	Part D: T4 Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		
Pharmacy	**Adapalene** (geq. for Differin)	Acne	Traditional				adapalene 0.3% gel, tretinoin cream, tretinoin gel 0.05%	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.1% gel ONLY		Medicare	Part D: T2 Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		
Pharmacy	**Adempas** (riociguat)	Pulmonary hypertension	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.5mg, 1mg, 1.5mg, 2mg, and 2.5mg tablet		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria Part B:		

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	**Alendronate** (geq. for Fosamax)	Osteoporosis	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	5mg, 10mg, 35mg, and 70mg tablet		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		
Pharmacy	**Alli** (orlistat)	Weight loss	Traditional	T3, ST	NF	REMOVE from formulary (weight loss rider)		1/1/2023
			EG-Optimized	T3, ST	NF	REMOVE from formulary (weight loss rider)		
			PPACA-Optimized	EXCLUDED	EXCLUDED	No Change		
			Medicaid	Rx: Medical:	Rx: Medical:			
	60mg capsule		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Alprazolam** (geq. for Xanax)	Anxiety	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.25mg, 0.5mg, 1mg, and 2mg tablet		Medicare	Part D: T1 Part B:	Part D: T2 Part B:	Part D: INCREASE Tier from Tier 1 to Tier 2 Part B:		
Pharmacy	**Ambrisentan** (geq. for Letairis)	Pulmonary hypertension	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	5mg and 10mg tablet		Medicare	Part D: T5 Part B:	Part D: T5, QL Part B:	Part D: ADDED Prior Authorization criteria and a Quantity Limit of 30 tablets per 30 days Part B:		
Pharmacy	**Amlodipine/ Atorvastatin** (geq. for Caduet)	Blood pressure/ Cholesterol	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	All tablet strengths		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	**Amlodipine/ Benazepril** (geq. for Lotrel)	Blood pressure	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	All capsule strengths		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		
Pharmacy	**Amlodipine/ Olmesartan** (geq. for Azor)	Blood pressure	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	All tablet strengths		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		
Pharmacy	**Amlodipine/ Telmisartan** (geq. For Twynsta)	Blood pressure	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	All tablet strengths		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		
Pharmacy	**Amlodipine/ Valsartan** (geq. for Exforge)	Blood pressure	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	All tablet strengths		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		
Pharmacy	**Amlodipine/ Valsartan/HCTZ** (geq.for Exforge HCT)	Blood pressure	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	All tablet strengths		Medicare	Part D: T1 Part B:	Part D: T2 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical	**Apretude** (cabotegravir)	HIV	Traditional	Not Covered	Pref Spec (T7), PA	ADDED to coverage under the Medical Benefit as Preferred Specialty (Tier 7) with Prior Authorization requirements	Emtricitabine/ Tenofovir (generic Truvada)	1/1/2023
			EG-Optimized	Not Covered	Pref Spec (T7), PA	ADDED to coverage under the Medical Benefit as Preferred Specialty (Tier 7) with Prior Authorization requirements		
			PPACA-Optimized	Not Covered	Pref Spec (T7), PA	ADDED to coverage under the Medical Benefit as Preferred Specialty (Tier 7) with Prior Authorization requirements		
			Medicaid	Rx: Medical:	Rx: Medical:			
	J0739		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Apidra** (Insulin Glulisine)	Diabetes	Traditional				Humalog, Humalog kwikpen, Lyumjev	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	100unit/ml vials and Solostar pens		Medicare	Part D: T4, ST Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		
Pharmacy or Medical	**Aranesp** (darbepoetin alfa)	Hematopoietic agent	Traditional				Procrit, Retacrit	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	25mcg/ml, 40mcg/ml, 10mcg/0.4ml, 25mcg/0.42ml, and 40mcg/0.4ml solution J0881 - Non-ESRD J0882 - ESRD		Medicare	Part D: T4, PA (B vs D) Part B: Covered, (B vs D)	Part D: NF Part B: Covered, (B vs D)	Part D: REMOVE from formulary Part B: No Change		
Pharmacy or Medical	**Aranesp** (darbepoetin alfa)	Hematopoietic agent	Traditional				Procrit, Retacrit	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	60mcg/0.3ml, 60mcg/ml, 100mcg/0.5ml, 100mcg/ml, 150mcg,0.3ml, 200mcg/0.4ml, 200mcg/ml, 300mcg/0.6ml, and 500mcg/ml solution J0881 - Non ESRD J0882 - ESRD		Medicare	Part D: T5, PA (B v D) Part B: Covered, (B vs D)	Part D:NF Part B: Covered, (B vs D)	Part D: REMOVE from formulary Part B: No Change		

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Pharmacy	**Armour Thyroid** (Levothyroxine/ Liothyronine)	Hypothyroidism	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	All tablet strengths		Medicare	Part D: NF Part B:	Part D: T4 Part B:	Part D: ADDED To the formulary at Tier 4 Part B:		
Pharmacy	**Assure**	Diabetic Supply	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	29 gauge 1/2" 1ml syringe		Medicare	Part D: T4 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 4 to Tier 1 Part B:		
Pharmacy	**Atorvastatin** (geq. for Lipitor)	Cholesterol	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	10mg, 20mg, 40mg, and 80mg tablet		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		
Pharmacy	**Aubagio** (teriflunomide)	Multiple Sclerosis	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	7mg and 14mg tablet		Medicare	Part D: T5, PA Part B:	Part D: T5, PA Part B:	Part D: UPDATED Prior Authorization criteria Part B:		
Pharmacy	**Auryxia** (Ferric Citrate)	Phosphate binder	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	1gm (210mg FE) tablet		Medicare	Part D: T4, PA Part B:	Part D: T4, PA Part B:	Part D: UPDATED Prior Authorization criteria Part B:		

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Pharmacy	**Austedo** (deutetrabenazine)	Movement disorder	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	6mg, 9mg, and 12mg tablet		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria Part B:		
Pharmacy	**Auvelity** (dextromethorphan HBr/ bupropion HCl)	Depressive disorders	Traditional		NF	NEW DRUG, not added to the formulary		1/1/2023
			EG-Optimized		NF	NEW DRUG, not added to the formulary		
			PPACA-Optimized		NF	NEW DRUG, not added to the formulary		
			Medicaid	Rx: Medical:	Rx: Carve-Out Medical:	Rx: NEW DRUG, Carve-Out		
	45mg-105mg tablet		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW DRUG, not added to the formulary until added to FRF, then ADDED at Tier 5 with Prior Authorization requirements and a Quantity Limit of 60 tablets per 30 days Part B:		
Pharmacy	**Avonex** (interferon beta-1a)	Multiple Sclerosis	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	30mcg/0.5ml prefilled syringe		Medicare	Part D: T5, PA Part B:	Part D: T5, PA Part B:	Part D: UPDATED Prior Authorization criteria Part B:		
Pharmacy or Medical	**Azasan** (azathioprine)	Immunosuppressants	Traditional				Azathioprine 50mg	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	75mg and 100mg tablet J7500		Medicare	Part D: T4, PA (B vs D) Part B: Covered, (B vs D)	Part D: NF Part B: Covered, (B vs D)	Part D: REMOVE from formulary Part B: No Change		

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Pharmacy or Medical	**Azathioprine** (geq. for Azasan)	Immunosuppressants	Traditional				Azathioprine 50mg	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	75mg and 100mg tablet ONLY J7500		Medicare	Part D: T4, PA (B vs D) Part B:Covered (B vs D)	Part D: NF Part B: Covered, (B vs D)	Part D: REMOVE from formulary Part B: No Change		
Pharmacy	**Benazepril/HCTZ** (geq.for Lotensin HCT)	Blood pressure	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	5mg-6.25mg, 10mg-12.5mg, 20mg-12.5mg, and 20mg-25mg tablet		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		
Pharmacy	**Betaseron** (interferon beta-1b)	Multiple Sclerosis	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.3mg subcutaneous kit		Medicare	Part D: NF Part B:	Part D: T5, PA, QL Part B:	Part D: ADDED to the formulary at Tier 5 with Prior Authorization requirements and a Quantity Limit of 15 per 30 days Part B:		
Pharmacy	**Bisacodyl EC** (geq. for Dulcolax)	GI Prep	Traditional	T3, AL	T3, AL	DECREASE the lower Age Limit from 50 years of age to 45 for preventative use		11/1/2022
			EG-Optimized	$0 Preventative - otherwise T3	$0 Preventative - otherwise T3	DECREASE the lower Age Limit from 50 years of age to 45 for preventative use		
			PPACA-Optimized	$0 Preventative - otherwise T3	$0 Preventative - otherwise T3	DECREASE the lower Age Limit from 50 years of age to 45 for preventative use		
			Medicaid	Rx: Medical:	Rx: Medical:			
	5mg enteric-coated tablet ONLY		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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Pharmacy or Medical	**Bivigam** (immune globulin (human))	Immune globulins	Traditional				Gamunex-C, Gammagard, Gammagard S/D	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	5gm/50ml solution J1556		Medicare	Part D: T5, PA Part B: Covered, PA	Part D: NF Part B: Covered, PA	Part D: REMOVE from formulary Part B: No Change		
Pharmacy	**Bosentan** (geq. for Tracleer)	Pulmonary hypertension	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	62.5mg and 125mg tablet		Medicare	Part D: T5 Part B:	Part D: T5, PA, QL Part B:	Part D: ADDED Prior Authorization criteria and a Quantity Limit of 60 tablets per 30 days Part B:		
Pharmacy	**Bumetanide** (geq. for Bumex)	Diuretics	Traditional				Furosemide tablet, Torsemide tablet, and Hydrochlorothiazide tablet	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.5mg, 1mg, and 2mg tablet		Medicare	Part D: T1 Part B:	Part D: T2 Part B:	Part D: INCREASE Tier from Tier 1 to Tier 2 Part B:		
Pharmacy	**Buprenorphine** (geq. for Butrans)	Pain management	Traditional	T3, PA, ST, QL	T2, PA, ST, QL	DECREASE Tier from Tier 3 to Tier 2 and UPDATE Step Therapy Requirements - Must try 1 long-acting opioid from must try 2 long-acting opioids		1/1/2023
			EG-Optimized	T3, PA, ST, QL	T2, PA, ST, QL	DECREASE Tier from Tier 3 to Tier 2 and UPDATE Step Therapy Requirements - Must try 1 long-acting opioid from must try 2 long-acting opioids		
			PPACA-Optimized	T3, PA, ST, QL	T2, PA, ST, QL	DECREASE Tier from Tier 3 to Tier 2 and UPDATE Step Therapy Requirements - Must try 1 long-acting opioid from must try 2 long-acting opioids		
			Medicaid	Rx: Medical:	Rx: Medical:			
	5mcg/hr, 10mcg/hr, 15mcg/hr, and 20mcg/hr transdermal patch		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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Pharmacy	**Buspirone** (geq. for Buspar)	Antidepressant	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	5mg tablet ONLY		Medicare	Part D: T1 Part B:	Part D: T2 Part B:	Part D: INCREASE Tier from Tier 1 to Tier 2 Part B:		
Pharmacy	**Calquence** (acalabrutinib)	Lymphoma and Leukemia	Traditional		T5, PA, QL	NEW FORMULATION, ADDED to the formulary at Tier 5 with Prior Authorization requirements and a Quantity Limit of 28 tablets per 14 days		Part D - 10/1/2022 All Others -08/26/2023
			EG-Optimized		T5, PA, QL	NEW FORMULATION, ADDED to the formulary at Tier 5 with Prior Authorization requirements and a Quantity Limit of 28 tablets per 14 days		
			PPACA-Optimized		T5, PA, QL	NEW FORMULATION, ADDED to the formulary at Tier 5 with Prior Authorization requirements and a Quantity Limit of 28 tablets per 14 days		
			Medicaid	Rx: Medical:	Rx: Carve Out Medical:	Rx: NEW FORMULATION, Carve-Out		
	100mg tablet ONLY		Medicare	Part D: Part B:	Part D: T5, PA, QL Part B: N/A	Part D: NEW FORMULATION, ADDED to the formulary at Tier 5 with Prior Authorization requirements and a Quantity Limit of 60 tablets per 30 days Part B:		
Pharmacy	**Candesartan** (geq.for Atacand)	Blood pressure	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	4mg, 8mg, 16mg, and 32mg tablet		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		
Pharmacy	**Candesartan/HCTZ** (geq.for Atacand HCT)	Blood pressure	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	16mg-12.5mg, 32mg-12.5mg, and 32mg-25mg tablet		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		

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Pharmacy or Medical	**Cellcept** (mycophenolate)	Immunosuppressants	Traditional				Mycophenolate capsule and tablet	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	500mg tablet ONLY J7515		Medicare	Part D: T5, (B vs D) Part B: Covered, (B vs D)	Part D: NF Part B: Covered, (B vs D)	Part D: REMOVE from formulary Part B: No Change		
Pharmacy	**Cequa** (cyclosporine)	Dry eyes	Traditional				Restasis	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.9% ophthalmic solution ONLY		Medicare	Part D: T4, QL Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		
Pharmacy	**Chlordiazepoxide** (geq. for Librium)	Anxiety	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	5mg, 10mg, and 25mg capsule		Medicare	Part D: T1 Part B:	Part D: T2 Part B:	Part D: INCREASE Tier from Tier 1 to Tier 2 Part B:		
Medical	**Cimerli** (ranibizumab-eqrn)	Macular degeneration	Traditional		Pref Spec (T7), PA	NEW DRUG, ADDED to coverage under the Medical Benefit as Preferred Specialty (Tier 7) with Prior Authorization requirements		12/1/2022
			EG-Optimized		Pref Spec (T7), PA	NEW DRUG, ADDED to coverage under the Medical Benefit as Preferred Specialty (Tier 7) with Prior Authorization requirements		
			PPACA-Optimized		Pref Spec (T7), PA	NEW DRUG, ADDED to coverage under the Medical Benefit as Preferred Specialty (Tier 7) with Prior Authorization requirements		
			Medicaid	Rx: Medical:	Rx: Medical: Covered, PA	Rx: Medical: NEW DRUG, ADDED to coverage under the medical benefit with Prior Authorization requirements		
	J3590		Medicare	Part D: Part B:	Part D: NF Part B: Covered, PA	Part D: NEW DRUG, not added to formulary Part B: NEW DRUG, ADDED to coverage under the medical benefit with Prior Authorization requirements		

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Pharmacy	**Ciprofloxacin** (geq. for Cipro)	Anti-infectives	Traditional				Ciprofloxacin 250mg and 500mg tablet	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	100mg tablet ONLY		Medicare	Part D: T2 Part B:	Part D: T4 Part B:	Part D: INCREASE Tier from Tier 2 to Tier 4 Part B:		
Pharmacy	**Citalopram** (geq. for Celexa)	Antidepressant	Traditional				Citalopram tablet	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	10mg/5ml oral solution ONLY		Medicare	Part D: T2 Part B:	Part D: T4 Part B:	Part D: INCREASE Tier from Tier 2 to Tier 4 Part B:		
Pharmacy	**Citrate of magnesia** (magnesium citrate)	GI Prep	Traditional	T3, AL	T3, AL	DECREASE the lower Age Limit from 50 years of age to 45 for preventative use		11/1/2022
			EG-Optimized	$0 Preventative - otherwise T3	$0 Preventative - otherwise T3	DECREASE the lower Age Limit from 50 years of age to 45 for preventative use		
			PPACA-Optimized	$0 Preventative - otherwise T3	$0 Preventative - otherwise T3	DECREASE the lower Age Limit from 50 years of age to 45 for preventative use		
			Medicaid	Rx: Medical:	Rx: Medical:			
	oral solution		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Clonazepam** (geq. for Klonopin)	Anxiety	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.5mg, 1mg, and 2mg tablet		Medicare	Part D: T1 Part B:	Part D: T2 Part B:	Part D: INCREASE Tier from Tier 1 to Tier 2 Part B:		
Pharmacy	**Clonidine ER** (geq. for Nexiclon ER)	Hypertension	Traditional		NF	NEW FORMULATION, not added to the formulary		Medicaid - 9/27/2022 Part D - 2/1/2023 Commercial - 10/14/2022
			EG-Optimized		NF	NEW FORMULATION, not added to the formulary		
			PPACA-Optimized		NF	NEW FORMULATION, not added to the formulary		
			Medicaid	Rx: Medical:	Rx: Covered Medical:	NEW FORMULATION, Covered		
	0.17mg extended-release tablet		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION, not added to the formulary Part B:		

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Pharmacy	**Comfort Assist**	Diabetic Supply	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	29 gauge 1/2" 1ml syringe		Medicare	Part D: T4 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 4 to Tier 1 Part B:		
Pharmacy	**Cosentyx** (secukinumab)	Ankylosing spondylitis, Axial spondyloarthritis, Plaque psoriasis, Psoriatic arthritis	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	300mg and 300mg sensoready solution		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria Part B:		
Pharmacy	**Cresemba** (isavuconazonium sulfate)	Anti-infective	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	186mg capsule		Medicare	Part D: T5, QL Part B:	Part D: T5, PA, QL Part B:	Part D: ADDED Prior Authorization requirements Part B:		
Medical	**Cyclophosphamide**	Chemotherapy	Traditional	Non-Specialty (T6)	Not Covered	REMOVE from coverage under the Medical Benefit	Cytoxan generics (J9070)	1/1/2023
			EG-Optimized	Non-Specialty (T6)	Not Covered	REMOVE from coverage under the Medical Benefit		
			PPACA-Optimized	Non-Specialty (T6)	Not Covered	REMOVE from coverage under the Medical Benefit		
			Medicaid	Rx: Medical: Covered	Rx: Medical: Covered	No Change		
	Auromedics Brand ONLY - J9071		Medicare	Part D: Part B: Non-Specialty (T6)	Part D: Part B: Non-Specialty (T6), ST	Part D: Part B: ADDED Step Therapy requirements - Must try Cyclophosphamide (Cytoxan) J9070		

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Pharmacy	**Dexamethasone** (geq. for Decadron)	Steroid	Traditional				Prednisone tablet	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.5mg, 0.75mg, and 4mg tablet ONLY		Medicare	Part D: T1 Part B:	Part D: T2 Part B:	Part D: INCREASE Tier from Tier 1 to Tier 2 Part B:		
Pharmacy	**Dexamethasone** (Same ingredient as Decadron)	Steroid	Traditional				Prednisolone 15ml/5ml solution and Prednisone tablet	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	1mg/ml intensol oral concentrate ONLY		Medicare	Part D: T2 Part B:	Part D: T4 Part B:	Part D: INCREASE Tier from Tier 2 to Tier 4 Part B:		
Pharmacy	**Diazepam** (geq. for Diastat)	Antiepileptic	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	2.5mg, 10mg, and 20mg rectal gel		Medicare	Part D: T3 Part B:	Part D: T4 Part B:	Part D: INCREASE Tier from Tier 3 to Tier 4 Part B:		
Pharmacy	**Diazepam** (geq. for Valium)	Anxiety	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	2mg, 5mg, and 10mg TABLETS ONLY		Medicare	Part D: T1 Part B:	Part D: T2 Part B:	Part D: INCREASE Tier from Tier 1 to Tier 2 Part B:		
Pharmacy	**Dicyclomine** (geq. for Bentyl)	Irritable bowel syndrome abdominal pain	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	10mg capsule and 20mg tablet ONLY		Medicare	Part D: T1 Part B:	Part D: T2 Part B:	Part D: INCREASE Tier from Tier 1 to Tier 2 Part B:		

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Pharmacy	**Dihydroergotamine** (geq. For Migranal)	Migraines	Traditional				Trudhesa, Sumatriptan nasal spray, Sumatriptan injection, ergotamine/caffine tablet	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	4mg/ml nasal solution		Medicare	Part D: T4, PA, QL Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		
Pharmacy	**Diltiazem** (geq. for Cardizem)	Blood pressure	Traditional				Verapamil tablet	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	30mg tablet ONLY		Medicare	Part D: T1 Part B:	Part D: T2 Part B:	Part D: INCREASE Tier from Tier 1 to Tier 2 Part B:		
Pharmacy	**Donepezil** (geq. for Aricept)	Dementia	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	5mg ODT ONLY		Medicare	Part D: T2 Part B:	Part D: T1, QL Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1, ADD a Quantity Limit of 30 tablets per 30 days Part B:		
Pharmacy	**Donepezil** (geq. for Aricept)	Dementia	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	10mg ODT ONLY		Medicare	Part D: T2 Part B:	Part D: T1, QL Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1, ADD a Quantity Limit of 60 tablets per 30 days Part B:		

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Pharmacy	**Drizalma** (duloxetine hcl)	Antidepressant	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	20mg, 30mg, 40mg, and 60mg sprinkle capsule		Medicare	Part D: T4, QL Part B:	Part D: T4, PA, QL Part B:	Part D: ADDED Prior Authorization criteria Part B:		
Pharmacy	**Duloxetine** (geq. for Irenka)	Indicated to treat depression and anxiety.	Traditional				Duloxetine 20mg, 30mg, and 60mg capsule, Venlafaxine ER capsule, Desvenlafaxine succinate ER tablet	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	40mg capsule ONLY		Medicare	Part D: T2, QL Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		
Pharmacy	**Dupixent** (dupilumab)	Inflammatory Conditions	Traditional	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria - Reverse previous decision to increase tier from September 2022 P & T Committee decision		Part D - 12/1/2022 for indication of pruritis nodularis. 1/1/2023 for all other changes Medicaid - 11/1/2022
			EG-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria - Reverse previous decision to increase tier from September 2022 P & T Committee decision		
			PPACA-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria - Reverse previous decision to increase tier from September 2022 P & T Committee decision		
			Medicaid	Rx: Covered, PA Medical: NF	Rx: Covered, PA Medical: NF	ADD Prior Authorization Criteria for newly approved indication of Pruritis Nodularis as PDL Preferred		
	Pen-injector and Pre-filled Syringe		Medicare	Part D: T5, PA Part B:	Part D: T5, PA Part B:	Part D: UPDATE Prior Authorization criteria Part B:		
Pharmacy	**Enalapril/HCTZ** (geq. for Vaseretic)	Blood pressure	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	5mg-12.5mg and 10mg-25mg tablet		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		

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Pharmacy	**Enbrel** (etanercept)	Inflammatory Conditions	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	25mg powder for injection, Pre-filled syringes (25mg/035ml and 50mg/ml), Mini and SureClick Autoinjector		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria Part B:		
Medical	**Enjaymo** (sutimlimab-jome)	Hemolysis / Cold Agglutinin Disease (CAD)	Traditional					12/1/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Covered,	Rx: Medical: Covered,	Rx: Medical: ADD Site of Service Requirement		
	J1302		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Entadfi** (finasteride/tadalafil)	Benign prostatic hyperplasia	Traditional		NF	NEW COMBINATION, not added to the formulary		Part D - 2/1/2023 Medicaid 8/17/2022 Commercial 8/19/2022
			EG-Optimized		NF	NEW COMBINATION, not added to the formulary		
			PPACA-Optimized		NF	NEW COMBINATION, not added to the formulary		
			Medicaid	Rx: Medical:	Rx: Pending Medical:	Rx: NEW COMBINATION, Pending MDHHS Review Medical:		
	5mg-5mg capsule		Medicare	Part D: Part B:	Part D: T4, PA, QL Part B: N/A	Part D: NEW COMBINATION, ADDED to the formulary at Tier 4 with Prior Authorization requirements and a Quantity Limit of 30 capsules per 30 days Part B:		
Pharmacy or Medical	**Epogen** (epoetin alfa)	Hematopoietic agent	Traditional				Procrit, Retacrit	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, and 4000 UNIT/ML solution J0885-Non ESRD Q4081-ESRD		Medicare	Part D: T4, PA (B vs D) Part B: Covered, ST (B vs D)	Part D: NF Part B: Covered, ST (B vs D)	Part D: REMOVE from formulary Part B: No Change		

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Pharmacy	**Esbriet** (pirfenidone)	Idiopathic Pulmonary Fibrosis	Traditional	T4, PA, QL	NF	REMOVE from formulary	Pirfenidone tablet	1/1/2023
			EG-Optimized	T4, PA, QL	NF	REMOVE from formulary		
			PPACA-Optimized	T4, PA, QL	NF	REMOVE from formulary		
			Medicaid	Rx: Medical:	Rx: Medical:			
	267mg capsule BRAND ONLY		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria Part B:		
Pharmacy	**Estradiol 0.1% Transdermal Gel** (geq. for Divigel)	Menopause	Traditional		T2, QL	NEW FORMULATION, ADDED to the formulary at Tier 2 with a Quantity Limit of 30 per 30 days		Part D - 12/1/2022 All Others - 10/3/2022
			EG-Optimized		T2, QL	NEW FORMULATION, ADDED to the formulary at Tier 2 with a Quantity Limit of 30 per 30 days		
			PPACA-Optimized		T2, QL	NEW FORMULATION, ADDED to the formulary at Tier 2 with a Quantity Limit of 30 per 30 days		
			Medicaid	Rx: Medical:	Rx: NF Medical:	Rx: NEW FORMULATION, not added to the formulary Medical:		
	0.25mg/day, 0.5mg/day, 0.75mg/day, 1mg/day, and 1.25mg/day		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION, not added to the formulary Part B:		
Pharmacy or Medical	**Evenity** (romosozumab-aqqg)	Osteoporosis	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	105mg/1.17ml prefilled syringe J3111		Medicare	Part D: T5, PA, QL Part B: Covered, PA	Part D: T5, PA, QL Part B: Covered, PA	Part D: UPDATED Prior Authorization criteria Part B: No Change		
Pharmacy	**Exel Comfort**	Diabetic Supply	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	29 gauge 12mm pen needle		Medicare	Part D: T4 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 4 to Tier 1 Part B:		

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Pharmacy	**Eysuvis** (Loteprednol)	Dry eyes	Traditional				Restasis, Loteprednol etabonate eye drops	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.25% ophthalmic solution		Medicare	Part D: T4, QL Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		
Pharmacy or Medical	**Fasenra** (benralizumab)	Eosinophilic Asthma	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	Prefilled Syringe J0517		Medicare	Part D: T5, PA Part B: Covered, PA	Part D: T5, PA, QL Part B: Covered, PA	Part D: UPDATED Prior Authorization criteria and ADD Quantity Limit of 1ml per 30 days Part B: No Change		
Pharmacy	**Fasenra** (benralizumab)	Eosinophilic Asthma	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	Auto-Injector J0517		Medicare	Part D: T5, PA Part B: N/A	Part D: T5, PA, QL Part B: N/A	Part D: UPDATED Prior Authorization criteria and ADD Quantity Limit of 1ml per 30 days Part B: Self Administered formulations not covered under Part B		
Pharmacy	**Fiasp** (insulin aspart)	Diabetes	Traditional				Humalog, Humalog Kwikpen, Lyumjev	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	100unit/ml vial, 100unit/ml Flextouch, and 100unit/ml Penfill		Medicare	Part D: T4, ST Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		

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Medical	**Fibryga** (human fibrinogen concentrate)	Hemophilia	Traditional	Non-Specialty (T6)	Not Covered	REMOVE from coverage under the Medical Benefit	Inpatient use only	1/1/2023
			EG-Optimized	Non-Specialty (T6)	Not Covered	REMOVE from coverage under the Medical Benefit		
			PPACA-Optimized	Non-Specialty (T6)	Not Covered	REMOVE from coverage under the Medical Benefit		
			Medicaid	Rx: Medical:	Rx: Medical:			
	J7177		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Firdapse** (amifampridine phosphate)	Lambert-Eaton myasthenic syndrome	Traditional	T4, PA, QL	T4, PA, QL	No Change		12/1/2022
			EG-Optimized	T4, PA, QL	T4, PA, QL	No Change		
			PPACA-Optimized	T4, PA, QL	T4, PA, QL	No Change		
			Medicaid	Rx: Carve-Out Medical:	Rx: Carve-Out Medical:	Rx: No Change		
	10mg Tablet		Medicare	Part D: T5, PA, QL Part B: N/A	Part D: T5, PA, QL Part B: N/A	Part D: UPDATED Prior Authorization criteria for pediatric use Part B:		
Pharmacy	**Fluoxetine** (geq. For Prozac)	Antidepressant	Traditional				Fluoxetine capsules	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	20mg/5ml oral solution ONLY		Medicare	Part D: T2 Part B:	Part D: T4 Part B:	Part D: INCREASE Tier from Tier 2 to Tier 4 Part B:		
Pharmacy	**Fluoxetine** (geq. For Prozac)	Antidepressant	Traditional				Fluoxetine capsules	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	All strength tablets ONLY		Medicare	Part D: T2 Part B:	Part D: T4 Part B:	Part D: REMOVE from formulary Part B:		

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Pharmacy	**Flurazepam** (geq. for Dalmane)	Insomnia	Traditional				Temazepam 15mg and 30mg capsule, Ramelteon, Zolpidem	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	15mg and 30 mg capsule		Medicare	Part D: T4 Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		
Pharmacy	**Fondaparinux** (geq. for Arixtra)	Deep vein thrombosis (DVT)	Traditional	T4	T5, ST, QL	INCREASE Tier from Tier 4 to Tier 5, ADD Step Therapy requirements - Must try enoxaparin AND either Xarelto or Eliquis with a Quantity Limit of 30 syringes per 30 days	Enoxaparin, and Xarelto or Eliquis	7/1/2023 (T4 to T5) ST & and QL 1/1/2023
			EG-Optimized	NF	NF	No Change		
			PPACA-Optimized	NF	NF	No Change		
			Medicaid	Rx: Medical:	Rx: Medical:			
	2.5mg/0.5ml, 5mg/0.4ml, 7.35mg/0.6ml, and 10mg/0.8ml prefilled pen solution		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Fosinopril** (geq. for Monopril)	Blood pressure	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	10mg, 20mg, and 40mg tablet		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		
Pharmacy	**Fosinopril/HCTZ** (geq. for Monopril HCT)	Blood pressure	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	10mg/12.5mg and 20mg/12.5mg tablet		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		

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Pharmacy	**Galantamine** (geq. for Razadyne)	Dementia	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	4mg, 8mg, and 12mg tablet		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		
Pharmacy	**Galantamine** (geq. for Razadyne)	Dementia	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	4mg/ml oral solution		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		
Pharmacy	**Galantamine ER** (geq. for Razadyne ER)	Dementia	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	8mg, 16mg and 24mg capsule		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		
Pharmacy	**Gavilyte-N** (polyethylene glycol)	GI Prep	Traditional				Gavilyte-C, gavilyte-G, PEG-3350/electrolytes	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	3350-KCl-sodium bicarbonate-NaCl ONLY		Medicare	Part D: T2 Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		
Pharmacy	**Gilenya** (fingolimod)	Multiple Sclerosis	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.5mg capsule BRAND ONLY		Medicare	Part D: T5, PA Part B:	Part D: T5, PA Part B:	Part D: UPDATED Prior Authorization criteria Part B:		

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Pharmacy or Medical	**Glassia** (alpha-1 proteinase inhibitor)	Alpha-1 antitrypsin deficiency	Traditional				Prolastin-C, Aralast NP, Zemaira	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	1000mg/50ml IV vial		Medicare	Part D: T5, PA Part B: Covered, PA	Part D: NF Part B: Covered, PA	Part D: REMOVE from formulary Part B: No Change		
Pharmacy	**Glipizide/Metformin** (geq. for MetaGlip)	Diabetes	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	2.5mg-250mg, 2.5mg-500mg, and 5mg-500mg tablet		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		
Pharmacy	**Guanfacine ER** (geq. for Intuniv)	ADHD	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	1mg, 2mg, 3mg, and 4mg extended-release tablet		Medicare	Part D: NF Part B:	Part D:T4, QL Part B:	Part D: ADDED to formulary at Tier 4 with a Quantity Limit of 30 tablets per 30 days Part B:		
Pharmacy	**Guanfacine IR** (geq. for Tenex)	Blood pressure	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	1mg and 2mg tablet		Medicare	Part D: NF Part B:	Part D: T4 Part B:	Part D: ADDED to the formulary at Tier 4 Part B:		
Pharmacy	**Haloperidol** (geq. for Haldol)	Antipsychotic	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.5mg, 1mg, 2mg, 5mg, 10mg, and 20mg TABLETS ONLY		Medicare	Part D: T1 Part B:	Part D: T2 Part B:	Part D: INCREASE Tier from Tier 1 to Tier 2 Part B:		

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Pharmacy	**Humira** (adalimumab)	Inflammatory Conditions	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	All Strengths/formulations		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria Part B:		
Pharmacy	**Hyftor** (sirolimus)	Facial angiofibroma associated with tuberous sclerosis	Traditional		NF	NEW FORMULATION, not added to the formulary		Part D - 2/1/2023
			EG-Optimized		NF	NEW FORMULATION, not added to the formulary		
			PPACA-Optimized		NF	NEW FORMULATION, not added to the formulary		
			Medicaid	Rx: Medical:	Rx: Pending Medical:	Rx: NEW FORMULATION, Pending MDHHS Review Medical:		
	0.2% topical gel		Medicare	Part D: Part B:	Part D: T5, PA, QL Part B: N/A	Part D: NEW FORMULATION, ADDED to the formulary at Tier 5 with Prior Authorization requirements and a Quantity Limit of 20 gm per 30 days Part B:		
Pharmacy	**Icatibant** (geq. for Firazyr)	Hereditary angioedema	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	30mg/3ml solution		Medicare	Part D: T5, PA Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria and ADDED Quantity Limit of 9mL per 15 days Part B:		
Pharmacy	**Imbruvica** (ibrutinib)	Cancer	Traditional		T5, PA, QL, AL	NEW FORMULATION, ADDED to the formulary at Tier 5 with Prior Authorization requirements and a Quantity Limit of 108ml per 30 days with Age Limit maximum of 9 years		Part D - 11/1/2022 All Others -09/30/2022
			EG-Optimized		T5, PA, QL, AL	NEW FORMULATION, ADDED to the formulary at Tier 5 with Prior Authorization requirements and a Quantity Limit of 108ml per 30 days with Age Limit maximum of 9 years		
			PPACA-Optimized		T5, PA, QL, AL	NEW FORMULATION, ADDED to the formulary at Tier 5 with Prior Authorization requirements and a Quantity Limit of 108ml per 30 days with Age Limit maximum of 9 years		
			Medicaid	Rx: Medical:	Rx: Carve-Out Medical:	Rx: NEW FORMULATION, Carve-Out		
	70mg/ml oral suspension ONLY		Medicare	Part D: Part B:	Part D: T5, PA, QL Part B: N/A	Part D: NEW FORMULATION, ADDED to the formulary at Tier 5 with Prior Authorization requirements and a Quantity Limit of 108ml per 30 days Part B:		

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Pharmacy	**Irbesartan** (geq. for Avapro)	Blood pressure	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	75mg, 150mg, and 300mg tablet		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		
Pharmacy	**Irbesartan/HCTZ** (geq. for Avalide)	Blood pressure	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	150mg-12.5mg and 300mg-12.5mg tablet		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		
Pharmacy	**Imipramine** (geq. for Tofranil)	Antidepressant	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	10mg, 25mg, and 50mg tablet		Medicare	Part D: T4, PA Part B:	Part D: T4 Part B:	Part D: REMOVE Prior Authorization requirement Part B:		
Pharmacy	**Imipramine Pamoate** (geq. for Tofranil-PM)	Antidepressant	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	75mg, 100mg, and 125mg capsule		Medicare	Part D: T4, PA Part B:	Part D: T4 Part B:	Part D: REMOVE Prior Authorization requirement Part B:		
Pharmacy	**Indapamide** (geq. for Lozol)	Diuretic	Traditional				Furosemide tablet, Torsemide tablet, and Hydrochlorothiazide tablet	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	1.25mg and 2.5mg tablet		Medicare	Part D: T1 Part B:	Part D: T2 Part B:	Part D: INCREASE Tier from Tier 1 to Tier 2 Part B:		

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Pharmacy	**Ingrezza** (valbenazine tosylate)	Movement disorder	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	40mg, 60mg, and 80mg capsules and 40mg-80mg starter pack		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria Part B:		
Pharmacy	**Inrebic** (fedratinib)	Cancer	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	100mg capsule		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria Part B:		
Pharmacy	**Isoniazid**	Anti-infective	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	100mg and 300mg tablet ONLY		Medicare	Part D: T1 Part B:	Part D: T2 Part B:	Part D: INCREASE Tier from Tier 1 to Tier 2 Part B:		
Pharmacy	**Jakafi** (ruxolitinib phosphate)	Cancer	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	5mg, 10mg, 15mg, 20mg, and 25mg tablet		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria Part B:		
Pharmacy	**Kesimpta** (ofatumumab)	Multiple Sclerosis	Traditional				Dimethyl fumarate, Gilenya, Mayzent	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	20mg/0.4ml auto injector		Medicare	Part D: T5, PA Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		

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Pharmacy	**Kisqali** (ribociclib succinate)	Breast cancer	Traditional	T4, PA, QL	T5, PA, QL	INCREASE Tier from Tier 4 to Tier 5		7/1/2023
			EG-Optimized	T4, PA, QL	T5, PA, QL	INCREASE Tier from Tier 4 to Tier 5		
			PPACA-Optimized	T4, PA, QL	T5, PA, QL	INCREASE Tier from Tier 4 to Tier 5		
			Medicaid	Rx: Medical:	Rx: Medical:			
	200mg, 400mg, and 600mg tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Kisqali Femara** (ribociclib and letrozole)	Breast cancer	Traditional	T4, PA, QL	T5, PA, QL	INCREASE Tier from Tier 4 to Tier 5		7/1/2023
			EG-Optimized	T4, PA, QL	T5, PA, QL	INCREASE Tier from Tier 4 to Tier 5		
			PPACA-Optimized	T4, PA, QL	T5, PA, QL	INCREASE Tier from Tier 4 to Tier 5		
			Medicaid	Rx: Medical:	Rx: Medical:			
	200mg-2.5mg, 400mg-2.5mg, and 600mg-2.5mg tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Lamotrigine** (geq. for Lamictal)	Antiepileptic	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	100mg, 150mg, and 200mg tablet ONLY		Medicare	Part D: T1 Part B:	Part D: T2 Part B:	Part D: INCREASE Tier from Tier 1 to Tier 2 Part B:		
Medical	**Leqvio** (inclisiran sodium)	Heterozygous familial hypercholesterolemia	Traditional					10/14/2022
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	J1306		Medicare	Part D: Part B: Covered, PA	Part D: Part B: Covered, PA	Part D: Part B: UPDATED Prior Authorization criteria to align with Part D (less restrictive)		
Pharmacy	**Levofloxacin** (geq. for Iquix)	Corneal ulcer	Traditional		T1	NEW FORMULATION, ADDED to the formulary at Tier 1		Part D - 12/1/2022 All Others - 10/6/2022
			EG-Optimized		T1b	NEW FORMULATION, ADDED to the formulary at Tier 1b		
			PPACA-Optimized		T1b	NEW FORMULATION, ADDED to the formulary at Tier 1b		
			Medicaid	Rx: Medical:	Rx: NF Medical:	Rx: NEW FORMULATION, not added to the formulary Medical:		
	1.5% ophthalmic solution ONLY		Medicare	Part D: Part B:	Part D: T2 Part B: N/A	Part D: NEW FORMULATION, ADDED to the formulary at Tier 2 Part B:		

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Pharmacy	**Lidocaine** (geq. for Lidoderm)	Local anesthetics	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	5% patch ONLY		Medicare	Part D: T3, PA Part B:	Part D: T3, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria and ADDED Quantity Limit of 90 patches per 30 days Part B:		
Pharmacy	**Lorazepam** (geq. for Ativan)	Anxiety	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.5mg, 1mg, and 2mg tablet ONLY		Medicare	Part D: T1 Part B:	Part D: T2 Part B:	Part D: INCREASE Tier from Tier 1 to Tier 2 Part B:		
Pharmacy	**Lumigan** (bimtoprost)	Glaucoma	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.01% ophthalmic solution ONLY		Medicare	Part D: T4, ST Part B:	Part D: T3 Part B:	Part D: DECREASE Tier from Tier 4 to Tier 3 and REMOVE Step Therapy Part B:		
Pharmacy	**Lupkynis** (voclosporin)	Lupus Nephritis	Traditional				Benlysta	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	7.9mg capsule		Medicare	Part D: T5, PA Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		
Pharmacy	**Lybalvi** (olanzapine/samidorphan)	Antipsychotic	Traditional				Olanzapine tablet, Aripiprazole tablet, Ziprasidone tablet	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	5mg-10mg, 10mg-10mg, 15mg-10mg, and 20mg-10mg tablet		Medicare	Part D: T5 Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		

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Pharmacy	**Mavenclad** (cladribine)	Multiple Sclerosis	Traditional				Dimethyl fumarate, Gilenya, Mayzent	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	10mg tablet		Medicare	Part D: T5, PA, QL Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		
Pharmacy	**Mayzent** (siponimod)	Multiple Sclerosis	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.25mg, 1mg, and 2mg tablet		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria Part B:		
Pharmacy	**Mayzent** (siponimod)	Multiple Sclerosis	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	12 x 0.25mg starter pack		Medicare	Part D: T5, PA Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria and ADD Quantity Limit of 24 tablets per 365 days Part B:		
Pharmacy	**Mayzent** (siponimod)	Multiple Sclerosis	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.25mg starter pack		Medicare	Part D: T4, PA Part B:	Part D: T4, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria and ADD Quantity Limit of 14 tablets per 365 days Part B:		
Pharmacy	**Medroxyprogesterone** (geq. for Provera)	Hormone therapy	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	2.5mg, 5mg, and 10mg tablet ONLY		Medicare	Part D: T1 Part B:	Part D: T2 Part B:	Part D: INCREASE Tier from Tier 1 to Tier 2 Part B:		

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Pharmacy	**Memantine** (geq. for Namenda)	Dementia	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	5mg and 10mg tablet ONLY		Medicare	Part D: T2, QL Part B:	Part D: T1, QL Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		
Pharmacy	**Mesalamine** (geq. for Rowasa)	Ulcerative colitis	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	4gm rectal enema ONLY		Medicare	Part D: NF Part B:	Part D: T4 Part B:	Part D: ADDED to the formulary at Tier 4 Part B:		
Pharmacy	**Methocarbamol** (same ingredient as Robaxin)	muscle spasm	Traditional		NF	NEW STRENGTH, not added to the formulary		Part D - 12/1/2022 All Others - 10/6/2022
			EG-Optimized		NF	NEW STRENGTH, not added to the formulary		
			PPACA-Optimized		NF	NEW STRENGTH, not added to the formulary		
			Medicaid	Rx: Medical:	Rx: NF Medical:	Rx: NEW STRENGTH, not added to the formulary Medical:		
	1,000mg tablet ONLY		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW STRENGTH, not added to the formulary Part B:		
Pharmacy	**Moexipril** (geq. for Univasc)	Blood pressure	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	7.5mg and 15mg tablet		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		
Pharmacy	**Nexiclon ER** (clonidine extended-release)	Hypertension	Traditional		NF	NEW FORMULATION, not added to the formulary		Part D - 2/1/2023 All Others 1/1/2023
			EG-Optimized		NF	NEW FORMULATION, not added to the formulary		
			PPACA-Optimized		NF	NEW FORMULATION, not added to the formulary		
			Medicaid	Rx: Medical:	Rx: NF Medical:	NEW FORMULATION, not added to the formulary		
	0.17mg extended-release tablet		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION, not added to the formulary Part B:		

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Pharmacy	**Nexletol** (bempedoic acid)	Cholesterol	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	180mg tablet		Medicare	Part D: T4, PA, QL Part B:	Part D: T4, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria Part B:		
Pharmacy	**Nexlizet** (bempedoic acid/ezetimibe)	Cholesterol	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	180mg-10mg tablet		Medicare	Part D: T4, PA, QL Part B:	Part D: T4, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria Part B:		
Pharmacy	**Nucala** (mepolizumab)	Severe esoinophilic asthma	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	Vial, Prefilled Syringe, Autoinjector J2182		Medicare	Part D: T5, PA Part B: Covered, PA	Part D: T5, PA Part B: Covered, PA	Part D: UPDATED Prior Authorization criteria Part B: No Change		
Medical	**Nplate** (romiplostim)	Hematopoietic syndrome and Immune Thrombocytopenia	Traditional	Pref Spec (T7), PA	Pref Spec (T7), PA	UPDATED Prior Authorization criteria		12/1/2022
			EG-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	UPDATED Prior Authorization criteria		
			PPACA-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	UPDATED Prior Authorization criteria		
			Medicaid	Rx: Medical:	Rx: Medical:	UPDATED Prior Authorization criteria		
	J2796		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Ofev** (nintedanib esylate)	Idiopathic/Progressive Pulmonary Fibrosis and Interstitial Lung Disease	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	100mg and 150mg capsule		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria Part B:		

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Pharmacy	**Olmesartan** (geq. for Benicar)	Blood pressure	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	5mg, 20mg, and 40mg tablet		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		
Pharmacy	**Olmesartan/HCTZ** (geq. for Benicar HCT)	Blood pressure	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	20mg-12.5mg, 40mg-12.5mg, and 40mg-25mg tablet		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		
Pharmacy	**Olmesartan/ Amlodipine/HCTZ** (geq. for Tribenzor)	Blood pressure	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	5mg-12.5mg, 5mg-25mg, 10mg-12.5mg, and 10mg-25mg tablet		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		
Pharmacy	**Opsumit** (macitentan)	Pulmonary hypertension	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	10mg tablet		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria Part B:		
Pharmacy	**Orenitram ER** (treprostinil diolamine)	Pulmonary hypertension	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.125mg extended-release tablet ONLY		Medicare	Part D: T4, PA Part B:	Part D: T4, PA Part B:	Part D: UPDATED Prior Authorization criteria Part B:		

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Pharmacy	**Orenitram ER** (treprostinil diolamine)	Pulmonary hypertension	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.25mg, 1mg, 2.5mg, and 5mg extended-release tablet ONLY		Medicare	Part D: T5, PA Part B:	Part D: T5, PA Part B:	Part D: UPDATED Prior Authorization criteria Part B:		
Pharmacy	**Orkambi** (ivacaftor/lumacaftor)	Cystic fibrosis	Traditional	T4, PA, QL, AL	T4, PA, QL	REMOVE Age Limit		1/1/2023
			EG-Optimized	T4, PA, QL, AL	T4, PA, QL	REMOVE Age Limit		
			PPACA-Optimized	T4, PA, QL, AL	T4, PA, QL	REMOVE Age Limit		
			Medicaid	Rx: Carve Out Medical:	Rx: Carve Out Medical:			
	75mg-94mg, 100mg-125mg, and 150mg-188mg granules		Medicare	Part D: T5, PA, QL Part B: N/A	Part D: T5, PA, QL Part B: N/A	Part D: No Change Part B: N/A		
Pharmacy	**Orladeyo** (berotralstat)	Hereditary angioedema	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	110mg and 150mg capsule		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria Part B:		
Pharmacy	**Orencia** (abatacept)	Inflammatory conditions	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	SQ syringe and clickjet ONLY		Medicare	Part D: T5, PA, QL Part B: N/A	Part D: T5, PA, QL Part B: N/A	Part D: UPDATED Prior Authorization criteria Part B: Part B: Self Administered formulations not covered under Part B		
Pharmacy	**Otezla** (apremilast)	Inflammatory conditions	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	30mg tablet and 10mg-20mg-30mg starter therapy pack		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria Part B:		

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Pharmacy	**Oxervate** (cenegermin-bkbj)	Opthalmic	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.002% ophthalmic solution		Medicare	Part D: T5, PA Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria and ADDED Quantity Limit of 28mL per 30 days Part B:		
Medical	**Oxlumo** (lumasiran sodium)	Primary hyperoxaluria type 1 (PH1)	Traditional	Pref Spec (T7), PA, SOS	Pref Spec (T7), PA, SOS	UPDATED Prior Authorization criteria for newly approved indication and patient population		12/1/2022
			EG-Optimized	Pref Spec (T7), PA, SOS	Pref Spec (T7), PA, SOS	UPDATED Prior Authorization criteria for newly approved indication and patient population		
			PPACA-Optimized	Pref Spec (T7), PA, SOS	Pref Spec (T7), PA, SOS	UPDATED Prior Authorization criteria for newly approved indication and patient population		
			Medicaid	Rx: Medical: Covered,	Rx: Medical: Covered,	UPDATED Prior Authorization criteria for newly approved indication and patient population		
	J0224		Medicare	Part D: Part B: Covered, PA	Part D: Part B: Covered, PA	Part D: Part B: No Change		
Pharmacy	**Oxycodone ER** (geq for OxyContin)	Pain	Traditional				Oxymorphone ER, Hydromorphone ER, Morphine sulfate ER tablet, Tramadol ER tablet	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	10mg, 15mg 20mg, 30mg, and 40mg abuse-deterrent tablet ONLY		Medicare	Part D: T4, QL Part B:	Part D: NF Part B:	Part D: REMOVE from formualry Part B:		
Pharmacy	**Oxycodone ER** (geq for OxyContin)	Pain	Traditional				Oxymorphone ER, Hydromorphone ER, Morphine sulfate ER tablet, Tramadol ER tablet	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	80mg abuse-deterrent tablet ONLY		Medicare	Part D: T5, QL Part B:	Part D: NF Part B:	Part D: REMOVE from formualry Part B:		
Pharmacy	**OxyContin** (oxycodone ER)	Pain	Traditional				Oxymorphone ER, Hydromorphone ER, Morphine sulfate ER tablet, Tramadol ER tablet	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	10mg, 20mg, and 40mg abuse-deterrent tablet		Medicare	Part D:T4, QL Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		

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Pharmacy	**OxyContin** (oxycodone ER)	Pain	Traditional				Oxymorphone ER, Hydromorphone ER, Morphine sulfate ER tablet, Tramadol ER tablet	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	60mg and 80mg abuse-deterrent tablet		Medicare	Part D: T5, QL Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		
Pharmacy	**Pancreaze** (pancrelipase (Lip-Prot-Amyl))	Pancreatic insufficiency	Traditional				Creon, Zenpep	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	21,000 unit, 26,000 unit, 37,000 unit, 42,000 unit, 105,000 unit, and 168,000 unit capsule		Medicare	Part D: T4, ST Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		
Pharmacy/Medical	**Panzyga** (immune globulin (human-ifas))	Immune globulins	Traditional				Gamunex-C, Gammagard, Gammagard S/D	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	J1599		Medicare	Part D: T5, PA Part B: Covered, PA	Part D: NF Part B: Covered, PA	Part D: REMOVE from formulary Part B: No Change		
Medical	**Pedmark** (sodium thiosulfate)	Ototoxicity	Traditional		Not Covered	NEW STRENGTH, not added to coverage under the medical benefit		12/1/2022
			EG-Optimized		Not Covered	NEW STRENGTH, not added to coverage under the medical benefit		
			PPACA-Optimized		Not Covered	NEW STRENGTH, not added to coverage under the medical benefit		
			Medicaid	Rx: Medical:	Rx: Medical: Not Covered	Rx: Medical: NEW STRENGTH, not added to coverage under the medical benefit		
	C9399, J3490, J3590, J9999		Medicare	Part D: Part B:	Part D: N/A Part B: Excluded	Part D: Part B: NEW STRENGTH, currently not separately payable under the medical benefit. If drug becomes separately payable, covered under Part B with Prior Authorization requirements		

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Pharmacy	**Peg-3350** (geq. for GoLYTELY)	GI Prep	Traditional	T1	T1	DECREASE the lower Age Limit from 50 years of age to 45 for preventative use		11/1/2022
			EG-Optimized	$0 Preventative - otherwise T1	$0 Preventative - otherwise T1	DECREASE the lower Age Limit from 50 years of age to 45 for preventative use		
			PPACA-Optimized	$0 Preventative - otherwise T1	$0 Preventative - otherwise T1	DECREASE the lower Age Limit from 50 years of age to 45 for preventative use		
			Medicaid	Rx: Medical:	Rx: Medical:			
	electrolytes oral solution		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Peg-3350** (geq. for NuLYTELY)	GI Prep	Traditional	T1	T1	DECREASE the lower Age Limit from 50 years of age to 45 for preventative use		11/1/2022
			EG-Optimized	$0 Preventative - otherwise T1	$0 Preventative - otherwise T1	DECREASE the lower Age Limit from 50 years of age to 45 for preventative use		
			PPACA-Optimized	$0 Preventative - otherwise T1	$0 Preventative - otherwise T1	DECREASE the lower Age Limit from 50 years of age to 45 for preventative use		
			Medicaid	Rx: Medical:	Rx: Medical:			
	oral solution		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	**Pemfexy** (pemetrexed)	Chemotherapy	Traditional	Pref Spec (T7)	Not Covered	REMOVE from coverage under the Medical Benefit	Pemetrexed / Alimta generics (J9305)	1/1/2023
			EG-Optimized	Pref Spec (T7)	Not Covered	REMOVE from coverage under the Medical Benefit		
			PPACA-Optimized	Pref Spec (T7)	Not Covered	REMOVE from coverage under the Medical Benefit		
			Medicaid	Rx: Medical:	Rx: Medical:			
	J9304		Medicare	Part D: Part B: Covered	Part D: Part B: Covered, ST	Part D: Part B: ADD Step Therapy Requirement - Must try generic pemetrexed (J9305)		
Pharmacy	**Perindopril** (geq. for Aceon)	Blood pressure	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	2mg, 4mg, and 8mg tablet		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		

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Pharmac or /Medical	**Perseris** (risperidone)	Antipsychotic	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	90mg and 120mg prefilled syringe J2798		Medicare	Part D: T5, QL, PA Part B: Covered	Part D: T5, QL Part B: Covered	Part D: REMOVE Prior Authorization requirements Part B: No Change		
Pharmacy	**Pheburane** (sodium phenylbutyrate)	Urea cycle disorders	Traditional		NF	NEW FORMULATION, not added to the formulary		Part D - 2/1/2023 All Others 8/29/2022
			EG-Optimized		NF	NEW FORMULATION, not added to the formulary		
			PPACA-Optimized		NF	NEW FORMULATION, not added to the formulary		
			Medicaid	Rx: Medical:	Rx: Carve-Out Medical:	Rx: NEW FORMULATION, Carve-Out		
	483mg sodium phenylbutyrate per 1gm oral pellets		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION, not added to the formulary Part B:		
Pharmacy	**Pioglitazone** (geq. For Actos)	Diabetes	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	15mg, 30mg, and 45mg tablet		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		
Pharmacy	**Pirfenidone** (geq. for Esbriet)	Pulmonary	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	267mg and 801mg tablet ONLY		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria Part B:		
Pharmacy	**Plegridy** (peginterferon beta-1a)	Multiple Sclerosis	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	prefilled syringe and auto-injector		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria Part B:		

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Medical	**Pluvicto** (Lutetium Lu 177 Vipivotide Tetraxetan)	Chemotherapy	Traditional	Pref Spec (T7), PA	Pref Spec (T7), PA	UPDATED Prior Authorization criteria		1/1/2023
			EG-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	UPDATED Prior Authorization criteria		
			PPACA-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	UPDATED Prior Authorization criteria		
			Medicaid	Rx: Medical: Covered	Rx: Medical: Covered	No Change		
	A9607		Medicare	Part D: Part B: Covered, PA	Part D: Part B: Covered, PA	Part D: Part B: UPDATE Prior Authorization requirements		
Pharmacy	**Pravastatin** (geq. for Pravachol)	Cholesterol	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	10mg, 20mg, 40mg, and 80mg tablet		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		
Pharmacy	**Prednisone**	Steroid	Traditional				Prednisone tablet	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	5mg and 10 mg dose pack ONLY		Medicare	Part D: T1 Part B:	Part D: T2 Part B:	Part D: INCREASE Tier from Tier 1 to Tier 2 Part B:		
Pharmacy	**Prednisone**	Steroid	Traditional				Prednisolone 15ml/5ml solution and Prednisone tablet	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	5mg/5ml oral solution ONLY		Medicare	Part D: T2 Part B:	Part D: T4 Part B:	Part D: INCREASE Tier from Tier 2 to Tier 4 Part B:		
Pharmacy	**Prednisone**	Steroid	Traditional				Prednisolone 15ml/5ml solution and Prednisone tablet	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	5mg/5ml intensol oral concentrate ONLY		Medicare	Part D: T2 Part B:	Part D: T4 Part B:	Part D: INCREASE Tier from Tier 2 to Tier 4 Part B:		

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Pharmacy	**Preferred Plus**	Diabetic Supply	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	28 gauge 1/2" 0.5ml syringe		Medicare	Part D: T4 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 4 to Tier 1 Part B:		
Pharmacy	**Primidone** (geq. for Mysoline)	Antiepileptic	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	50mg and 250mg tablet		Medicare	Part D: T1 Part B:	Part D: T2 Part B:	Part D: INCREASE Tier from Tier 1 to Tier 2 Part B:		
Pharmacy	**ProAir Respiclick** (albuterol sulfate)	Asthma	Traditional				Ventolin hfa, Albuterol sulfate hfa, levalbuterol tartrate hfa	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	108 (90 base)mcg/act		Medicare	Part D: T3 Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		
Pharmacy	**Prochlorperazine Maleate** (geq. for Compazine)	Antiemetic	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	5mg and 10 mg tablet ONLY		Medicare	Part D: T1 Part B:	Part D: T2 Part B:	Part D: INCREASE Tier from Tier 1 to Tier 2 Part B:		
Pharmacy	**Prochlorperazine** (geq. for Compazine)	Antiemetic	Traditional				Promethazine 12.5mg and 25mg suppository	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	25mg rectal suppository ONLY		Medicare	Part D: T2 Part B:	Part D: T4 Part B:	Part D: INCREASE Tier from Tier 2 to Tier 4 Part B:		

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Pharmacy	**Procysbi** (Cysteamine bitartrate)	Cyctinosis	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	25mg, 75mg, and 300mg oral packet ONLY		Medicare	Part D: T5 Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		
Pharmacy/Medical	**Prolia** (denosumab)	Osteoporosis	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	60mg/ml syringe J0897		Medicare	Part D: T4, PA Part B: Covered, PA	Part D: T4, PA, QL Part B: Coverd, PA	Part D: UPDATED Prior Authorization criteria and ADDED Quantity Limit of 1mL per 180 days Part B: No Change		
Medical	**Provocholine** (methacholine chloride)	Diagnostic agent	Traditional		Non-Specialty (T6)	NEW FORMULATION, ADDED to coverage under the Medical Benefit as Non-Specialty (Tier 6)		Commercial & Medicaid 12/01/2022 Part D 9/30/2022
			EG-Optimized		Non-Specialty (T6)	NEW FORMULATION, ADDED to coverage under the Medical Benefit as Non-Specialty (Tier 6)		
			PPACA-Optimized		Non-Specialty (T6)	NEW FORMULATION, ADDED to coverage under the Medical Benefit as Non-Specialty (Tier 6)		
			Medicaid	Rx: Medical:	Rx: NF Medical: Covered	Rx: NEW FORMULATION, not added to formulary Medical: NEW FORMULATION, ADDED to coverage under the medical benefit		
	100mg powder for inhalation		Medicare	Part D: Part B:	Part D: EXCLUDED Part B: N/A	Part D: NEW FORMULATION, excluded from formulary Part B:		
Pharmacy	**Qtern** (dapagliflozin/saxagliptin)	Diabetes	Traditional				Glyxambi, Trijardy	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	5mg-5mg and 10mg-5mg tablet		Medicare	Part D: T4, QL Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		
Pharmacy	**Quinapril** (geq. for Accupril)	Blood pressure	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	5mg, 10mg, 20mg, and 40mg tablet		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		

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Pharmacy	**Quinapril/HCTZ** (geq. for Accuretic)	Blood pressure	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	10mg-12.5mg, 20mg-12.5mg, and 20mg-25mg tablet		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		
Pharmacy	**Ramipril** (geq. for Altace)	Blood pressure	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	1.25mg, 5mg, and 10mg capsule ONLY		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		
Pharmacy	**Rayaldee** (calcifediol)	Vitamin/Mineral	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	30mcg extended-release capsule		Medicare	Part D: T5, PA Part B:	Part D: T5 Part B:	Part D: REMOVE Prior Authorization criteria Part B:		
Pharmacy	**Rebif** (interferon beta-1a)	Multiple Sclerosis	Traditional				glatiramer, Glatopa, or dimethyl fumarate	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	prefilled syringe and auto-injector		Medicare	Part D: T5, PA Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria and ADD Quantity Limit of 6ml per 30 days Part B:		
Pharmacy	**Reli-On**	Diabetic Supply	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	29 gauge, 0.3ml syringe		Medicare	Part D: T4 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 4 to Tier 1 Part B:		

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Pharmacy	**Repaglinide** (geq. for Prandin)	Diabetes	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.5mg, 1mg, and 2 mg tablet		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		
Pharmacy	**Repatha** (Evolocumab)	Cholesterol	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	prefilled syringe, sureclick, and pushtronex		Medicare	Part D: T4, PA, QL Part B:	Part D: T3, PA, QL Part B:	Part D: DECREASE Tier from Tier 4 to Tier 3 and UPDATE Prior Authorization criteria Part B:		
Pharmacy	**Reyvow** (lasmiditan succinate)	Migraines	Traditional				Ubrelvy, Triptan therapies	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	50mg and 100mg tablet		Medicare	Part D: T4, PA, QL Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		
Pharmacy	**Rinvoq ER** (upadacitinib)	Inflammatory skin conditions	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	15mg, 30mg, and 45mg extended-release tablet		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria Part B:		
Pharmacy	**Rivastigmine Tartrate** (geq. for Exelon)	Dementia	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	1.5mg, 3mg, 4.5mg and 6mg capsule		Medicare	Part D: T2, QL Part B:	Part D: T1, QL Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		

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Pharmacy	**Rosuvastatin** (geq. for Crestor)	Cholesterol	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	5mg, 10mg, 20mg, and 40mg tablet		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		
Pharmacy	**Ryaltris** (olopatadine/mometasone)	Rhinitis	Traditional		NF	NEW COMBINATION, not added to the formulary		Part D - 2/1/2023 All Others 8/24/2022
			EG-Optimized		NF	NEW COMBINATION, not added to the formulary		
			PPACA-Optimized		NF	NEW COMBINATION, not added to the formulary		
			Medicaid	Rx: Medical:	Rx: Pending Medical:	Rx: NEW COMBINATION, Pending MDHHS Review Medical:		
	665mcg-25 mcg/act		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW COMBINATION, not added to the formulary Part B:		
Pharmacy	**Sajazir** (geq. for Firazyr)	Hereditary angioedema	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	30mg/3ml solution		Medicare	Part D: T5, PA Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria and ADDED Quantity Limit of 9mL per 15 days Part B:		
Pharmacy	**Savaysa** (edoxaban tosylate)	Anticoagulant	Traditional				Eliquis, Xarelto, Dabigatran	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	15mg, 30mg, and 60mg tablet		Medicare	Part D: T4, QL Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		
Pharmacy	**Segluromet** (ertugliflozin/metformin)	Diabetes	Traditional				Jardiance, Farxiga, Synjardy, Xigduo	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	2.5mg-500mg, 2.5mg-1,000mg, 7.5mg-500mg, and 7.5mg-1,000mg tablet		Medicare	Part D: T4, ST, QL Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		

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Pharmacy	**Sertraline** (geq. for Zoloft)	Antidepressant	Traditional				Sertraline tablet	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	20mg/ml oral concentrate ONLY		Medicare	Part D: T2 Part B:	Part D: T4 Part B:	Part D: INCREASE Tier from Tier 2 to Tier 4 Part B:		
Pharmacy	**Sildenafil** (geq. for Revatio)	Pulmonary hypertension	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	20mg tablet ONLY		Medicare	Part D: T3, PA Part B:	Part D: T3, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria and ADDED Quantity Limit of 90 tablets per 30 days Part B:		
Pharmacy	**Skyrizi** (risankizumab-rzaa)	Inflammatory conditions	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	150mg/ml prefilled syringe and 150mg/ml auto-injector ONLY		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA Part B: N/A	Part D: UPDATED Prior Authorization criteria and REMOVED Quantity Limit Part B: Self Administered formulations not covered under Part B		
Pharmacy	**Skyrizi** (risankizumab-rzaa)	Inflammatory conditions	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	cartridge ONLY		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B: N/A	Part D: UPDATED Prior Authorization criteria Part B: Self Administered formulations not covered under Part B		

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Pharmacy	**Sotyktu** (deucravacitinib)	Plaque psoriasis	Traditional		T5, PA, QL	NEW DRUG, ADDED to the formulary at Tier 5 with Prior Authorization requirements and a Quantity Limit of 30 tablets per 30 days		Part B - 1/1/2023 Part D - 2/1/2023 All Others - 1/1/23
			EG-Optimized		T5, PA, QL	NEW DRUG, ADDED to the formulary at Tier 5 with Prior Authorization requirements and a Quantity Limit of 30 tablets per 30 days		
			PPACA-Optimized		T5, PA, QL	NEW DRUG, ADDED to the formulary at Tier 5 with Prior Authorization requirements and a Quantity Limit of 30 tablets per 30 days		
			Medicaid	Rx: Medical:	Rx: Pending Medical:	Rx: NEW DRUG, Pending MDHHS Review Medical:		
	6mg tablet		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW DRUG, not added to the formulary Part B:		
Medical	**Spevigo** (spesolimab-sbzo)	Pustular psoriasis	Traditional		NF	NEW DRUG, not added to coverage under the medical benefit		12/1/2022 Part D- 2/1/2023.
			EG-Optimized		NF	NEW DRUG, not added to coverage under the medical benefit		
			PPACA-Optimized		NF	NEW DRUG, not added to coverage under the medical benefit		
			Medicaid	Rx: Medical:	Rx: NF Medical: NF	Rx: NEW DRUG, not added to the formulary Medical: NEW DRUG, not added to coverage under the medical benefit		
	450mg/7.5ml IV solution		Medicare	Part D: Part B:	Part D: T5, PA, QL Part B: Covered, PA	Part D: NEW DRUG, ADDED to the formulary at Tier 5 with Prior Authorization requirements and a Quantity Limit of 2 per 365 days Part B: NEW DRUG, ADDED to coverage under the medical benefit with Prior Authorization requirements		
Pharmacy	**Steglatro** (ertugliflozin)	Diabetes	Traditional				Jardiance, Farxiga, Synjardy, Xigduo	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	5mg and 15mg tablet		Medicare	Part D: T4, ST, QL Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		
Pharmacy	**Steglujan** (ertugliflozin/sitagliptin)	Diabetes	Traditional				Glyxambi, Trijardy	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	5mg-100mg and 15mg-100mg tablet		Medicare	Part D: T4, QL Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		

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Pharmacy	**Stelara** (ustekinumab)	Inflammatory conditions	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	45mg/0.5ml subcutaneous injection, 45mg/ml prefilled syringe, and 90mg/ml prefilled syringe		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B: N/A	Part D: UPDATED Prior Authorization criteria Part B: Self Administered formulations not covered under Part B		
Pharmacy	**Suprep** (sodium sulfate, potassium sulfate, magnesium sulfate)		Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	17.5gm-3.13gm-1.6gm/177ml oral solution		Medicare	Part D: T4 Part B:	Part D: T3 Part B:	Part D: DECREASE Tier from Tier 4 to Tier 3 Part B:		
Pharmacy	**Symbicort** (budesonide/formoterol fumarate)	Asthma / COPD	Traditional	T2, QL	T2, QL	INCREASE Quantity Limit to 2 inhalers per 30 days, with a maximum of 14 inhalers per 365 days		12/1/2022
			EG-Optimized	T2, QL	T2, QL	INCREASE Quantity Limit to 2 inhalers per 30 days, with a maximum of 14 inhalers per 365 days		
			PPACA-Optimized	T2, QL	T2, QL	INCREASE Quantity Limit to 2 inhalers per 30 days, with a maximum of 14 inhalers per 365 days		
			Medicaid	Rx: Medical:	Rx: Medical:			
	80mcg-4.5mcg and 160mcg-4.5mcg		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	**Tadalafil** (geq. for Adcirca)	Pulmonary hypertension	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	20mg tablet ONLY		Medicare	Part D: T5, PA Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria and ADDED Quantity Limit of 60 tablets per 30 days Part B:		

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	**Tadliq** (tadalafil)	Pulmonary hypertension	Traditional		NF	NEW FORMULATION, not added to the formulary		Part D - 2/1/2023 All Others - 1/1/2023
			EG-Optimized		NF	NEW FORMULATION, not added to the formulary		
			PPACA-Optimized		NF	NEW FORMULATION, not added to the formulary		
			Medicaid	Rx: Medical:	Rx: Pending Medical:	Rx: NEW FORMULATION, Pending MDHHS Review Medical:		
	20mg/5ml oral suspension		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION, not added to the formulary Part B:		
Pharmacy	**Takhzyro** (lanadelumab-flyo)	Hereditary angioedema	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	300mg/2ml prefilled syringe and vial		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria Part B:		
Pharmacy	**Tekturna HCT** (Aliskiren/Hydrochlorothiazide)	Blood pressure	Traditional				Aliskiren tablet, ACEI/ARBs	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	150mg-12.5mg and 300mg-12.5mg tablet		Medicare	Part D: T4 Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		
Pharmacy	**Telmisartan** (geq. for Micardis)	Blood pressure	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	20mg, 40mg, and 80mg tablet		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		
Pharmacy	**Telmisartan/HCTZ** (geq. for Micardis HCT)	Blood pressure	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	40mg-12.5mg, 80mg-12.5mg, and 80mg-25mg tablet		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		

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Pharmacy	**Temazepam** (geq. for Restoril)	Insomnia	Traditional				Trazodone 50mg, 100mg, and 150mg	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	15mg and 30mg capsule ONLY		Medicare	Part D: T1 Part B:	Part D: T2, QL Part B:	Part D: INCREASE Tier from Tier 1 to Tier 2 and ADD Quantity Limit of 30 capsules per 30 days Part B:		
Pharmacy	**Tepmetko** (tepotinib)	Cancer	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	225mg tablet		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria Part B:		
Pharmacy	**Teriparatide**	Osteoporosis	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	620mcg/2.48ml solution ONLY		Medicare	Part D: T5, PA Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria and ADD Quantity Limit of 2.48ml per 30 days Part B:		
Pharmacy	**Tetracycline**	Indicated to treat infections and help control acne	Traditional				Doxycycline hyclate capsule, Minocycline capsule	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	250mg and 500mg capsule ONLY		Medicare	Part D: T2 Part B:	Part D: T4 Part B:	Part D: INCREASE Tier from Tier 2 to Tier 4 Part B:		
Pharmacy	**Trandolapril** (geq. for Mavik)	Blood pressure	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	1mg, 2mg, and 4mg tablet		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	**Trandolapril/ Verapamil ER** (geq. for Tarka)	Blood pressure	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	1mg-240mg, 2mg-180mg, 2mg-240mg, and 4mg-240mg controlled-release tablet		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		
Pharmacy	**Trazodone** (geq. for Desyrel)	Antidepressant	Traditional				Trazodone 50mg, 100mg, and 150mg	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	300mg tablet ONLY		Medicare	Part D: T2 Part B:	Part D: T4 Part B:	Part D: INCREASE Tier from Tier 2 to Tier 4 Part B:		
Pharmacy	**Tudorza** (aclidinium bromide)	COPD	Traditional				Spiriva Handihaler, Spiriva Respimat, Incruse Ellipta	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	400mcg/act		Medicare	Part D: T4, QL Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		
Pharmacy	**Tymlos** (abaloparatide)	Osteoporosis	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	3120mcg/1.56ml solution		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria Part B:		
Pharmacy	**Tyvaso** (treprostinil)	Pulmonary hypertension	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	DPI Titration Kit and Maintenance Kit ONLY		Medicare	Part D: T5, PA Part B:	Part D: T5, PA Part B:	Part D: UPDATED Prior Authorization criteria Part B:		

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Pharmacy or Medical	**Tyvaso** (treprostinil)	Pulmonary hypertension	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	Refill, Starter, and 0.6mg/ml solution ONLY		Medicare	Part D: T5, (B vs D) Part B: Covered, (B vs D)	Part D: T5, PA Part B: Covered, (B vs D)	Part D: UPDATED Prior Authorization criteria Part B: No Change		
Pharmacy	**Uptravi** (selexipag)	Pulmonary hypertension	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	oral tablet therapy pack ONLY		Medicare	Part D: T5, PA Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria and ADD Quantity Limit of 200 tablets per 30 days Part B:		
Pharmacy	**Uptravi** (selexipag)	Pulmonary hypertension	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	oral tablet ONLY		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria Part B:		
Pharmacy	**Valsartan** (geq. for Diovan)	Blood pressure	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	40mg, 80mg, 160mg, and 320mg tablet		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		
Pharmacy	**Valsartan/HCTZ** (geq. for Diovan HCT)	Blood pressure	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	80mg-12.5mg, 160mg-12.5mg, 160mg-25mg, 320mg-12.5mg, and 320mg-25mg tablet		Medicare	Part D: T2 Part B:	Part D: T1 Part B:	Part D: DECREASE Tier from Tier 2 to Tier 1 Part B:		

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Pharmacy	**Vancomycin** (geq. for Vancocin)	Anti-infective	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	125mg and 250mg capsule ONLY		Medicare	Part D: T4, ST, QL Part B:	Part D: T4, QL Part B:	Part D: REMOVE Step Therapy Part B:		
Medical	**Vanilla Silq** (barium sulfate)	Diagnostic agent	Traditional		Non-Specialty (T6)	NEW FORMULATION, ADDED to coverage under the Medical Benefit as Non-Specialty (Tier 6)		10/3/2022
			EG-Optimized		Non-Specialty (T6)	NEW FORMULATION, ADDED to coverage under the Medical Benefit as Non-Specialty (Tier 6)		
			PPACA-Optimized		Non-Specialty (T6)	NEW FORMULATION, ADDED to coverage under the Medical Benefit as Non-Specialty (Tier 6)		
			Medicaid	Rx: Medical:	Rx: NF Medical:	RX: NEW FORMULATION, not added to coverage Medical: Covered, No PA		
	2.1% oral/rectal suspension		Medicare	Part D: Part B:	Part D: EXCLUDED Part B: N/A	Part D: NEW FORMULATION, excluded from coverage Part B: N/A		
Pharmacy	**Veltassa** (patiromer sorbitex calcium)	Chronic Kidney Disease (CKD)	Traditional				Lokelma, SPS	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	8.4gm, 16.8mg and 25.2gm oral packet		Medicare	Part D: T4, ST, QL Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		
Pharmacy or Medical	**Ventavis** (iloprost)	Pulmonary hypertension	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	10mcg/ml solution ONLY Q4074		Medicare	Part D: T5, (B vs. D) Part B: Covered, PA	Part D: T5, PA, QL Part B: Covered, PA	Part D: UPDATED Prior Authorization criteria and ADDED Quantity Limit of 150ml per 30 days Part B: No Change		

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Pharmacy or Medical	**Ventavis** (iloprost)	Pulmonary hypertension	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	20mcg/ml solution ONLY Q4074		Medicare	Part D: T5, (B vs. D) Part B: Covered, PA	Part D: T5, PA, QL Part B: Covered, PA	Part D: UPDATED Prior Authorization criteria and ADDED Quantity Limit of 90ml per 30 days Part B: No Change		
Pharmacy	**Verquvo** (vericiguat)	Heart failure	Traditional				Entresto	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	2.5mg, 5mg, and 10mg tablet		Medicare	Part D: T4, PA, QL Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		
Pharmacy	**Viokace** (amylase/lipase/protease)	Pancreatic insufficiency	Traditional				Creon, Zenpep	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	10440-39150-39150 unit and 20880-78300-78300 unit tablet		Medicare	Part D: T4, ST Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		
Pharmacy	**Vyvanse** (lisdexamfetamine dimesylate)	ADHD	Traditional				Methylphenidate hcl ER, dexmethylphenidate hcl ER, amphetamine/dextroamphetamine ER	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	all capsule and chewable tablet		Medicare	Part D: T4, QL Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		
Pharmacy	**Xatmep** (methotrexate)	Leukemia and Juvenile Arthritis	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	2.5mg/ml oral solution		Medicare	Part D: T4, PA Part B:	Part D: T4, PA Part B:	Part D: UPDATED Prior Authorization criteria Part B:		

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Pharmacy	**Xeljanz** (tofacitinib citrate)	Inflammatory conditions	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	5mg tablet, 10mg tablet, and 1mg/ml solution		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria Part B:		
Pharmacy	**Xeljanz XR** (tofacitinib citrate)	Inflammatory conditions	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	11mg extended-release tablet, and 22mg extended-release tablet		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria Part B:		
Medical	**Xenpozyme** (olipudase alfa-rpcp)	Acid sphingomyelinase deficiency	Traditional		Pref Spec (T7), PA, SOS	NEW DRUG, ADDED to coverage under the Medical Benefit as Preferred Specialty (Tier 7) with Prior Authorization And Site of Service		12/1/2022 Part D - 2/1/2023
			EG-Optimized		Pref Spec (T7), PA, SOS	NEW DRUG, ADDED to coverage under the Medical Benefit as Preferred Specialty (Tier 7) with Prior Authorization And Site of Service		
			PPACA-Optimized		Pref Spec (T7), PA, SOS	NEW DRUG, ADDED to coverage under the Medical Benefit as Preferred Specialty (Tier 7) with Prior Authorization And Site of Service		
			Medicaid	Rx: Medical:	Rx: NF Medical: Covered, PA	Rx: NEW DRUG, not added to the formulary Medical: NEW DRUG, ADDED to coverage under the medical benefit with Prior Authorization requirements		
	J3490, J3590, C9399		Medicare	Part D: Part B:	Part D: NF Part B: Covered, PA	Part D: NEW DRUG, not added to formulary Part B: NEW DRUG, ADDED to coverage under the medical benefit with Prior Authorization requirements		
Pharmacy	**Xerese** (acyclovir/hydrocortisone)	Antiviral	Traditional				Acyclovir tablet, Famciclovir tablet	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	5%-1% cream		Medicare	Part D: T4, QL Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		

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AL-Age Limits
ST- Step Therapy

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	**Xifaxan** (rifaximin)	Gastrointestinal	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	200mg tablet ONLY		Medicare	Part D: T4, QL Part B:	Part D: T4, PA, QL Part B:	Part D: ADDED Prior Authorization requirements and DECREASE Quantity Limit from 30 tablets per 30 days to 9 tablets per 30 days Part B:		
Pharmacy	**Xifaxan** (rifaximin)	Gastrointestinal	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	550mg tablet ONLY		Medicare	Part D: T5, QL Part B:	Part D: T5, PA, QL Part B:	Part D: ADDED Prior Authorization requirements Part B:		
Pharmacy	**Xiidra** (lifitegrast)	Dry eyes	Traditional				Restasis, Loteprednol etabonate eye drops	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	5% ophthalmic solution		Medicare	Part D: T4, QL Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		
Pharmacy/Medical	**Xolair** (omalizumab)	Asthma, chronic uticaria, nasal polyps	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	75mg/0.5ml prefilled syringe, 150mg/ml prefilled syringe, and 150mg/ml injection J2357		Medicare	Part D: T5, PA Part B: Covered, PA	Part D: T5, PA Part B: Covered, PA	Part D: UPDATED Prior Authorization criteria Part B: No Change		
Pharmacy	**Xyrem** (sodium oxybate)	Narcolespy	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	500mg/ml oral solution		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATED Prior Authorization criteria Part B:		

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Pharmacy	**Xywav** (calcium / magnesium / potassium / sodium oxybates)	Narcolespy	Traditional				Xyrem, Modafinil, Armodafinil	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	500mg/ml oral solution		Medicare	Part D: T5, PA, QL Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		
Pharmacy	**Zeposia** (ozanimod)	Multiple Sclerosis	Traditional				Dimethyl fumarate, Gilenya, Mayzent	1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	Starter Kit, 7-Day Starter Pack, and 0.92mg capsule		Medicare	Part D: T5, PA, QL Part B:	Part D: NF Part B:	Part D: REMOVE from formulary Part B:		
Pharmacy or Medical	**Zoledronic acid** (geq. for Reclast)	Osteoporosis	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	5mg/100ml J3489		Medicare	Part D: NF Part B: Covered	Part D: T4, (B vs. D) Part B: Covered	Part D: ADDED to the formulary at Tier 4 with Prior Authorization requirements (B vs D) Part B: No Change		
Pharmacy or Medical	**Zoledronic acid** (geq. for Zometa)	Osteoporosis	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	4mg/5ml and 4mg/100ml J3489		Medicare	Part D: NF Part B: Covered	Part D: T4, (B vs. D) Part B: Covered	Part D: ADDED to the formulary at Tier 4 with Prior Authorization requirements (B vs D) Part B: No Change		

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	**Zonisade** (zonisamide)	Seizures	Traditional		T3, QL, AL	NEW FORMULATION, ADDED to the formulary at Tier 3 with a Quantity Limit of 150ml per 30 days and Age Limit maximum of 9 years		Part D - 12/1/2022 All Others - 09/23/2022
			EG-Optimized		T3, QL, AL	NEW FORMULATION, ADDED to the formulary at Tier 3 with a Quantity Limit of 150ml per 30 days and Age Limit maximum of 9 years		
			PPACA-Optimized		T3, QL, AL	NEW FORMULATION, ADDED to the formulary at Tier 3 with a Quantity Limit of 150ml per 30 days and Age Limit maximum of 9 years		
			Medicaid	Rx: Medical:	Rx: Carve-Out Medical:	Rx: NEW FORMULATION, Carve-Out		
	100mg/5ml oral suspension		Medicare	Part D: Part B:	Part D: T5, PA, QL Part B: N/A	Part D: NEW FORMULATION, ADDED to the formulary at Tier 5 with Prior Authorization requirements and a Quantity Limit of 900ml per 30 days Part B: N/A		
Pharmacy	**Zoryve** (roflumilast)	Plaque psoriasis	Traditional		NF	NEW FORMULATION, not added to the formulary		1/1/2023 Part D - 2/1/2023
			EG-Optimized		NF	NEW FORMULATION, not added to the formulary		
			PPACA-Optimized		NF	NEW FORMULATION, not added to the formulary		
			Medicaid	Rx: Medical:	Rx: Pending Medical:	Rx: NEW FORMULATION, Pending MDHHS Review Medical:		
	0.3% topical cream		Medicare	Part D: Part B:	Part D: Excluded Part B: N/A	Part D: NEW FORMULATION, excluded from formulary Part B: N/A		