

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

**Pharmacy Department**  
**Pending changes to the Approved Drug List**  
**September 2021 Pending Changes**



| Coverage | Drug  | Common use  | Formulary       | Current Coverage     | Future Coverage       | Comment   | Average cost   | Preferred covered alternatives     | Implementation Date                             | Cont. Current Users? | Member Count | Letter |
|----------|---|---|-----------------|----------------------|-----------------------|---|----------------|------------------------------------|---|----------------------|--------------|--------|
| Pharmacy | <b>Alogliptin</b><br>(geq for Nesina)                                 | Diabetes  | Traditional     | T3, ST, QL           | T3, ST, QL            | CHANGE STEP THERAPY through Januvia /Janumet/Janumet XR                     | \$150/month    | Januvia,<br>Janumet, Janumet XR    | 1/1/2022<br>NEGATIVE<br>CHANGE for<br>Optimized |                      | x            | YES    |
|          |   |   | EG-Optimized    | T2, ST, QL           | T3, ST, QL            | INCREASE TIER, CHANGE STEP THERAPY through Januvia /Janumet and Janumett XR |                |                                    |   |                      |              |        |
|          |   |   | PPACA-Optimized | T2, ST, QL           | T3, ST, QL            | INCREASE TIER, CHANGE STEP THERAPY through Januvia /Janumet and Janumett XR |                |                                    |   |                      |              |        |
|          |   |   | Medicaid        |                      |                       |   |                |                                    |   |                      |              |        |
|          | All Strengths/formulations  |   | Medicare        | Part D:<br>Part B:   | Part D:<br>Part B:    | Part D:<br>Part B:  |                |                                    |   |                      |              |        |
| Pharmacy | <b>Alogliptin-metformin</b><br>(geq for Kazano )                      | Diabetes  | Traditional     | T3, ST, QL           | T3, ST, QL            | CHANGE STEP THERAPY through Januvia /Janumet and Janumett XR                | \$172/month    | Januvia,<br>Janumet, Janumet XR    | 1/1/2022<br>NEGATIVE<br>CHANGE for<br>Optimized |                      | x            | YES    |
|          |   |   | EG-Optimized    | T2, ST, QL           | T3, ST, QL            | INCREASE TIER, CHANGE STEP THERAPY through Januvia /Janumet and Janumett XR |                |                                    |   |                      |              |        |
|          |   |   | PPACA-Optimized | T2, ST, QL           | T3, ST, QL            | INCREASE TIER, CHANGE STEP THERAPY through Januvia /Janumet and Janumett XR |                |                                    |   |                      |              |        |
|          |   |   | Medicaid        |                      |                       |   |                |                                    |   |                      |              |        |
|          | All Strengths/formulations  |   | Medicare        | Part D:<br>Part B:   | Part D:<br>Part B:    | Part D:<br>Part B:  |                |                                    |   |                      |              |        |
| Pharmacy | <b>Amcinonide</b><br>(geq for Cyclocort)                              | Topical inflammatory conditions/<br>(Steroid cream) | Traditional     | NF                   | NF                    |   | \$146/tube     |                                    | 1-1-2022 -<br>benchmark                         |                      | N/A - Add    |        |
|          |   |   | EG-Optimized    | NF                   | T1b                   | ADDED to formulary  |                |                                    |   |                      |              |        |
|          |   |   | PPACA-Optimized | NF                   | NF                    | No change   |                |                                    |   |                      |              |        |
|          |   |   | Medicaid        |                      |                       |   |                |                                    |   |                      |              |        |
|          | 0.1% CREAM ONLY   |   | Medicare        | Part D:<br>Part B:   | Part D:<br>Part B:    | Part D:<br>Part B:  |                |                                    |   |                      |              |        |
| Pharmacy | <b>Analpram HC</b><br>hydrocortisone/<br>pramoxine                    | Hemorrhoids   | Traditional     | T2                   | NF                    | REMOVE from formulary   | \$269/Rx       | hydrocortisone/<br>pramoxine cream | 1/1/2022<br>NEGATIVE<br>CHANGE                  |                      | x            | YES    |
|          |   |   | EG-Optimized    | T2                   | NF                    | REMOVE from formulary   |                |                                    |   |                      |              |        |
|          |   |   | PPACA-Optimized | T2                   | NF                    | REMOVE from formulary   |                |                                    |   |                      |              |        |
|          |   |   | Medicaid        |                      |                       |   |                |                                    |   |                      |              |        |
|          | LOTION ONLY (GCN 84641)   |   | Medicare        | Part D:<br>Part B:   | Part D:<br>Part B:    | Part D:<br>Part B:  |                |                                    |   |                      |              |        |
| Pharmacy | <b>Apo-varenicline</b><br>(Same Chemical as Chantix -<br>from Canada) | Smoking Cessation                                   | Traditional     |                      |                       |   | \$162.75/month | Positive                           | 9/1/2021  |                      |              |        |
|          |   |   | EG-Optimized    |                      |                       |   |                |                                    |   |                      |              |        |
|          |   |   | PPACA-Optimized |                      |                       |   |                |                                    |   |                      |              |        |
|          |   |   | Medicaid        |                      |                       |   |                |                                    |   |                      |              |        |
|          | 0.5mg and 1mg tablets   |   | Medicare        | Part D:NF<br>Part B: | Part D: T4<br>Part B: | Part D: ADD to formulary<br>Part B:   |                |                                    |   |                      |              |        |



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|----------|---|---|---|-------------------------|-------------------------|--|----------------------------|------------------------------------|---|----------------------|--------------------------|--------|
| Pharmacy | <b>Bylvay</b><br>(odevixibat)<br><br>All Strengths Oral Capsules                                    | Antipruritic/<br>Itching due to<br>progressive familial<br>intrahepatic cholestasis | Traditional   |                         | NF                      | NEW DRUG, NOT added to formulary   | \$554,400/yr (WAC)         |                                    | new drug  |                      | N/A - new drug not added |        |
|          |   |   | EG-Optimized  |                         | NF                      | NEW DRUG, NOT added to formulary   |                            |                                    |   |                      |                          |        |
|          |   |   | PPACA-Optimized   |                         | NF                      | NEW DRUG, NOT added to formulary   |                            |                                    |   |                      |                          |        |
|          |   |   | Medicaid  |                         | ??                      | Pending MDHHS review   |                            |                                    |   |                      |                          |        |
| Medicare | Part D:<br>Part B:  | Part D:NF<br>Part B: N/A  | Part D: NEW DRUG, NOT added to formulary<br>Part B: N/A |                         |                         |  |                            |                                    |   |                      |                          |        |
| Pharmacy | <b>calcitonin-salmon</b><br>(geq for Miacalcin)<br><br>(200 IU/ml - subcutaneous or IM)             | Paget's Disease/<br>Postmenopausal<br>Osteoporosis                                  | Traditional   | NF                      | NF                      | NEW DRUG, NOT added to formulary   | \$28,179 AWP/<br>30 days   |                                    | new drug  |                      | N/A - new drug not added |        |
|          |   |   | EG-Optimized  | NF                      | NF                      | NEW DRUG, NOT added to formulary   |                            |                                    |   |                      |                          |        |
|          |   |   | PPACA-Optimized   | NF                      | NF                      | NEW DRUG, NOT added to formulary   |                            |                                    |   |                      |                          |        |
|          |   |   | Medicaid  |                         |                         | Pending MDHHS review   |                            |                                    |   |                      |                          |        |
|          |   |   | Medicare  | Part D:NF<br>Part B:N/A | Part D:NF<br>Part B:N/A | Part D: NEW DRUG, NOT added to formulary<br>Part B: NA - Self-Administered Drug  |                            |                                    |   |                      |                          |        |
| Pharmacy | <b>Caplyta</b><br>(lumateperone)<br><br>All Strengths/formulations                                  | Antipsychotic   | Traditional   | T4, PA                  | T5, PA, QL              | INCREASE TIER, CHANGE Prior Auth Criteria through through one generic AND Latuda | \$1,649/month              | Latuda, olanzapine and quetiapine. | 1/1/2022<br>NEGATIVE<br>CHANGE                      | YES                  | x                        | YES    |
|          |   |   | EG-Optimized  | T4, PA                  | T5, PA, QL              | INCREASE TIER, CHANGE Prior Auth Criteria through through one generic AND Latuda |                            |                                    |   |                      |                          |        |
|          |   |   | PPACA-Optimized   | T4, PA                  | T5, PA, QL              | INCREASE TIER, CHANGE Prior Auth Criteria through through one generic AND Latuda |                            |                                    |   |                      |                          |        |
|          |   |   | Medicaid  |                         |                         |  |                            |                                    |   |                      |                          |        |
|          |   |   | Medicare  | Part D:<br>Part B:      | Part D:<br>Part B:      | Part D:<br>Part B:   |                            |                                    |   |                      |                          |        |
| Pharmacy | <b>Clemastine</b><br>(geq for Tavist)<br><br>ORAL SYRUP   | Allergic Rhinitis and<br>Urticaria/angioedema                                       | Traditional   | NF                      | NF                      | NEW DRUG, NOT added to formulary   | \$5,400-\$10,700/<br>claim |                                    | new drug - Medicare<br>Part D decision 6-1-<br>2021 |                      | N/A-New drug not added   |        |
|          |   |   | EG-Optimized  | NF                      | NF                      | NEW DRUG, NOT added to formulary   |                            |                                    |   |                      |                          |        |
|          |   |   | PPACA-Optimized   | NF                      | NF                      | NEW DRUG, NOT added to formulary   |                            |                                    |   |                      |                          |        |
|          |   |   | Medicaid  |                         |                         | Pending MDHHS review   |                            |                                    |   |                      |                          |        |
|          |   |   | Medicare  | Part D:NF<br>Part B:N/A | Part D:NF<br>Part B:N/A | Part D: NEW DRUG, NOT added to formulary<br>Part B:                              |                            |                                    |   |                      |                          |        |
| Pharmacy | <b>Clindamycin 1%/<br/>Benzoyl Peroxide 5%</b><br>(geq for Benzaclin)<br><br>Gel ONLY - (GCN 08205) | Acne  | Traditional   | NF                      | T2, QL                  | ADD to formulary with Quantity Limits of 50 grams/month                          | \$151                      | Positive                           | 11/1/2021-class<br>review                           |                      | 35- New Drug             |        |
|          |   |   | EG-Optimized  | NF                      | T2, QL                  | ADD to formulary with Quantity Limits of 50 grams/month                          |                            |                                    |   |                      |                          |        |
|          |   |   | PPACA-Optimized   | NF                      | T2, QL                  | ADD to formulary with Quantity Limits of 50 grams/month                          |                            |                                    |   |                      |                          |        |
|          |   |   | Medicaid  |                         |                         |  |                            |                                    |   |                      |                          |        |
|          |   |   | Medicare  | Part D:<br>Part B:      | Part D:<br>Part B:      | Part D:<br>Part B:   |                            |                                    |   |                      |                          |        |

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|----------|---|---------------------------|-----------------|--|--------------------------------|---|--|--------------------------------|------------------------|----------------------|--------------|--------|
| Pharmacy | <b>Clotrimazole 1%/betamethasone 0.05%</b><br>(geq for Lotrisone) | Acne                      | Traditional     | T1                                     | T1, QL                         | ADD Quantity Limits of 30 grams/month   | \$119                                  |                                | 11/1/2021-class review |                      | 44- QL       |        |
|          |   |                           | EG-Optimized    | T1b                                    | T1b, QL                        | ADD Quantity Limits of 30 grams/month   |  |                                |                        |                      |              |        |
|          |   |                           | PPACA-Optimized | T1b                                    | T1b, QL                        | ADD Quantity Limits of 30 grams/month   |  |                                |                        |                      |              |        |
|          |   |                           | Medicaid        |  |                                |   |  |                                |                        |                      |              |        |
|          | LOTION ONLY (GCN 014125)  |                           | Medicare        | Part D:<br>Part B:                     | Part D:<br>Part B:             | Part D:<br>Part B:  |  |                                |                        |                      |              |        |
| Pharmacy | <b>chlorpromazine</b><br>(geq for Thorazine)                      | Multiple                  | Traditional     |  |                                |   | 30mg/ml - \$5.04<br>100mg/ml - \$10.80 |                                | 9/1/2021               |                      | CARE         |        |
|          |   |                           | EG-Optimized    |  |                                |   |  |                                |                        |                      |              |        |
|          |   |                           | PPACA-Optimized |  |                                |   |  |                                |                        |                      |              |        |
|          |   |                           | Medicaid        |  |                                |   |  |                                |                        |                      |              |        |
|          | 30mg/ml and 100mg/ml ORAL SOLUTION ONLY                           |                           | Medicare        | Part D: NF<br>Part B:                  | Part D: T4<br>Part B:          | Part D: ADD to formulary<br>Part B:   |  |                                |                        |                      |              |        |
| Pharmacy | <b>Cimetidine</b><br>(geq for Tagamet)                            | indigestion/<br>heartburn | Traditional     | T3                                     | T3                             | No Change   |  | Positive                       | 1-1-2022-benchmark     |                      | N/A new drug |        |
|          |   |                           | EG-Optimized    | NF                                     | T3                             | ADDED to formulary  |  |                                |                        |                      |              |        |
|          |   |                           | PPACA-Optimized | NF                                     | T3                             | ADDED to formulary  |  |                                |                        |                      |              |        |
|          |   |                           | Medicaid        |  |                                |   |  |                                |                        |                      |              |        |
|          | 300mg and 800mg tablets   |                           | Medicare        | Part D:<br>Part B:                     | Part D:<br>Part B:             | Part D:<br>Part B:  |  |                                |                        |                      |              |        |
| Medical  | <b>Dalvance</b><br>(dalbavancin)                                  | Antibiotic                | Traditional     |  |                                |   | \$5,861/regimen                        |                                | 11/1/2021              |                      |              |        |
|          |   |                           | EG-Optimized    |  |                                |   |  |                                |                        |                      |              |        |
|          |   |                           | PPACA-Optimized |  |                                |   |  |                                |                        |                      |              |        |
|          |   |                           | Medicaid        |  |                                |   |  |                                |                        |                      |              |        |
|          | All Strengths/formulations  |                           | Medicare        | Part D:<br>Part B:Pref Spec (T7),ST/PA | Part D:<br>Part B: NPS(T8), PA | Part D:<br>Part B: CHANGE Prior Authorization - 1) Must follow applicable NCD, LCD and/or LCA requirements for the requested indication, 2) If no NCD, LCD and/or LCA criteria are available, use must be for a medically accepted indication, 3) Must provide culture and sensitivity results (as clinically indicated). If not indicated, must specify the suspected organism(s) being treated, 4) Must try and fail all other susceptible antibiotics as determined by culture and sensitivity or as indicated for empiric therapy. Fail is defined as an intolerance or inability to improve the condition, and 5) Prescriber must be an infectious disease specialist or have consulted with an infectious disease specialist. |  |                                |                        |                      |              |        |



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|----------|--|---|-----------------|----------------------|---------------------------|---|--------------|--------------------------------|------------------------|----------------------|----------------|--------|
| Pharmacy | <b>Diflorasone</b><br>(geq for Cyclocort)            | Topical inflammatory conditions/<br>(Steroid cream) | Traditional     | NF                   | NF                        | No Change   |              | Positive                       | 1-1-2022-benchmark     |                      | N/A - new drug |        |
|          |  |   | EG-Optimized    | NF                   | T2, QL                    | ADDED to formulary, Quantity Limit 15gm/30 days   |              |                                |                        |                      |                |        |
|          |  |   | PPACA-Optimized | NF                   | NF                        | No change   |              |                                |                        |                      |                |        |
|          |  |   | Medicaid        |                      |                           |   |              |                                |                        |                      |                |        |
|          | 0.05% OINTMENT ONLY                                  |   | Medicare        | Part D:<br>Part B:   | Part D:<br>Part B:        | Part D:<br>Part B:  |              |                                |                        |                      |                |        |
| Pharmacy | <b>Dihydroergotamine</b><br>(geq for DHE)            | Migraine  | Traditional     | NF                   | NF                        |   |              | Positive                       | 1-1-2022-benchmark     |                      | N/A New drug   |        |
|          |  |   | EG-Optimized    | NF                   | T3, ST, QL                | ADDED to formulary, with Step Therapy through two generic triptans AND oral ergotamine/caffeine, and Quantity Limits of 4ml/30 days |              |                                |                        |                      |                |        |
|          |  |   | PPACA-Optimized | NF                   | T3, ST, QL                | ADDED to formulary, with Step Therapy through two generic triptans AND oral ergotamine/caffeine, and Quantity Limits of 4ml/30 days |              |                                |                        |                      |                |        |
|          |  |   | Medicaid        |                      |                           |   |              |                                |                        |                      |                |        |
|          | 1mg/ml INJECTABLE solution                           |   | Medicare        | Part D:<br>Part B:   | Part D:<br>Part B:        | Part D:<br>Part B:  |              |                                |                        |                      |                |        |
| Pharmacy | <b>Dupixent</b><br>(Dupilumab)                       | Inflammatory Conditions                             | Traditional     |                      |                           |   |              |                                | 9/1/2021               |                      |                |        |
|          |  |   | EG-Optimized    |                      |                           |   |              |                                |                        |                      |                |        |
|          |  |   | PPACA-Optimized |                      |                           |   |              |                                |                        |                      |                |        |
|          |  |   | Medicaid        |                      |                           |   |              |                                |                        |                      |                |        |
|          | 200mg/1.14ml PEN                                     |   | Medicare        | Part D:Nf<br>Part B: | Part D: T5, PA<br>Part B: | Part D: ADD to formulary, with Prior Authorization requirements to match other Dupixent formulations<br>Part B:                     |              |                                |                        |                      |                |        |
| Pharmacy | <b>Drysol</b><br>(Aluminum Chloride Hexahydrate 20%) | Excessive sweating                                  | Traditional     | T2                   | T1                        | DECREASE Tier   | \$9/Rx       | Positive                       | 11/1/2021-class review |                      | 809            |        |
|          |  |   | EG-Optimized    | T2                   | T1                        | DECREASE Tier   |              |                                |                        |                      |                |        |
|          |  |   | PPACA-Optimized | T2                   | T1                        | DECREASE Tier   |              |                                |                        |                      |                |        |
|          |  |   | Medicaid        |                      |                           |   |              |                                |                        |                      |                |        |
|          | All Strengths/formulations                           |   | Medicare        | Part D:<br>Part B:   | Part D:<br>Part B:        | Part D:<br>Part B:  |              |                                |                        |                      |                |        |
| Pharmacy | <b>Eletriptan</b><br>(generic for Relpax)            | Migraines   | Traditional     | NF                   | NF                        |   |              | Positive                       | 1-1-2022-benchmark     |                      | N/A - new Drug |        |
|          |  |   | EG-Optimized    | NF                   | T3, ST, QL                | ADDED to formulary, with Step Therapy through two preferred generic triptans, and Quantity Limit of 12 tablets/30 days              |              |                                |                        |                      |                |        |
|          |  |   | PPACA-Optimized | NF                   | T3, ST, QL                | ADDED to formulary, with Step Therapy through two preferred generic triptans, and Quantity Limit of 12 tablets/30 days              |              |                                |                        |                      |                |        |
|          |  |   | Medicaid        |                      |                           |   |              |                                |                        |                      |                |        |
|          | 20 mg and 40 mg tablet                               |   | Medicare        | Part D:<br>Part B:   | Part D:<br>Part B:        | Part D:<br>Part B:  |              |                                |                        |                      |                |        |



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|----------|---|-----------------|-----------------|--------------------|--------------------|---|----------------|-------------------------------------|-----------------------------|----------------------|--------------------------|--------|
| Pharmacy | <b>Ethacrynic Acid</b><br>(generic for Edecrin) | Edema           | Traditional     | NF                 | NF                 |   |                | Positive                            | 1-1-2022 - benchmark        |                      | N/A - New Drug           |        |
|          |   |                 | EG-Optimized    | NF                 | T3, ST, QL         | ADDED to formulary, with Step Therapy through two of bumetanide, furosemide, torsemide; and Quantity Limits of 60 tablets/30 days                                     |                |                                     |                             |                      |                          |        |
|          |   |                 | PPACA-Optimized | NF                 | T3, ST, QL         | ADDED to formulary, with Step Therapy through two of bumetanide, furosemide, torsemide; and Quantity Limits of 60 tablets/30 days                                     |                |                                     |                             |                      |                          |        |
|          |   |                 | Medicaid        |                    |                    |   |                |                                     |                             |                      |                          |        |
|          | 25mg tablet                                     |                 | Medicare        | Part D:<br>Part B: | Part D:<br>Part B: | Part D:<br>Part B:  |                |                                     |                             |                      |                          |        |
| Pharmacy | <b>Eucrisa</b><br>(crisaborole)                 | Acne            | Traditional     | T3,ST              | T3, ST, QL         | ADD Quantity Limits of 60 grams/month   | \$678/Rx       |                                     | 11/1/2021-neutral change    |                      | 96                       |        |
|          |   |                 | EG-Optimized    | T3,ST              | T3, ST, QL         | ADD Quantity Limits of 60 grams/month   |                |                                     |                             |                      |                          |        |
|          |   |                 | PPACA-Optimized | T3,ST              | T3, ST, QL         | ADD Quantity Limits of 60 grams/month   |                |                                     |                             |                      |                          |        |
|          |   |                 | Medicaid        |                    |                    |   |                |                                     |                             |                      |                          |        |
|          | ointment  |                 | Medicare        | Part D:<br>Part B: | Part D:<br>Part B: | Part D:<br>Part B:  |                |                                     |                             |                      |                          |        |
| Pharmacy | <b>Eurax</b><br>(crotamiton)                    | Scabies         | Traditional     | NF                 | NF                 |   |                | Positive                            | 1-1-2022 - benchmark        |                      | N/A - New Drug           |        |
|          |   |                 | EG-Optimized    | NF                 | T3, ST, QL         | ADDED to formulary, with Step Therapy through two of permethrin cream, ivermectin tablet, ivermectinlotion, malathion lotion; and Quantity Limits of 60 grams/30 days |                |                                     |                             |                      |                          |        |
|          |   |                 | PPACA-Optimized | NF                 | T3, ST, QL         | ADDED to formulary, with Step Therapy through two of permethrin cream, ivermectin tablet, ivermectinlotion, malathion lotion; and Quantity Limits of 60 grams/30 days |                |                                     |                             |                      |                          |        |
|          |   |                 | Medicaid        |                    |                    |   |                |                                     |                             |                      |                          |        |
|          | 10% CREAM ONLY - GCN 031580                     |                 | Medicare        | Part D:<br>Part B: | Part D:<br>Part B: | Part D:<br>Part B:  |                |                                     |                             |                      |                          |        |
| Pharmacy | <b>Exelderm</b><br>(Sulconazole)                | Antifungal      | Traditional     | T3, ST             | NF                 | REMOVE from formulary - Brand AND Generic   | \$521-\$613/Rx | ketoconazole, ciclopirox, econazole | 1/1/2022<br>NEGATIVE CHANGE |                      | Brand - 1<br>Generic - 0 | YES    |
|          |   |                 | EG-Optimized    | T3, ST             | NF                 | REMOVE from formulary - Brand AND Generic   |                |                                     |                             |                      |                          |        |
|          |   |                 | PPACA-Optimized | T3, ST             | NF                 | REMOVE from formulary - Brand AND Generic   |                |                                     |                             |                      |                          |        |
|          |   |                 | Medicaid        |                    |                    |   |                |                                     |                             |                      |                          |        |
|          | All Formulations                                |                 | Medicare        | Part D:<br>Part B: | Part D:<br>Part B: | Part D:<br>Part B:  |                |                                     |                             |                      |                          |        |
| Pharmacy | <b>Fabior</b><br>(Tazarotene)                   | Psoriasis, Acne | Traditional     | T3, ST, QL         | NF                 | REMOVE from formulary   | \$702/Rx       | tazarotene foam, tazarotene cream   | 1/1/2022<br>NEGATIVE CHANGE |                      | x                        | YES    |
|          |   |                 | EG-Optimized    | NF                 | NF                 |   |                |                                     |                             |                      |                          |        |
|          |   |                 | PPACA-Optimized | NF                 | NF                 |   |                |                                     |                             |                      |                          |        |
|          |   |                 | Medicaid        |                    |                    |   |                |                                     |                             |                      |                          |        |
|          | Foam  |                 | Medicare        | Part D:<br>Part B: | Part D:<br>Part B: | Part D:<br>Part B:  |                |                                     |                             |                      |                          |        |

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**Pharmacy Department  
 Pending changes to the Approved Drug List  
 September 2021 Pending Changes**

| Coverage | Drug   | Common use  | Formulary       | Current Coverage   | Future Coverage    | Comment   | Average cost | Preferred covered alternatives                          | Implementation Date            | Cont. Current Users? | Member Count      | Letter |
|----------|--|---|-----------------|--------------------|--------------------|---|--------------|---|--------------------------------|----------------------|-------------------|--------|
| Pharmacy | <b>famotidine</b><br>(geq for Pepcid)  | indigestion/<br>heartburn                             | Traditional     | NF 20mg<br>T3 40mg | NF 20mg<br>T3 40mg | No Change   |              | Positive  | 1-1-2022 -<br>benchmark        |                      | N/A - New<br>Drug |        |
|          |  |   | EG-Optimized    | NF                 | T3                 | ADDED to formulary  |              |   |                                |                      |                   |        |
|          |  |   | PPACA-Optimized | NF                 | T3                 | ADDED to formulary  |              |   |                                |                      |                   |        |
|          |  |   | Medicaid        |                    |                    |   |              |   |                                |                      |                   |        |
|          | 20mg and 40mg tablets  |   | Medicare        | Part D:<br>Part B: | Part D:<br>Part B: | Part D:<br>Part B:  |              |   |                                |                      |                   |        |
| Pharmacy | <b>Fanapt</b><br>(lloperidone)   | Antipsychotic   | Traditional     | T4, ST             | T5, ST, QL         | INCREASE TIER, CHANGE STEP THERAPY through through one generic AND Latuda   |              | Latuda, olanzapine,<br>aripiprazole, and<br>quetiapine. | 1/1/2021<br>NEGATIVE<br>CHANGE |                      | x                 | YES    |
|          |  |   | EG-Optimized    | T4, ST             | T5, ST, QL         | INCREASE TIER, CHANGE STEP THERAPY through through one generic AND Latuda   |              |   |                                |                      |                   |        |
|          |  |   | PPACA-Optimized | T4, ST             | T5, ST, QL         | INCREASE TIER, CHANGE STEP THERAPY through through one generic AND Latuda   |              |   |                                |                      |                   |        |
|          |  |   | Medicaid        |                    |                    |   |              |   |                                |                      |                   |        |
|          | All Strengths/formulations   |   | Medicare        | Part D:<br>Part B: | Part D:<br>Part B: | Part D:<br>Part B:  |              |   |                                |                      |                   |        |
| Pharmacy | <b>Fluticasone/<br/>Salmeterol</b><br>(geq for Advair Diskus &<br>Wixela)              | Asthma/COPD   | Traditional     | T3, ST             | T3                 | REMOVE STEP THERAPY   |              | Positive  | 1/1/2022                       |                      | x                 |        |
|          |  |   | EG-Optimized    | NF                 | T3                 | ADD to Formulary  |              |   |                                |                      |                   |        |
|          |  |   | PPACA-Optimized | NF                 | T3                 | ADD to Formulary  |              |   |                                |                      |                   |        |
|          |  |   | Medicaid        |                    |                    |   |              |   |                                |                      |                   |        |
|          | 100-50mcg/dose, 250-50mcg/dose,<br>500/50mcg/dose ONLY (GCN 050584,<br>050594, 050604) |   | Medicare        | Part D:<br>Part B: | Part D:<br>Part B: | Part D:<br>Part B:  |              |   |                                |                      |                   |        |
| Pharmacy | <b>Frovatriptan</b><br>(generic for Frova)   | Migraines   | Traditional     | NF                 | NF                 |   |              | Positive  | 1-1-2022-benchmark             |                      | x                 |        |
|          |  |   | EG-Optimized    | T4, ST, QL         | T3, ST, QL         | DECREASE Tier, CHANGE Step Therapy to 2 preferred generic triptans instead of 3, ADD Quantity Limits of 12 ta (Nov P & T for 1-1-2022 change) |              |   |                                |                      |                   |        |
|          |  |   | PPACA-Optimized | NF                 | T3, ST, QL         | ADDED to formulary, with Step Therapy through two preferred generic triptans, and Quantity Limit of 12 tablets/30 days                        |              |   |                                |                      |                   |        |
|          |  |   | Medicaid        |                    |                    |   |              |   |                                |                      |                   |        |
|          | 2.5 mg tablet  |   | Medicare        | Part D:<br>Part B: | Part D:<br>Part B: | Part D:<br>Part B:  |              |   |                                |                      |                   |        |
| Pharmacy | <b>Ilevro</b><br>(nepafenac)   | Ocular Pain/<br>Inflammation with<br>cataract surgery | Traditional     | T3, ST, QL         | T3, ST, QL         | INCREASE Quantity Limits to 3ml/30 days   |              | Positive  | 1-1-2022 benchmark             |                      | N/A New<br>Drug   |        |
|          |  |   | EG-Optimized    | NF                 | T3, ST, QL         | ADDED to formulary, with Step Therapy through one generic ophthalmic anti-inflammatory, and Quantity Limit of 3ml/30 days                     |              |   |                                |                      |                   |        |
|          |  |   | PPACA-Optimized | NF                 | T3, ST, QL         | ADDED to formulary, with Step Therapy through one generic ophthalmic anti-inflammatory, and Quantity Limit of 3ml/30 days                     |              |   |                                |                      |                   |        |
|          |  |   | Medicaid        |                    |                    |   |              |   |                                |                      |                   |        |
|          | 0.3% Ophthalmic Solution   |   | Medicare        | Part D:<br>Part B: | Part D:<br>Part B: | Part D:<br>Part B:  |              |   |                                |                      |                   |        |

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### Pharmacy Department Pending changes to the Approved Drug List September 2021 Pending Changes

| Coverage | Drug  | Common use   | Formulary                                   | Current Coverage                         | Future Coverage  | Comment   | Average cost | Preferred covered alternatives  | Implementation Date         | Cont. Current Users? | Member Count | Letter               |
|----------|---|--------------|---|--|--|---|--------------|---------------------------------|-----------------------------|----------------------|--------------|----------------------|
| Medical  | Istodax<br>(romidepsin - lyophilized)                   | Chemotherapy | Traditional                                 |  |  |   | \$5,000/dose |                                 | 11/1/2021- Negative Change  |                      | Medical      |                      |
|          |   |              | EG-Optimized                                |  |  |   |              |                                 |                             |                      |              |                      |
|          |   |              | PPACA-Optimized                             |  |  |   |              |                                 |                             |                      |              |                      |
|          |   |              | Medicaid                                    |  |  |   |              |                                 |                             |                      |              |                      |
|          | J9315   | Medicare     | Part D:<br>Part B: Medicare<br>Chemo, No PA | Part D:<br>Part B: Medicare<br>Chemo, PA | Part D:<br>Part B: ADD Prior Authorization – Refer to Part B Oncology PA form (requires review of MAI using NCCN and other compendia-supported references) |   |              |                                 |                             |                      |              |                      |
| Pharmacy | Janumet/<br>Janumet XR<br>(Sitagliptin/metformin)       | Diabetes     | Traditional                                 | T2, QL                                   | T2, QL   | No Change   |              | Positive                        | 1/1/2022                    |                      |              |                      |
|          |   |              | EG-Optimized                                | T2, PA, QL                               | T2, QL   | REMOVE Prior Authorization  |              |                                 |                             |                      |              |                      |
|          |   |              | PPACA-Optimized                             | T2, PA, QL                               | T2, QL   | REMOVE Prior Authorization  |              |                                 |                             |                      |              |                      |
|          |   |              | Medicaid                                    |  |  |   |              |                                 |                             |                      |              |                      |
|          | All Strengths/formulations                              | Medicare     | Part D:<br>Part B:                          | Part D:<br>Part B:                       | Part D:<br>Part B:   |   |              |                                 |                             |                      |              |                      |
| Pharmacy | Januvia<br>(Sitagliptin)                                | Diabetes     | Traditional                                 | T2, QL                                   | T2, QL   | No Change   |              | Positive                        | 1/1/2022                    |                      | x            |                      |
|          |   |              | EG-Optimized                                | T2, PA, QL                               | T2, QL   | REMOVE Prior Authorization  |              |                                 |                             |                      |              |                      |
|          |   |              | PPACA-Optimized                             | T2, PA, QL                               | T2, QL   | REMOVE Prior Authorization  |              |                                 |                             |                      |              |                      |
|          |   |              | Medicaid                                    |  |  |   |              |                                 |                             |                      |              |                      |
|          | All Strengths/formulations                              | Medicare     | Part D:<br>Part B:                          | Part D:<br>Part B:                       | Part D:<br>Part B:   |   |              |                                 |                             |                      |              |                      |
| Pharmacy | Jentadueto/<br>Jentadueto XR<br>(Linagliptin/metformin) | Diabetes     | Traditional                                 | T2, QL                                   | T3, ST   | INCREASE tier, ADD STEP THERAPY through Januvia /Janumet/Janumet XR                             |              | Januvia,<br>Janumet, Janumet XR | 1/1/2022<br>NEGATIVE CHANGE | N/A                  | 0            | N/A - no utilization |
|          |   |              | EG-Optimized                                | T2, PA, QL                               | T3, ST   | INCREASE tier, REMOVE Prior Authorization, ADD STEP THERAPY through Januvia /Janumet/Janumet XR |              |                                 |                             |                      |              |                      |
|          |   |              | PPACA-Optimized                             | T2, PA, QL                               | T3, ST   | INCREASE tier, REMOVE Prior Authorization, ADD STEP THERAPY through Januvia /Janumet/Janumet XR |              |                                 |                             |                      |              |                      |
|          |   |              | Medicaid                                    |  |  |   |              |                                 |                             |                      |              |                      |
|          | All Strengths/formulations                              | Medicare     | Part D:<br>Part B:                          | Part D:<br>Part B:                       | Part D:<br>Part B:   |   |              |                                 |                             |                      |              |                      |



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| Coverage | Drug  | Common use    | Formulary       | Current Coverage         | Future Coverage         | Comment  | Average cost      | Preferred covered alternatives | Implementation Date                              | Cont. Current Users? | Member Count | Letter         |  |
|----------|---|---------------|-----------------|--------------------------|-------------------------|--|-------------------|--------------------------------|--|----------------------|--------------|----------------|--|
| Pharmacy | <b>Kombiglyze XR</b><br>(Saxagliptin/metformin) | Diabetes      | Traditional     | T3, ST, QL               | T3, ST, QL              | CHANGE STEP THERAPY through Januvia /Janumet/Janumet XR                          |                   | Positive                       | 1/1/2022<br>(neutral/positive change-members GF) | YES                  | x            |                |  |
|          |   |               | EG-Optimized    | T3, PA, QL               | T3, ST, QL              | REMOVE Prior Authorization, ADD STEP THERAPY through Januvia /Janumet/Janumet XR |                   |                                |  |                      |              |                |  |
|          |   |               | PPACA-Optimized | T3, PA, QL               | T3, ST, QL              | REMOVE Prior Authorization, ADD STEP THERAPY through Januvia /Janumet/Janumet XR |                   |                                |  |                      |              |                |  |
|          |   |               | Medicaid        |                          |                         |  |                   |                                |  |                      |              |                |  |
|          | All Strengths/formulations                      |               | Medicare        | Part D:<br>Part B:       | Part D:<br>Part B:      | Part D:<br>Part B:   |                   |                                |  |                      |              |                |  |
| Pharmacy | <b>Latuda</b><br>(lurasidone)                   | Antipsychotic | Traditional     | T4, ST                   | T2                      | DECREASE Tier, REMOVE Step Therapy   |                   | Positive                       | 1/1/2021   |                      |              | x              |  |
|          |   |               | EG-Optimized    | T4, ST                   | T2                      | DECREASE Tier, REMOVE Step Therapy   |                   |                                |  |                      |              |                |  |
|          |   |               | PPACA-Optimized | T4, ST                   | T2                      | DECREASE Tier, REMOVE Step Therapy   |                   |                                |  |                      |              |                |  |
|          |   |               | Medicaid        |                          |                         |  |                   |                                |  |                      |              |                |  |
|          | All Strengths/formulations                      |               | Medicare        | Part D:<br>Part B:       | Part D:<br>Part B:      | Part D:<br>Part B:   |                   |                                |  |                      |              |                |  |
| Pharmacy | <b>Mavyret</b><br>(glecaprevir/pibrentasvir)    | Hepatitis C   | Traditional     | T4, PA                   | T4, Smart PA            | PA not required with a diagnosis of Hepatitis C (DX B18.2, B19.20, B19.21)       | \$16,874/month    | Positive                       | 1/1/2022   | YES                  |              | x              |  |
|          |   |               | EG-Optimized    | T4, PA                   | T4, Smart PA            | PA not required with a diagnosis of Hepatitis C (DX B18.2, B19.20, B19.21)       |                   |                                |  |                      |              |                |  |
|          |   |               | PPACA-Optimized | T4, PA                   | T4, Smart PA            | PA not required with a diagnosis of Hepatitis C (DX B18.2, B19.20, B19.21)       |                   |                                |  |                      |              |                |  |
|          |   |               | Medicaid        |                          |                         |  |                   |                                |  |                      |              |                |  |
|          |   |               | Medicare        | Part D:<br>Part B:       | Part D:<br>Part B:      | Part D:<br>Part B:   |                   |                                |  |                      |              |                |  |
| Pharmacy | <b>MenQuadfi</b><br>(meningococcal ACWY-TT)     | Vaccine       | Traditional     | NF                       | T6, QL,                 | NEW VACCINE, ADDED to formulary, with Quantity Limit of 1 per lifetime           | \$169.57 AWP/dose | Positive                       | 11-1-2021-new drug                               |                      |              | N/A - New Drug |  |
|          |   |               | EG-Optimized    | NF                       | T6, QL                  | NEW VACCINE, ADDED to formulary, with Quantity Limit of 1 per lifetime           |                   |                                |  |                      |              |                |  |
|          |   |               | PPACA-Optimized | NF                       | T6, QL,                 | NEW VACCINE, ADDED to formulary, with Quantity Limit of 1 per lifetime           |                   |                                |  |                      |              |                |  |
|          |   |               | Medicaid        |                          |                         | Pending MDHHS review   |                   |                                |  |                      |              |                |  |
|          | (Vaccine)                                       |               | Medicare        | Part D:T3,<br>Part B:N/A | Part D:T3<br>Part B:N/A | Part D: NEW VACCINE, ADDED to fomulary on 12-1-2020<br>Part B:                   |                   |                                |  |                      |              |                |  |
| Pharmacy | <b>Meprobamate</b><br>(generic for Miltown)     | Anxiety       | Traditional     | NF                       | NF                      |  |                   | Positive                       | 1-1-2022-benchmark                               |                      |              | N/A-New Drug   |  |
|          |   |               | EG-Optimized    | NF                       | T3, ST                  | ADDED to formulary, with Step Therapy through buspirone, doxepin, or hydroxyzine |                   |                                |  |                      |              |                |  |
|          |   |               | PPACA-Optimized | NF                       | T3, ST                  | ADDED to formulary, with Step Therapy through buspirone, doxepin, or hydroxyzine |                   |                                |  |                      |              |                |  |
|          |   |               | Medicaid        |                          |                         |  |                   |                                |  |                      |              |                |  |
|          | 200 mg and 400mg tablet                         |               | Medicare        | Part D:<br>Part B:       | Part D:<br>Part B:      | Part D:<br>Part B:   |                   |                                |  |                      |              |                |  |



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| Coverage | Drug  | Common use                    | Formulary          | Current Coverage         | Future Coverage   | Comment   | Average cost        | Preferred covered alternatives | Implementation Date                              | Cont. Current Users? | Member Count   | Letter |
|----------|---|-------------------------------|--------------------|--------------------------|---|---|---------------------|--------------------------------|--|----------------------|----------------|--------|
| Pharmacy | <b>Myfembree</b><br>(relugolix/<br>estradiol/<br>norethindrone) | Heavy Menstrual Bleeding from | Traditional        |                          | T5, PA, QL  | NEW DRUG, ADDED to formulary, with Prior Authorization requirements: 1) Heavy Menstral Bleeding associated with uterine fibroids, 2) trial of an oral contraceptive (estrogen/progestin or progestin only) for at least 3 months. 3) Trial of Oriahnn for at least 3 months. For continuation, patient must have met the following requirements: 1. The patient has experienced a clinically significant reduction in menstrual blood loss. 2. The patient is compliant in taking the medication as scheduled. Coverage will be provided for 24 months total. Quantity Limit 30/30 days | \$570 per treatment |                                | 11-1-2021 new drug                               |                      | N/A - New Drug |        |
|          |   |                               | EG-Optimized       |                          | T5, PA, QL  | NEW DRUG, ADDED to formulary, with Prior Authorization requirements: 1) Heavy Menstral Bleeding associated with uterine fibroids, 2) trial of an oral contraceptive (estrogen/progestin or progestin only) for at least 3 months. 3) Trial of Oriahnn for at least 3 months. For continuation, patient must have met the following requirements: 1. The patient has experienced a clinically significant reduction in menstrual blood loss. 2. The patient is compliant in taking the medication as scheduled. Coverage will be provided for 24 months total. Quantity Limit 30/30 days |                     |                                |  |                      |                |        |
|          |   |                               | PPACA-Optimized    |                          | T5, PA, QL  | NEW DRUG, ADDED to formulary, with Prior Authorization requirements: 1) Heavy Menstral Bleeding associated with uterine fibroids, 2) trial of an oral contraceptive (estrogen/progestin or progestin only) for at least 3 months. 3) Trial of Oriahnn for at least 3 months. For continuation, patient must have met the following requirements: 1. The patient has experienced a clinically significant reduction in menstrual blood loss. 2. The patient is compliant in taking the medication as scheduled. Coverage will be provided for 24 months total. Quantity Limit 30/30 days |                     |                                |  |                      |                |        |
|          |   |                               | Medicaid           |                          | ??  | Pending MDHHS review  |                     |                                |  |                      |                |        |
|          | 40mg/1mg/0.5mg Oral tablets                                     | Medicare                      | Part D:<br>Part B: | Part D:NF<br>Part B: N/A | Part D: NEW DRUG, not added to formulary<br>Part B: N/A |   |                     |                                |  |                      |                |        |
| Pharmacy | <b>Narcan</b><br>(naloxone)                                     | Opioid Overdose               | Traditional        | T3, QL                   | T1, QL  | DECREASED tier, Quantity Limit unchanged (2/365 days)   |                     | Positive                       | 11/1/2021  |                      |                |        |
|          |   |                               | EG-Optimized       | T3, QL                   | T1b, QL   | DECREASED tier, Quantity Limit unchanged (2/365 days)   |                     |                                |  |                      |                |        |
|          |   |                               | PPACA-Optimized    | T3, QL                   | T1b, QL   | DECREASED tier, Quantity Limit unchanged (2/365 days)   |                     |                                |  |                      |                |        |
|          |   |                               | Medicaid           |                          |   |   |                     |                                |  |                      |                |        |
|          | Nasal Spray   | Medicare                      | Part D:<br>Part B: | Part D:<br>Part B:       | Part D:<br>Part B:                                      |   |                     |                                |  |                      |                |        |
| Pharmacy | <b>Natroba</b><br>(spinosad)                                    | lice, scabies                 | Traditional        | T3, ST, AL               | NF  | REMOVE from formulary   | \$251/Rx            | spinosad                       | 1/1/2022<br>NEGATIVE<br>CHANGE - class<br>review |                      | x              | YES    |
|          |   |                               | EG-Optimized       | T3, ST, AL               | NF  | REMOVE from formulary   |                     |                                |  |                      |                |        |
|          |   |                               | PPACA-Optimized    | T3, ST, AL               | NF  | REMOVE from formulary   |                     |                                |  |                      |                |        |
|          |   |                               | Medicaid           |                          |   |   |                     |                                |  |                      |                |        |
|          | topical suspension  | Medicare                      | Part D:<br>Part B: | Part D:<br>Part B:       | Part D:<br>Part B:                                      |   |                     |                                |  |                      |                |        |

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|----------|---|---------------------------|-----------------|---------------------------|-----------------------|---|--------------|--------------------------------|-----------------------------|----------------------|-------------------|--------|
| Pharmacy | <b>Nitrofurantoin</b><br>(monohydrate AND monohydrate/macrocystals) | Antibiotic                | Traditional     |                           |                       |   |              |                                | 9/1/2021                    |                      |                   |        |
|          |   |                           | EG-Optimized    |                           |                       |   |              |                                |                             |                      |                   |        |
|          |   |                           | PPACA-Optimized |                           |                       |   |              |                                |                             |                      |                   |        |
|          |   |                           | Medicaid        |                           |                       |   |              |                                |                             |                      |                   |        |
|          | 50mg and 100mg capsules   |                           | Medicare        | Part D: T2, QL<br>Part B: | Part D: T2<br>Part B: | Part D: REMOVE Quantity Limit<br>Part B:                                    |              |                                |                             |                      |                   |        |
| Pharmacy | <b>nizatidine</b><br>(geq for Axid)                                 | indigestion/<br>heartburn | Traditional     | T2                        | T3                    |   |              | Positive                       | 1-1-2022 -<br>(benchmark)   |                      | N/A - new<br>drug |        |
|          |   |                           | EG-Optimized    | NF                        | T3                    | ADDED to formulary  |              |                                |                             |                      |                   |        |
|          |   |                           | PPACA-Optimized | NF                        | T3                    | ADDED to formulary  |              |                                |                             |                      |                   |        |
|          |   |                           | Medicaid        |                           |                       |   |              |                                |                             |                      |                   |        |
|          | 150mg and 300mg capsules  |                           | Medicare        | Part D:<br>Part B:        | Part D:<br>Part B:    | Part D:<br>Part B:  |              |                                |                             |                      |                   |        |
| Pharmacy | <b>Olopatadine</b><br>(geq for Patanol, Pataday Twice Daily)        | Eye Allergies             | Traditional     | T2, QL                    | T1, QL                | DECREASE Tier   | \$36/Rx      | Positive                       | 11-1-2021 - class<br>review |                      | 813               |        |
|          |   |                           | EG-Optimized    | T2, QL                    | T1, QL                | DECREASE Tier   |              |                                |                             |                      |                   |        |
|          |   |                           | PPACA-Optimized | T2, QL                    | T1, QL                | DECREASE Tier   |              |                                |                             |                      |                   |        |
|          |   |                           | Medicaid        |                           |                       |   |              |                                |                             |                      |                   |        |
|          | 0.1% Eye Drops ONLY   |                           | Medicare        | Part D:<br>Part B:        | Part D:<br>Part B:    | Part D:<br>Part B:  |              |                                |                             |                      |                   |        |
| Pharmacy | <b>Olopatadine</b><br>(geq for Pataday)                             | Eye Allergies             | Traditional     | T2, ST, QL                | T1, QL                | DECREASE Tier, REMOVE Step Therapy  | \$55/Rx      | Positive                       | 11-1-2021 - class<br>review |                      | 82                |        |
|          |   |                           | EG-Optimized    | T2, ST, QL                | T1, QL                | DECREASE Tier, REMOVE Step Therapy  |              |                                |                             |                      |                   |        |
|          |   |                           | PPACA-Optimized | T2, ST, QL                | T1, QL                | DECREASE Tier, REMOVE Step Therapy  |              |                                |                             |                      |                   |        |
|          |   |                           | Medicaid        |                           |                       |   |              |                                |                             |                      |                   |        |
|          | 0.2% Eye Drops ONLY   |                           | Medicare        | Part D:<br>Part B:        | Part D:<br>Part B:    | Part D:<br>Part B:  |              |                                |                             |                      |                   |        |
| Pharmacy | <b>Omnipod Dash</b>   | Diabetes                  | Traditional     | NF                        | T5, QL                | ADDED to formulary, Quantity Limit of two packs of 5 pods (10 pods)/30 days |              | Positive                       | 11/1/2021                   |                      | N/A - New<br>Drug |        |
|          |   |                           | EG-Optimized    | NF                        | T5, QL                | ADDED to formulary, Quantity Limit of two packs of 5 pods (10 pods)/30 days |              |                                |                             |                      |                   |        |
|          |   |                           | PPACA-Optimized | NF                        | T5, QL                | ADDED to formulary, Quantity Limit of two packs of 5 pods (10 pods)/30 days |              |                                |                             |                      |                   |        |
|          |   |                           | Medicaid        |                           |                       |   |              |                                |                             |                      |                   |        |
|          | Tubeless Insulin Pump   |                           | Medicare        | Part D:<br>Part B:        | Part D:<br>Part B:    | Part D:<br>Part B:  |              |                                |                             |                      |                   |        |

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**Pharmacy Department  
 Pending changes to the Approved Drug List  
 September 2021 Pending Changes**

| Coverage | Drug   | Common use   | Formulary       | Current Coverage            | Future Coverage                   | Comment  | Average cost    | Preferred covered alternatives     | Implementation Date                                    | Cont. Current Users? | Member Count   | Letter                 |
|----------|--|--|-----------------|-----------------------------|-----------------------------------|--|-----------------|------------------------------------|--|----------------------|----------------|------------------------|
| Pharmacy | <b>Onglyza</b><br>(saxagliptin)                        | Diabetes   | Traditional     | T3, ST, QL                  | T3, ST, QL                        | CHANGE STEP THERAPY through Januvia /Janumet/Janumet XR  |                 | Positive                           | 1/1/2022<br>Neutral/positive<br>change - members<br>GF | YES                  | x              |                        |
|          |  |  | EG-Optimized    | T3, PA, QL                  | T3, ST, QL                        | REMOVE Prior Authorization, ADD STEP THERAPY through Januvia /Janumet/Janumet XR   |                 |                                    |  |                      |                |                        |
|          |  |  | PPACA-Optimized | T3, PA, QL                  | T3, ST, QL                        | REMOVE Prior Authorization, ADD STEP THERAPY through Januvia /Janumet/Janumet XR   |                 |                                    |  |                      |                |                        |
|          |  |  | Medicaid        |                             |                                   |  |                 |                                    |  |                      |                |                        |
|          | All Strengths/formulations                             |  | Medicare        | Part D:<br>Part B:          | Part D:<br>Part B:                | Part D:<br>Part B:   |                 |                                    |  |                      |                |                        |
| Medical  | <b>Orbactiv</b><br>(oritavancin)                       | Antibiotic   | Traditional     |                             |                                   |  | \$3,584/regimen |                                    | 11/1/2021(may need<br>to be later)- Negative<br>Change |                      | Medical        |                        |
|          |  |  | EG-Optimized    |                             |                                   |  |                 |                                    |  |                      |                |                        |
|          |  |  | PPACA-Optimized |                             |                                   |  |                 |                                    |  |                      |                |                        |
|          |  |  | Medicaid        |                             |                                   |  |                 |                                    |  |                      |                |                        |
|          | All Strengths/formulations                             |  | Medicare        | Part D:<br>Part B: NPS (T8) | Part D:<br>Part B: NPS(T8),<br>PA | Part D:<br>Part B: ADD Prior Authorization - 1) Must follow applicable NCD, LCD and/or LCA requirements for the requested indication, 2) If no NCD, LCD and/or LCA criteria are available, use must be for a medically accepted indication, 3) Must provide culture and sensitivity results (as clinically indicated). If not indicated, must specify the suspected organism(s) being treated, 4) Must try and fail all other susceptible antibiotics as determined by culture and sensitivity or as indicated for empiric therapy. Fail is defined as an intolerance or inability to improve the condition, and 5) Prescriber must be an infectious disease specialist or have consulted with an infectious disease specialist. |                 |                                    |  |                      |                |                        |
| Pharmacy | <b>Phenoxybenzamine</b><br>(generic for Dibenzyliline) | excessive sweating and hypertension associated with pheochromocytoma | Traditional     | NF                          | NF                                |  |                 | Positive                           | 1-1-2022 -<br>(benchmark)                              |                      | N/A - New Drug |                        |
|          |  |  | EG-Optimized    | NF                          | T5, ST, QL                        | ADDED to formulary, with Step Therapy through two of doxazosin, prazosin, terazosin; and Quantity Limits of 90 capsules/30 days  |                 |                                    |  |                      |                |                        |
|          |  |  | PPACA-Optimized | NF                          | T5, ST, QL                        | ADDED to formulary, with Step Therapy through two of doxazosin, prazosin, terazosin; and Quantity Limits of 90 capsules/30 days  |                 |                                    |  |                      |                |                        |
|          |  |  | Medicaid        |                             |                                   |  |                 |                                    |  |                      |                |                        |
|          | 10mg cpasule   |  | Medicare        | Part D:<br>Part B:          | Part D:<br>Part B:                | Part D:<br>Part B:   |                 |                                    |  |                      |                |                        |
| Pharmacy | <b>Pramosone</b><br>hydrocortisone/<br>pramoxine       | Hemorrhoids  | Traditional     | T3                          | NF                                | REMOVE from formulary  |                 | hydrocortisone/<br>pramoxine cream | 1/1/2022<br>NEGATIVE<br>CHANGE                         | N/A                  | 0              | No - No<br>Utilization |
|          |  |  | EG-Optimized    | T3                          | NF                                | REMOVE from formulary  |                 |                                    |  |                      |                |                        |
|          |  |  | PPACA-Optimized | T3                          | NF                                | REMOVE from formulary  |                 |                                    |  |                      |                |                        |
|          |  |  | Medicaid        |                             |                                   |  |                 |                                    |  |                      |                |                        |
|          |  |  |                 | LOTION ONLY (GCN 84641)     |                                   | Medicare   |                 |                                    |  |                      |                |                        |



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**Pharmacy Department  
 Pending changes to the Approved Drug List  
 September 2021 Pending Changes**

| Coverage | Drug  | Common use                            | Formulary       | Current Coverage  | Future Coverage   | Comment  | Average cost | Preferred covered alternatives  | Implementation Date                    | Cont. Current Users? | Member Count | Letter |
|----------|---|---------------------------------------|-----------------|---|---|--|--------------|---|--|----------------------|--------------|--------|
| Medical  | <b>romidepsin</b><br>(Non-Istodax - non-lyophilized)                            | Chemotherapy                          | Traditional     |   |   |  | \$5,800/dose |   | 11/1/2021<br>NEGATIVE<br>CHANGE        |                      | Medical      |        |
|          | EG-Optimized  |                                       |                 |   |   |  |              |   |  |                      |              |        |
|          | C9068   |                                       | PPACA-Optimized |   |   |  |              |   |  |                      |              |        |
|          |   |                                       | Medicaid        |   |   |  |              |   |  |                      |              |        |
|          |   |                                       | Medicare        | Part D:<br>Part B:Medicare<br>Chemo, No PA  | Part D:<br>Part B: Medicare<br>Chemo, PA  | Part D:<br>Part B: ADD Prior Authorization – Refer to Part B Oncology PA form<br>(requires review of MAI using NCCN and other compendia-supported<br>references)                       |              |   |  |                      |              |        |
| Medical  | <b>Ruxience</b><br>(rituximab)  | Chemotherapy/<br>Arthritis/<br>Others | Traditional     |   |   |  |              |   | 11/1/2021-<br>POSITIVE<br>CHANGE       |                      | Medical      |        |
|          | EG-Optimized  |                                       |                 |   |   |  |              |   |  |                      |              |        |
|          | Q5119   |                                       | PPACA-Optimized |   |   |  |              |   |  |                      |              |        |
|          |   |                                       | Medicaid        |   |   |  |              |   |  |                      |              |        |
|          |   |                                       | Medicare        | Part D:<br>Part B:Medicare<br>Chemo, No PA<br>for Specific DX,<br>all others - ST | Part D:<br>Part B: Medicare<br>Chemo, No PA   | Part D:<br>Part B: REMOVE Step Therapy/Prior Authorization for all indications   |              |   |  |                      |              |        |
| Medical  | <b>Rylaze</b><br>(asparaginase erwinia<br>chrysanthemii (recombinant)-<br>rywn) | Chemotherapy                          | Traditional     |   | NPS(T8), PA   | NEW DRUG, ADDED to the medical benefit requiring prior authorization<br>following oncology policy criteria.  |              |   | 11-1-2021 - new<br>drug                |                      | Medical      |        |
|          | EG-Optimized  |                                       |                 | NPS(T8), PA   | NEW DRUG, ADDED to the medical benefit requiring prior authorization<br>following oncology policy criteria. |  |              |   |  |                      |              |        |
|          | PPACA-Optimized   |                                       |                 | NPS(T8), PA   | NEW DRUG, ADDED to the medical benefit requiring prior authorization<br>following oncology policy criteria. |  |              |   |  |                      |              |        |
|          | Medicaid  |                                       |                 | Covered(NPS),<br>PA   |   |  |              |   |  |                      |              |        |
|          | All Strengths/formulations  |                                       | Medicare        | Part D:<br>Part B:  | Part D:<br>Part B:  | Part D: NEW DRUG, not added to formulary<br>Part B: NEW DRUG, ADDED to coverage as a Medicare Chemotherapy<br>drug, with Prior Authorization Requirements following oncology criteria. |              |   |  |                      |              |        |
| Pharmacy | <b>Tazarotene</b><br>(geq for Tazorac)  | Acne, Psoriasis                       | Traditional     | T1, ST  | T2, ST  | INCREASE Tier  | \$346/Rx     | Topical<br>betamethasone<br>dipropionate,<br>topical clobetasol,<br>topical fluocinolone,<br>topical<br>triamcinolone,<br>topical fluocinonide,<br>and Differin 0.1%<br>Gel | 1/1/2021-<br>NEGATIVE -class<br>review |                      | x            | YES    |
|          | EG-Optimized  |                                       | T1b, ST         | T2, ST  | INCREASE Tier   |  |              |   |  |                      |              |        |
|          | PPACA-Optimized   |                                       | T1b, ST         | T2, ST  | INCREASE Tier   |  |              |   |  |                      |              |        |
|          | Medicaid  |                                       |                 |   |   |  |              |   |  |                      |              |        |
|          | 0.1% CREAM ONLY (GCN 085363)  |                                       | Medicare        | Part D:<br>Part B:  | Part D:<br>Part B:  | Part D:<br>Part B:   |              |   |  |                      |              |        |

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|----------|--|---------------------|--------------------|--------------------|--------------------|---|--------------|--|--------------------------------------|----------------------|----------------|--------|
| Pharmacy | <b>Tazorac</b><br>(tazarotene)                         | Psoriasis           | Traditional        | T2, ST             | T3, ST             | INCREASE Tier   | \$601/Rx     | Topical betamethasone dipropionate, topical clobetasol, topical fluocinolone, topical triamcinolone, topical fluocinonide, calcipotriene cream, calcipotriene solution | 1/1/2021-<br>NEGATIVE - class review |                      | x              | YES    |
|          |  |                     | EG-Optimized       | T2, ST             | T3, ST             | INCREASE Tier   |              |  |                                      |                      |                |        |
|          |  |                     | PPACA-Optimized    | T2, ST             | T3, ST             | INCREASE Tier   |              |  |                                      |                      |                |        |
|          |  |                     | Medicaid           |                    |                    |   |              |  |                                      |                      |                |        |
|          | 0.05% CREAM ONLY (GCN 085362)                          | Medicare            | Part D:<br>Part B: | Part D:<br>Part B: | Part D:<br>Part B: |   |              |  |                                      |                      |                |        |
| Pharmacy | <b>Testosterone</b><br>(geq for Androgel)              | Hormone replacement | Traditional        | NF                 | T2, PA, QL         | ADD to formulary, with Prior Authorization criteria (Same criteria as testosterone 1% topical gel). QL of 150gm/30days. |              |  | 11-1-2021 - positive                 |                      | 6              |        |
|          |  |                     | EG-Optimized       | NF                 | T2, PA, QL         | ADD to formulary, with Prior Authorization criteria (Same criteria as testosterone 1% topical gel). QL of 150gm/30days. |              |  |                                      |                      |                |        |
|          |  |                     | PPACA-Optimized    | NF                 | T2, PA, QL         | ADD to formulary, with Prior Authorization criteria (Same criteria as testosterone 1% topical gel). QL of 150gm/30days. |              |  |                                      |                      |                |        |
|          |  |                     | Medicaid           |                    |                    |   |              |  |                                      |                      |                |        |
|          | 1.62% TOPICAL GEL PUMP ONLY (GCN 029905)               | Medicare            | Part D:<br>Part B: | Part D:<br>Part B: | Part D:<br>Part B: |   |              |  |                                      |                      |                |        |
| Pharmacy | <b>Testosterone</b><br>(geq for Androgel)              | Hormone replacement | Traditional        | T2, PA, QL         | NF                 | REMOVE from formulary (Pump will now be covered)  |              | Testosterone 1.62% pump, testosterone transdermal gel 1% packets, testosterone cypionate intramuscular solution  | 1-1-2022<br>NEGATIVE CHANGE          |                      |                | YES    |
|          |  |                     | EG-Optimized       | T1b, PA, QL        | NF                 | REMOVE from formulary (Pump will now be covered)  |              |  |                                      |                      |                |        |
|          |  |                     | PPACA-Optimized    | T1b, PA, QL        | NF                 | REMOVE from formulary (Pump will now be covered)  |              |  |                                      |                      |                |        |
|          |  |                     | Medicaid           |                    |                    |   |              |  |                                      |                      |                |        |
|          | 1.62% TOPICAL GEL PACKETS ONLY (GCN 003452 and 033453) | Medicare            | Part D:<br>Part B: | Part D:<br>Part B: | Part D:<br>Part B: |   |              |  |                                      |                      |                |        |
| Pharmacy | <b>ticlopidine</b><br>(generic for Ticlid)             | Clot prevention     | Traditional        | NF                 | NF                 |   |              | Positive   | 1-1-2022 - (benchmark)               |                      | N/A - New Drug |        |
|          |  |                     | EG-Optimized       | T1b                | T1b                | No Change   |              |  |                                      |                      |                |        |
|          |  |                     | PPACA-Optimized    | NF                 | T1b                | ADDED to formulary  |              |  |                                      |                      |                |        |
|          |  |                     | Medicaid           |                    |                    |   |              |  |                                      |                      |                |        |
|          | 2.5 mg tablet  | Medicare            | Part D:<br>Part B: | Part D:<br>Part B: | Part D:<br>Part B: |   |              |  |                                      |                      |                |        |
| Pharmacy | <b>Tradjenta</b><br>(geq)                              | Diabetes            | Traditional        | T2, QL             | T3, ST             | INCREASE Tier, ADD Step Therapy through Januvia /Janumet/Janumet XR   |              | Januvia, Janumet, Janumet XR   | 1/1/2022<br>NEGATIVE CHANGE          |                      | x              | YES    |
|          |  |                     | EG-Optimized       | T2, PA, QL         | T3, ST             | INCREASE tier, REMOVE Prior Authorization, ADD Step Therapy through Januvia /Janumet/Janumet XR                         |              |  |                                      |                      |                |        |
|          |  |                     | PPACA-Optimized    | T2, PA, QL         | T3, ST             | INCREASE tier, REMOVE Prior Authorization, ADD Step Therapy through Januvia /Janumet/Janumet XR                         |              |  |                                      |                      |                |        |
|          |  |                     | Medicaid           |                    |                    |   |              |  |                                      |                      |                |        |
|          | All Strengths/formulations                             | Medicare            | Part D:<br>Part B: | Part D:<br>Part B: | Part D:<br>Part B: |   |              |  |                                      |                      |                |        |

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| Coverage | Drug                            | Common use   | Formulary       | Current Coverage  | Future Coverage                             | Comment  | Average cost    | Preferred covered alternatives                          | Implementation Date              | Cont. Current Users? | Member Count    | Letter |
|----------|---------------------------------|--|-----------------|---|---|--|-----------------|---|----------------------------------|----------------------|-----------------|--------|
| Medical  | <b>Truxima</b><br>(rituximab)   | Chemotherapy/<br>Arthritis/<br>Others              | Traditional     |   |   |  |                 |   | 11/1/2021-<br>POSITIVE<br>CHANGE |                      | Medical Drug    |        |
|          | EG-Optimized                    |  |                 |   |   |  |                 |   |                                  |                      |                 |        |
|          | Q5115                           |  | Medicaid        |   |   |  |                 |   |                                  |                      |                 |        |
|          |                                 |  | Medicare        | Part D:<br>Part B:Medicare<br>Chemo, No PA<br>for Specific DX,<br>all others - ST | Part D:<br>Part B: Medicare<br>Chemo, No PA | Part D:<br>Part B: REMOVE Step Therapy/Prior Authorization for all indications   |                 |   |                                  |                      |                 |        |
| Pharmacy | <b>Varubi</b><br>(Rolapitant)   | Nausea/Vomiting<br>associated with<br>Chemotherapy | Traditional     | NF  | NF  |  |                 | Positive  | 1-1-2022 -<br>(benchmark)        |                      | N/A New<br>Drug |        |
|          |                                 |  | EG-Optimized    | NF  | T3, ST, QL                                  | ADDED to formulary, with Step Therapy through aprepitant, and Quantity Limit of 4 tablets/30 days  |                 |   |                                  |                      |                 |        |
|          |                                 |  | PPACA-Optimized | NF  | T3, ST, QL                                  | ADDED to formulary, with Step Therapy through aprepitant, and Quantity Limit of 4 tablets/30 days  |                 |   |                                  |                      |                 |        |
|          |                                 |  | Medicaid        |   |   |  |                 |   |                                  |                      |                 |        |
|          | 90mg tablets                    |  | Medicare        | Part D:<br>Part B:  | Part D:<br>Part B:                          | Part D:<br>Part B:   |                 |   |                                  |                      |                 |        |
| Medical  | <b>Vibativ</b><br>(telavancin)  | Antibiotic   | Traditional     |   |   |  | \$6,385/regimen |   | 11/1/2021- Negative<br>Change    |                      | Medical         |        |
|          |                                 |  | EG-Optimized    |   |   |  |                 |   |                                  |                      |                 |        |
|          |                                 |  | PPACA-Optimized |   |   |  |                 |   |                                  |                      |                 |        |
|          |                                 |  | Medicaid        |   |   |  |                 |   |                                  |                      |                 |        |
|          | All Strengths/formulations      |  | Medicare        | Part D:<br>Part B: NPS (T8)   | Part D:<br>Part B: NPS<br>(T8), PA          | Part D:<br>Part B: ADD Prior Authorization - 1) Must follow applicable NCD, LCD and/or LCA requirements for the requested indication, 2) If no NCD, LCD and/or LCA criteria are available, use must be for a medically accepted indication, 3) Must provide culture and sensitivity results (as clinically indicated). If not indicated, must specify the suspected organism(s) being treated, 4) Must try and fail all other susceptible antibiotics as determined by culture and sensitivity or as indicated for empiric therapy. Fail is defined as an intolerance or inability to improve the condition, and 5) Prescriber must be an infectious disease specialist or have consulted with an infectious disease specialist. |                 |   |                                  |                      |                 |        |
| Pharmacy | <b>Vraylar</b><br>(cariprazine) | Antipsychotic                                      | Traditional     | T4, ST  | T5, ST, QL                                  | INCREASE Tier, CHANGE Step Therapy through through one generic AND Latuda  |                 | Latuda, olanzapine,<br>aripiprazole, and<br>quetiapine. | 1/1/2022<br>NEGATIVE<br>CHANGE   | YES                  | x               | YES    |
|          |                                 |  | EG-Optimized    | T4, ST  | T5, ST, QL                                  | INCREASE Tier, CHANGE Step Therapy through through one generic AND Latuda  |                 |   |                                  |                      |                 |        |
|          |                                 |  | PPACA-Optimized | T4, ST  | T5, ST, QL                                  | INCREASE Tier, CHANGE Step Therapy through through one generic AND Latuda  |                 |   |                                  |                      |                 |        |
|          |                                 |  | Medicaid        |   |   |  |                 |   |                                  |                      |                 |        |
|          | All Strengths/formulations      |  | Medicare        | Part D:<br>Part B:  | Part D:<br>Part B:                          | Part D:<br>Part B:   |                 |   |                                  |                      |                 |        |

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| Coverage | Drug   | Common use  | Formulary          | Current Coverage         | Future Coverage  | Comment  | Average cost                   | Preferred covered alternatives  | Implementation Date             | Cont. Current Users? | Member Count   | Letter  |
|----------|--|---|--------------------|--------------------------|--|--|--------------------------------|---|---------------------------------|----------------------|----------------|---|
| Pharmacy | <b>Wegovy</b><br>(semaglutide)   | Weight Loss   | Traditional        |                          | NF   | NEW DRUG, NOT added to formulary   | \$570 per treatment            |   | new drug                        |                      | N/A - New Drug |   |
|          |  |   | EG-Optimized       |                          | NF   | NEW DRUG, NOT added to formulary   |                                |   |                                 |                      |                |   |
|          |  |   | PPACA-Optimized    |                          | NF   | NEW DRUG, NOT added to formulary   |                                |   |                                 |                      |                |   |
|          |  |   | Medicaid           |                          | NF   | NEW DRUG, EXCLUDED - Weight Loss   |                                |   |                                 |                      |                |   |
|          | All strengths of subcutaneous solution                                     | Medicare  | Part D:<br>Part B: | Part D:NF<br>Part B: N/A | Part D: NEW DRUG, EXCLUDED - Weight Loss<br>Part B: N/A                      |  |                                |   |                                 |                      |                |   |
| Pharmacy | <b>Wixela</b><br>(fluticasone/<br>salmeterol)                              | Asthma/COPD   | Traditional        | T3, ST                   | T3   | REMOVE Step Therapy  | \$6/Rx                         | Positive  | 1/1/2022                        |                      | x              |   |
|          |  |   | EG-Optimized       | T3, ST                   | T3   | REMOVE Step Therapy  |                                |   |                                 |                      |                |   |
|          |  |   | PPACA-Optimized    | T3, ST                   | T3   | REMOVE Step Therapy  |                                |   |                                 |                      |                |   |
|          |  |   | Medicaid           |                          |  |  |                                |   |                                 |                      |                |   |
|          | All Strengths/formulations   | Medicare  | Part D:<br>Part B: | Part D:<br>Part B:       | Part D:<br>Part B:   |  |                                |   |                                 |                      |                |   |
| Pharmacy | <b>Xerac</b><br>(Aluminum Chloride<br>Hexahydrate 6.25%)                   | Excessive sweating  | Traditional        | NF                       | T1   | ADD to formulary   | \$6/Rx                         | Positive  | 11-1-2021 - class review        |                      | 1              |   |
|          |  |   | EG-Optimized       | NF                       | T1   | ADD to formulary   |                                |   |                                 |                      |                |   |
|          |  |   | PPACA-Optimized    | NF                       | T1   | ADD to formulary   |                                |   |                                 |                      |                |   |
|          |  |   | Medicaid           |                          |  |  |                                |   |                                 |                      |                |   |
|          | All Strengths/formulations   | Medicare  | Part D:<br>Part B: | Part D:<br>Part B:       | Part D:<br>Part B:   |  |                                |   |                                 |                      |                |   |
| Pharmacy | <b>Xywav</b><br>(calcium, magnesium,<br>potassium, and sodium<br>oxybates) | Cataplexy, excessive<br>daytime sleepiness,<br>idiopathic hypersomnia | Traditional        |                          |  |  | \$12,000-\$18,000 per<br>month |   | 11/1/2021                       |                      |                |   |
|          |  |   | EG-Optimized       |                          |  |  |                                |   |                                 |                      |                |   |
|          |  |   | PPACA-Optimized    |                          |  |  |                                |   |                                 |                      |                |   |
|          |  |   | Medicaid           |                          |  |  |                                |   |                                 |                      |                |   |
|          | solution   | Medicare  | T5, PA, QL         | T5, PA, QL               | UPDATED Prior Authorization for new indication. Quantity Limit 540ml/30 days |  |                                |   |                                 |                      |                |   |
| Pharmacy | <b>Zenzedi</b><br>(dextroamphetamine)                                      | Allergy   | Traditional        | T1, QL, AL               | T3, QL, AL   | INCREASE Tier  |                                | dextroamphetamine<br>tablets,<br>amphetamine-<br>dextroamphetamine<br>tablets | 1/1/2022-<br>NEGATIVE<br>CHANGE | N/A                  | 0              | No - No<br>Utilization (All<br>claims for<br>generic) |
|          |  |   | EG-Optimized       | NF                       | NF   |  |                                |   |                                 |                      |                |   |
|          |  |   | PPACA-Optimized    | NF                       | NF   |  |                                |   |                                 |                      |                |   |
|          |  |   | Medicaid           |                          |  |  |                                |   |                                 |                      |                |   |
|          | 5mg and 10mg tablets ONLY  | Medicare  | Part D:<br>Part B: | Part D:<br>Part B:       | Part D:<br>Part B:   |  |                                |   |                                 |                      |                |   |
| Pharmacy | <b>Zepatier</b><br>(elbasvir/grazoprevir)                                  | Hepatitis C   | Traditional        | T4, PA                   | T4, Smart PA   | PA not required with a diagnosis of Hepatitis C (DX B18.2, B19.20, B19.21) |                                |   | 1/1/2022-positive               | YES                  | x              |   |
|          |  |   | EG-Optimized       | T4, PA                   | T4, Smart PA   | PA not required with a diagnosis of Hepatitis C (DX B18.2, B19.20, B19.21) |                                |   |                                 |                      |                |   |
|          |  |   | PPACA-Optimized    | T4, PA                   | T4, Smart PA   | PA not required with a diagnosis of Hepatitis C (DX B18.2, B19.20, B19.21) |                                |   |                                 |                      |                |   |
|          |  |   | Medicaid           |                          |  |  |                                |   |                                 |                      |                |   |
|          | All Strengths/Formulations   | Medicare  | Part D:<br>Part B: | Part D:<br>Part B:       | Part D:<br>Part B:   |  |                                |   |                                 |                      |                |   |

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 QL- Quantity Limit  
 AL-Age Limits  
 ST- Step Therapy  
 MPD- member pay difference

**Pharmacy Department  
 Pending changes to the Approved Drug List  
 September 2021 Pending Changes**

| Coverage | Drug  | Common use               | Formulary       | Current Coverage               | Future Coverage  | Comment  | Average cost                          | Preferred covered alternatives | Implementation Date             | Cont. Current Users? | Member Count            | Letter |
|----------|---|--------------------------|-----------------|--------------------------------|--|--|---------------------------------------|--------------------------------|---------------------------------|----------------------|-------------------------|--------|
| Pharmacy | <b>Zerviate</b><br>(cetirizine)                           | Allergy                  | Traditional     | NF                             | NF   | No Change  |                                       |                                | 1-1-2022 - positive (benchmark) |                      | N/A -New Drug not added |        |
|          |   |                          | EG-Optimized    | NF                             | T3, ST, QL   | ADDED to formulary, with Step Therapy through ketotifen ophthalmic solution, and Quantity Limit of 30ml/30 days  |                                       |                                |                                 |                      |                         |        |
|          |   |                          | PPACA-Optimized | NF                             | T3, ST, QL   | ADDED to formulary, with Step Therapy through ketotifen ophthalmic solution, and Quantity Limit of 30ml/30 days  |                                       |                                |                                 |                      |                         |        |
|          |   |                          | Medicaid        |                                |  |  |                                       |                                |                                 |                      |                         |        |
|          | 0.24% Ophthalmic Solution                                 |                          | Medicare        | Part D:<br>Part B:             | Part D:<br>Part B:   | Part D:<br>Part B:   |                                       |                                |                                 |                      |                         |        |
| Medical  | <b>Zynrelef</b><br>(obupivacaine/<br>meloxicam injection) | Post Surgical Anesthesia | Traditional     |                                | NF   | NEW DRUG, NOT ADDED to formulary (inpatient use only)  | \$162.60/7 ml<br>or<br>\$321.00/ 14ml |                                | 11/1/2021                       |                      | N/A - New Drug          |        |
|          |   |                          | EG-Optimized    |                                | NF   | NEW DRUG, NOT ADDED to formulary (inpatient use only)  |                                       |                                |                                 |                      |                         |        |
|          |   |                          | PPACA-Optimized |                                | NF   | NEW DRUG, NOT ADDED to formulary (inpatient use only)  |                                       |                                |                                 |                      |                         |        |
|          |   |                          | Medicaid        |                                |  |  |                                       |                                |                                 |                      |                         |        |
|          | Injection   |                          | Medicare        | Part D: Excluded<br>Part B: NF | Part D: Excluded<br>Part B: Non-Specialty, PA IJ08/IJOE/IJ2I | Part D: NEW DRUG, EXCLUDED FROM COVERAGE<br>Part B: NEW DRUG, ADDED to coverage WITH Prior Authorization - 1) MAI* + trial and failure of bupivacaine or bupivacaine liposomal and ketorolac |                                       |                                |                                 |                      |                         |        |