

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	Alogliptin (geq for Nesina)	Diabetes	Traditional	T3, ST, QL	T3, ST, QL	CHANGE STEP THERAPY through Januvia /Janumet/Janumet XR	\$150/month	Januvia, Janumet, Janumet XR	1/1/2022 NEGATIVE CHANGE for Optimized		x	YES
			EG-Optimized	T2, ST, QL	T3, ST, QL	INCREASE TIER, CHANGE STEP THERAPY through Januvia /Janumet and Janumet XR						
			PPACA-Optimized	T2, ST, QL	T3, ST, QL	INCREASE TIER, CHANGE STEP THERAPY through Januvia /Janumet and Janumet XR						
			Medicaid									
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Alogliptin-metformin (geq for Kazano)	Diabetes	Traditional	T3, ST, QL	T3, ST, QL	CHANGE STEP THERAPY through Januvia /Janumet and Janumet XR	\$172/month	Januvia, Janumet, Janumet XR	1/1/2022 NEGATIVE CHANGE for Optimized		x	YES
			EG-Optimized	T2, ST, QL	T3, ST, QL	INCREASE TIER, CHANGE STEP THERAPY through Januvia /Janumet and Janumet XR						
			PPACA-Optimized	T2, ST, QL	T3, ST, QL	INCREASE TIER, CHANGE STEP THERAPY through Januvia /Janumet and Janumet XR						
			Medicaid									
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Amcinonide (geq for Cyclocort)	Topical inflammatory conditions/ (Steroid cream)	Traditional	NF	NF		\$146/tube		1-1-2022 - 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: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Analpram HC hydrocortisone/ pramoxine	Hemorrhoids	Traditional	T2	NF	REMOVE from formulary	\$269/Rx	hydrocortisone/ pramoxine cream	1/1/2022 NEGATIVE 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: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Apo-varenicline (Same Chemical as Chantix - 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 Part B:	Part D: T4 Part B:	Part D: ADD to formulary Part B:						

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Pharmacy	Azstarys (serdexmethylphenidate/ dexmethylphenidate)	ADHD	Traditional		NF	NEW DRUG, NOT added to formulary	\$5,572 annually		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		Carve Out	This medication is a Carve-Out						
	All Strengths Oral Capsules		Medicare	Part D: Part B:	Part D:NF Part B: N/A	Part D: NEW DRUG, NOT added to formulary Part B: N/A						
Pharmacy	Baxdela (Delaflaxacin)	Antibiotic	Traditional	NF	NF		\$1,571/20 tablets	Positive	1-1-2022 - benchmark		N/A-New Drug	
			EG-Optimized	NF	T3, ST, QL	ADDED to formulary, with Step Therapy through BOTH ciprofloxacin and levofloxacin, and Quantity Limit of 10 tablets/30 days						
			PPACA-Optimized	NF	T3, ST, QL	ADDED to formulary, with Step Therapy through BOTH ciprofloxacin and levofloxacin, and Quantity Limit of 10 tablets/30 days						
			Medicaid									
	450mg tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Bepotastine (geq for Bepreve)	Eye Allergy	Traditional	T2, ST, QL	T2, ST, QL	No Change	\$81.48/bottle	Positive	1-1-2022 - benchmark		N/A new drug	
			EG-Optimized	NF	T3, ST, QL	ADDED to formulary, with Step Therapy through ketotifen ophthalmic solution, and Quantity Limit of 5ml/30 days						
			PPACA-Optimized	NF	T3, ST, QL	ADDED to formulary, with Step Therapy through ketotifen ophthalmic solution, and Quantity Limit of 5ml/30 days						
			Medicaid									
	1.5% Ophthalmic Solution		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Bevespi (glycopyrrolate and formoterol fumarate)	Asthma, COPD	Traditional	T2	T3, ST	INCREASE tier, ADD STEP THERAPY through Anoro or Stiolto		Anoro Stiolto	1/1/2022 NEGATIVE CHANGE		x	YES
			EG-Optimized	T2	T3, ST	INCREASE tier, ADD STEP THERAPY through Anoro or Stiolto						
			PPACA-Optimized	T2	T3, ST	INCREASE tier, ADD STEP THERAPY through Anoro or Stiolto						
			Medicaid									
	All Strengths/formulations		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Brexafemme (ibrexafungerp)	Vaginal Yeast Infection	Traditional		NF	NEW DRUG, NOT added to formulary	\$570 per treatment		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						
	150mg Oral tablets		Medicare	Part D: Part B:	Part D:NF Part B: N/A	Part D: NEW DRUG, EXCLUDED - If becomes Part D eligible, then NF Part B: N/A						

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Pharmacy	Bylvay (odevixibat)	Antipruritic/ Itching due to progressive familial 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						
	All Strengths Oral Capsules	Medicare	Part D: Part B:	Part D:NF Part B: N/A	Part D: NEW DRUG, NOT added to formulary Part B: N/A							
Pharmacy	calcitonin-salmon (geq for Miacalcin)	Paget's Disease/ Postmenopausal Osteoporosis	Traditional	NF	NF	NEW DRUG, NOT added to formulary	\$28,179 AWP/ 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						
	(200 IU/ml - subcutaneous or IM)	Medicare	Part D:NF Part B:N/A	Part D:NF Part B:N/A	Part D: NEW DRUG, NOT added to formulary Part B: NA - Self-Administered Drug							
Pharmacy	Caplyta (lumateperone)	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 NEGATIVE 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									
	All Strengths/formulations	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Clemastine (geq for Tavist)	Allergic Rhinitis and Uticaria/angioedema	Traditional	NF	NF	NEW DRUG, NOT added to formulary	\$5,400-\$10,700/ claim		new drug - Medicare Part D decision 6-1- 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						
	ORAL SYRUP	Medicare	Part D:NF Part B:N/A	Part D:NF Part B:N/A	Part D: NEW DRUG, NOT added to formulary Part B:							
Pharmacy	Clindamycin 1%/ Benzoyl Peroxide 5% (geq for Benzaclin)	Acne	Traditional	NF	T2, QL	ADD to formulary with Quantity Limits of 50 grams/month	\$151	Positive	11/1/2021-class 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									
	Gel ONLY - (GCN 08205)	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							

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Pharmacy	Clotrimazole 1%/betamethasone 0.05% (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: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	chlorpromazine (geq for Thorazine)	Multiple	Traditional				30mg/ml - \$5.04 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 Part B:	Part D: T4 Part B:	Part D: ADD to formulary Part B:							
Pharmacy	Cimetidine (geq for Tagamet)	indigestion/ 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: Part B:	Part D: Part B:	Part D: Part B:							
Medical	Dalvance (dalbavancin)	Antibiotic	Traditional				\$5,861/regimen		11/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	All Strengths/formulations		Medicare	Part D: Part B:Pref Spec (T7),ST/PA	Part D: Part B: NPS(T8), PA	Part D: 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	Desonide (geq for DesOwen)	Topical inflammatory conditions/ (Steroid cream)	Traditional	T1, ST	T1	REMOVE STEP THERAPY	\$75/Rx	Positive	Trad - 11-1-2021 EG-Opt-1-1-2022 (benchmark)		274	
			EG-Optimized	NF	T1b	ADDED to formulary						
			PPACA-Optimized	NF	NF	No change - Non Formulary						
			Medicaid									
	0.05% CREAM ONLY	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Desonide (geq for DesOwen)	Topical inflammatory conditions/ (Steroid cream)	Traditional	T1, ST	T2, ST	INCREASE TIER	\$267/Rx	betamethasone valerate external lotion 0.1 %, triamcinolone acetonide external cream 0.025 %, and desonide external cream 0.05 %	1-1-2022 NEGATIVE - Traditional		x	YES
			EG-Optimized	NF	NF							
			PPACA-Optimized	NF	NF							
			Medicaid									
	0.05% LOTION ONLY	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Desonide (geq for DesOwen)	Topical inflammatory conditions/ (Steroid cream)	Traditional	T1, ST	T1	REMOVE STEP THERAPY	\$55/Rx	Positive	11/1/2021		115	
			EG-Optimized	NF	NF	No Change						
			PPACA-Optimized	NF	NF	No Change						
			Medicaid									
	0.05% OINTMENT ONLY	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Dexcom G6 (Continuous Glucose Monitor)	Diabetes	Traditional	NF	T2, QL	ADDED to formulary, Quantity Limit of one receiver/365 days	Positive	11/1/2021-		N/A - new device		
			EG-Optimized	NF	T2, QL	ADDED to formulary, Quantity Limit of one receiver/365 days						
			PPACA-Optimized	NF	T2, QL	ADDED to formulary, Quantity Limit of one receiver/365 days						
			Medicaid									
	RECEIVER	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Dexcom G6 (Continuous Glucose Monitor)	Diabetes	Traditional	NF	T2, QL	ADDED to formulary, Quantity Limit of one box (3 sensors)/30 days	\$351/month	Positive	11/1/2021-		N/A - new device	
			EG-Optimized	NF	T2, QL	ADDED to formulary, Quantity Limit of one box (3 sensors)/30 days						
			PPACA-Optimized	NF	T2, QL	ADDED to formulary, Quantity Limit of one box (3 sensors)/30 days						
			Medicaid									
	SENSOR	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Dexcom G6 (Continuous Glucose Monitor)	Diabetes	Traditional	NF	T2, QL	ADDED to formulary, Quantity Limit of one transmitter/90 days	\$298/transmitter	Positive	11/1/2021		N/A - new device	
			EG-Optimized	NF	T2, QL	ADDED to formulary, Quantity Limit of one transmitter/90 days						
			PPACA-Optimized	NF	T2, QL	ADDED to formulary, Quantity Limit of one transmitter/90 days						
			Medicaid									
	TRANSMITTER	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							

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Pharmacy	Diflorasone (geq for Cyclocort)	Topical inflammatory conditions/ (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: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Dihydroergotamine (geq for DHE)	Migraine	Traditional	NF	NF			Positive	1-1-2022-benchmark		N/A New drog	
			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: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Dupixent (Dupilumab)	Inflammatory Conditions	Traditional						9/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	200mg/1.14ml PEN		Medicare	Part D:NF Part B:	Part D: T5, PA Part B:	Part D: ADD to formulary, with Prior Authorization requirements to match other Dupixent formulations Part B:						
Pharmacy	Drysol (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: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Eletriptan (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: Part B:	Part D: Part B:	Part D: Part B:						

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Medical OR Pharmacy	Empaveli (pegcetacoplan)	paroxysmal nocturnal hemoglobinuria	Traditional		Medical T7, PA, SOS Pharmacy T4, PA	MEDICAL: NEW DRUG, covered as preferred specialty (tier 7), with Prior Authorization PHARMACY: NEW DRUG, ADDED to formulary with Prior Authorization PA CRITERIA: 1) Must have flow cytometric confirmation ≥10% granulocyte clone cells OR Have symptoms of thromboembolic complications (abdominal pain, shortness of breath, chest pain, end organ damage)	\$457,912/year (WAC)		11/1/2021-new drug		Medical	
			EG-Optimized		Medical T7, PA, SOS Pharmacy T4, PA	MEDICAL: NEW DRUG, covered as preferred specialty (tier 7), with Prior Authorization PHARMACY: NEW DRUG, ADDED to formulary with Prior Authorization PA CRITERIA: 1) Must have flow cytometric confirmation ≥10% granulocyte clone cells OR Have symptoms of thromboembolic complications (abdominal pain, shortness of breath, chest pain, end organ damage)						
			PPACA-Optimized		Medical T7, PA, SOS Pharmacy T4, PA	MEDICAL: NEW DRUG, covered as preferred specialty (tier 7), with Prior Authorization PHARMACY: NEW DRUG, ADDED to formulary with Prior Authorization PA CRITERIA: 1) Must have flow cytometric confirmation ≥10% granulocyte clone cells OR Have symptoms of thromboembolic complications (abdominal pain, shortness of breath, chest pain, end organ damage)						
			Medicaid		Medical & Pharmacy	Pending MDHHS review						
	J3490, J3590, J9999		Medicare	Part D: Part B:	Part D: T5, PA Part B: Pref Spec PA Req	Part D: NEW DRUG, ADDED to formulary with Prior Authorization requirements 1) Must not be used with Soliris®, Ultomiris®, or other medications for treatment of PNH except when switching to Empaveli per FDA-approved labeling, 2) For PNH, must have baseline hemoglobin levels – AND – diagnosis confirmed by flow cytometry, 3) Must be prescribed by a hematologist/oncologist Part B: NEW DRUG, Prior Authorization will be required (B vs D)						
Pharmacy	Erythromycin (geq for Ilotycin)	Eye Infection	Traditional	T2	T1	DECREASE Tier	\$15/Rx	Positive	11/1/2021 - class review		3304	
			EG-Optimized	T2	T1	DECREASE Tier						
			PPACA-Optimized	T2	T1	DECREASE Tier						
			Medicaid									
	Eye Ointment ONLY		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						

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Pharmacy	Ethacrynic Acid (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: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Eucrisa (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: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Eurax (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: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Exelderm (Sulconazole)	Antifungal	Traditional	T3, ST	NF	REMOVE from formulary - Brand AND Generic	\$521-\$613/Rx	ketoconazole, ciclopirox, econazole	1/1/2022 NEGATIVE CHANGE		Brand - 1 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: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Fabior (Tazarotene)	Psoriasis, Acne	Traditional	T3, ST, QL	NF	REMOVE from formulary	\$702/Rx	tazarotene foam, tazarotene cream	1/1/2022 NEGATIVE CHANGE		x	YES
			EG-Optimized	NF	NF							
			PPACA-Optimized	NF	NF							
			Medicaid									
	Foam	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							

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Pharmacy	famotidine (geq for Pepcid)	indigestion/ heartburn	Traditional	NF 20mg T3 40mg	NF 20mg T3 40mg	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									
	20mg and 40mg tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Fanapt (lloperidone)	Antipsychotic	Traditional	T4, ST	T5, ST, QL	INCREASE TIER, CHANGE STEP THERAPY through through one generic AND Latuda		Latuda, olanzapine, aripiprazole, and quetiapine.	1/1/2021 NEGATIVE 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: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Fluticasone/ Salmeterol (geq for Advair Diskus & 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, 500/50mcg/dose ONLY (GCN 050584, 050594, 050604)		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Frovatriptan (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: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Ilevro (nepafenac)	Ocular Pain/ Inflammation with cataract surgery	Traditional	T3, ST, QL	T3, ST, QL	INCREASE Quantity Limits to 3ml/30 days		Positive	1-1-2022 benchmark		N/A New 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: Part B:	Part D: Part B:	Part D: Part B:						

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 (romidepsin - lyophilized)	Chemotherapy	Traditional				\$5,000/dose		11/1/2021- Negative Change		Medical	
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	J9315	Medicare	Part D: Part B:Medicare Chemo, No PA	Part D: Part B: Medicare Chemo, PA	Part D: 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/ Janumet XR (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: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Januvia (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: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Jentadueto/ Jentadueto XR (Linagliptin/metformin)	Diabetes	Traditional	T2, QL	T3, ST	INCREASE tier, ADD STEP THERAPY through Januvia /Janumet/Janumet XR		Januvia, Janumet, Janumet XR	1/1/2022 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: Part B:	Part D: Part B:	Part D: Part B:							

Pharmacy Department
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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	Kerendia (finerenone)	Chronic Kidney Disease	Traditional		T4, PA, QL	NEW DRUG, ADDED to formulary with Prior Authorization: 1) Diagnosis of type 2 diabetes, 2) eGFR of ≥25 mL/min/1.73 m2 or stage 2, 3, or 4 CKD, 3) Concurrent therapy with an ACE inhibitor (e.g. lisinopril) or ARB (e.g. losartan), 4) Tried and failed one preferred SGLT2 inhibitor (e.g. Farxiga (dapagliflozin). Quantity limit of 30 tablets per 30 days	\$8,195/year (AWP)		11/1/2021-new drug		N/A New Drug	
			EG-Optimized		T4, PA, QL	NEW DRUG, ADDED to formulary with Prior Authorization: 1) Diagnosis of type 2 diabetes, 2) eGFR of ≥25 mL/min/1.73 m2 or stage 2, 3, or 4 CKD, 3) Concurrent therapy with an ACE inhibitor (e.g. lisinopril) or ARB (e.g. losartan), 4) Tried and failed one preferred SGLT2 inhibitor (e.g. Farxiga (dapagliflozin). Quantity limit of 30 tablets per 30 days						
			PPACA-Optimized		T4, PA, QL	NEW DRUG, ADDED to formulary with Prior Authorization: 1) Diagnosis of type 2 diabetes, 2) eGFR of ≥25 mL/min/1.73 m2 or stage 2, 3, or 4 CKD, 3) Concurrent therapy with an ACE inhibitor (e.g. lisinopril) or ARB (e.g. losartan), 4) Tried and failed one preferred SGLT2 inhibitor (e.g. Farxiga (dapagliflozin). Quantity limit of 30 tablets per 30 days						
			Medicaid			NEW DRUG, Pending MDHHS Review						
	10mg and 20mg ORAL TABLETS	Medicare	Part D: Part B:	Part D:T5, PA, QL Part B: N/A	Part D: NEW DRUG, ADDED to formulary with Prior Authorization 1) For initial treatment, eGFR ≥25 mL/min/1.73 m2, 2) Must try and fail (defined as an inability to improve symptoms) or intolerance to a SGLT2i (e.g. Farxiga or Jardiance), 3) Must be on maximally tolerated ACEI or ARB. Quantity limit of 30 tablets per 30 days Part B: N/A							
Medical	Kimyrsa (oritavancin)	Antibiotic	Traditional				\$5,861/regimen		11/1/202- Negative Change		Medical	
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	All Strengths/formulations		Medicare	Part D: Part B:NPS (T8)	Part D: Part B: NPS (T8), PA	Part D: 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	Kloxxado (naloxone)	Opioid Overdose	Traditional		T3, QL	NEW DRUG, ADDED to formulary. Quantity Limit 2 doses/365 days	\$150/ 2 spray devices	Positive	11-1-2021 - new drug		N/A New Drug	
			EG-Optimized		T3, QL	NEW DRUG, ADDED to formulary. Quantity Limit 2 doses/365 days						
			PPACA-Optimized		T3, QL	NEW DRUG, ADDED to formulary. Quantity Limit 2 doses/365 days						
			Medicaid			NEW DRUG, Pending MDHHS Review						
	Nasal Spray		Medicare	Part D:NF Part B:N/A	Part D: NF Part B: N/A	Part D: NEW DRUG, NOT ADDED to formulary Part B: N/A						

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
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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
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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	Kombiglyze XR (Saxagliptin/metformin)	Diabetes	Traditional	T3, ST, QL	T3, ST, QL	CHANGE STEP THERAPY through Januvia /Janumet/Janumet XR		Positive	1/1/2022 (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: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Latuda (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: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Mavyret (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: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	MenQuadfi (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, Part B:N/A	Part D:T3 Part B:N/A	Part D: NEW VACCINE, ADDED to formulary on 12-1-2020 Part B:							
Pharmacy	Meprobamate (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: Part B:	Part D: Part B:	Part D: Part B:							

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
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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
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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	Methamphetamine (generic for Desoxyn)	ADHD	Traditional	NF	NF				1-1-2022 benchmark		N/A - New Drug	
			EG-Optimized	NF	T3, QL	ADDED to formulary, with Quantity Limits of 150 tablets/30 days						
			PPACA-Optimized	NF	T3, QL	ADDED to formulary, with Quantity Limits of 150 tablets/30 days						
			Medicaid									
	5mg tablet	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Motegrity (prucalopride)	Irritable Bowel Syndrome	Traditional	T2	T3, ST	INCREASE tier, ADD STEP THERAPY through Linzess and Trulance		Linzess and Trulance	1/1/2022 NEGATIVE CHANGE	NO	x	YES
			EG-Optimized	T2	T3, ST	INCREASE tier, ADD STEP THERAPY through Linzess and Trulance						
			PPACA-Optimized	T2	T3, ST	INCREASE tier, ADD STEP THERAPY through Linzess and Trulance						
			Medicaid									
	All Strengths/formulations	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Moxifloxacin (geq for Vigamox)	Eye Infection	Traditional	T2	T1	DECREASE Tier	\$73/Rx	Positive	11-1-2021 - class review		861	
			EG-Optimized	T2	T1	DECREASE Tier						
			PPACA-Optimized	T2	T1	DECREASE Tier						
			Medicaid									
	Eye Drops (GCN 19542)	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							

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

Pharmacy Department
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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	Myfembree (relugolix/ estradiol/ norethindrone)	Heavy Menstrual Bleeding from	Traditional		T5, PA, QL	NEW DRUG, ADDED to formulary, with Prior Authorization requirements: 1) Heavy Menstrual 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 Menstrual 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 Menstrual 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: Part B:	Part D:NF Part B: N/A	Part D: NEW DRUG, not added to formulary Part B: N/A						
Pharmacy	Narcan (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: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Natroba (spinosad)	lice, scabies	Traditional	T3, ST, AL	NF	REMOVE from formulary	\$251/Rx	spinosad	1/1/2022 NEGATIVE CHANGE - class 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: Part B:	Part D: Part B:	Part D: Part B:						

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

Pharmacy Department
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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	Nitrofurantoin (monohydrate AND monohydrate/macrocystals)	Antibiotic	Traditional						9/1/2021			
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	50mg and 100mg capsules	Medicare	Part D: T2, QL Part B:	Part D: T2 Part B:	Part D: REMOVE Quantity Limit Part B:							
Pharmacy	nizatidine (geq for Axid)	indigestion/ heartburn	Traditional	T3	T3			Positive	1-1-2022 - (benchmark)		N/A - new drug	
			EG-Optimized	NF	T3	ADDED to formulary						
			PPACA-Optimized	NF	T3	ADDED to formulary						
			Medicaid									
	150mg and 300mg capsules	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Olopatadine (geq for Patanol, Pataday Twice Daily)	Eye Allergies	Traditional	T2, QL	T1, QL	DECREASE Tier	\$36/Rx	Positive	11-1-2021 - class 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: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Olopatadine (geq for Pataday)	Eye Allergies	Traditional	T2, ST, QL	T1, QL	DECREASE Tier, REMOVE Step Therapy	\$55/Rx	Positive	11-1-2021 - class 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: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Omnipod Dash	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 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: Part B:	Part D: Part B:	Part D: 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	Onglyza (saxagliptin)	Diabetes	Traditional	T3, ST, QL	T3, ST, QL	CHANGE STEP THERAPY through Januvia /Janumet/Janumet XR		Positive	1/1/2022 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: Part B:	Part D: Part B:	Part D: Part B:							
Medical	Orbactiv (oritavancin)	Antibiotic	Traditional				\$3,584/regimen		11/1/2021(may need to be later)- Negative Change		Medical	
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	All Strengths/formulations		Medicare	Part D: Part B: NPS (T8)	Part D: Part B: NPS(T8), PA	Part D: 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	Phenoxybenzamine (generic for Dibenzylfine)	excessive sweating and hypertension associated with pheochromocytoma	Traditional	NF	NF			Positive	1-1-2022 - (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: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Pramosone hydrocortisone/ pramoxine	Hemorrhoids	Traditional	T3	NF	REMOVE from formulary		hydrocortisone/ pramoxine cream	1/1/2022 NEGATIVE CHANGE	N/A	0	No - No Utilization
			EG-Optimized	T3	NF	REMOVE from formulary						
			PPACA-Optimized	T3	NF	REMOVE from formulary						
			Medicaid									
			LOTION ONLY (GCN 84641)	Medicare	Part D: Part B:	Part D: 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	Pylera (metronidazole/ tetracycline/bismuth capsule)	helicobacter pylori treatment	Traditional	NF	NF			positive	1-1-2022 - (benchmark)		N/A - New Drug	
			EG-Optimized	NF	T3, ST	ADDED to formulary, with Step Therapy through Lansoprazole/Amoxicillin/Clarithromycin Triple Therapy Pack (generic for Prevpac)						
			PPACA-Optimized	NF	T3, ST	ADDED to formulary, with Step Therapy through Lansoprazole/Amoxicillin/Clarithromycin Triple Therapy Pack (generic for Prevpac)						
			Medicaid									
	140mg/125mg/125mg capsules	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Rexulti (brexpiprazole)	Antipsychotic	Traditional	T4, ST	T5, ST, QL	INCREASE TIER, CHANGE STEP THERAPY through through one generic AND Latuda		Latuda, olanzapine, aripiprazole, and quetiapine.	1/1/2022 NEGATIVE 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: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Reyvow (lasmiditan)	Migraine	Traditional	NF	NF				1-1-2022 - positive (benchmark)		N/A - New Drug	
			EG-Optimized	NF	T5, PA, QL, AL	ADDED to formulary, with Prior Authorization criteria - 1) must be used for acute migraine, with or without aura 2) prescribed by or in consultation with a neurologist, 3) Trial and failure of one non-steroidal anti-inflammatory drug (NSAID). 4). Trial and failure of two preferred triptan medications unless contraindicated. 4) Trial and failure with Ubrelevy 5) must be 18 years or older; and Quantity Limit of 4 tablets/30 days AND 16 tablets per year						
			PPACA-Optimized	NF	T5, PA, QL	ADDED to formulary, with Prior Authorization criteria - 1) must be used for acute migraine, with or without aura 2) prescribed by or in consultation with a neurologist, 3) Trial and failure of one non-steroidal anti-inflammatory drug (NSAID). 4). Trial and failure of two preferred triptan medications unless contraindicated. 4) Trial and failure with Ubrelevy 5) must be 18 years or older; and Quantity Limit of 4 tablets/30 days AND 16 tablets per year						
			Medicaid									
			Medicare	Part D: Part B:	Part D: Part B:	Part D: 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	romidepsin (Non-Istodax - non-lyophilized)	Chemotherapy	Traditional				\$5,800/dose		11/1/2021 NEGATIVE CHANGE		Medical	
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	C9068	Medicare	Part D: Part B:Medicare Chemo, No PA	Part D: Part B: Medicare Chemo, PA	Part D: Part B: ADD Prior Authorization – Refer to Part B Oncology PA form (requires review of MAI using NCCN and other compendia-supported references)							
Medical	Ruxience (rituximab)	Chemotherapy/ Arthritis/ Others	Traditional						11/1/2021- POSITIVE CHANGE		Medical	
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	Q5119	Medicare	Part D: Part B:Medicare Chemo, No PA for Specific DX, all others - ST	Part D: Part B: Medicare Chemo, No PA	Part D: Part B: REMOVE Step Therapy/Prior Authorization for all indications							
Medical	Rylaze (asparaginase erwinia chrysanthemi (recombinant)- rywn)	Chemotherapy	Traditional		NPS(T8), PA	NEW DRUG, ADDED to the medical benefit requiring prior authorization following oncology policy criteria.			11-1-2021 - new drug		Medical	
			EG-Optimized		NPS(T8), PA	NEW DRUG, ADDED to the medical benefit requiring prior authorization following oncology policy criteria.						
			PPACA-Optimized		NPS(T8), PA	NEW DRUG, ADDED to the medical benefit requiring prior authorization following oncology policy criteria.						
			Medicaid		Covered(NPS), PA							
			All Strengths/formulations	Medicare	Part D: Part B:	Part D: Part B:						
Pharmacy	Tazarotene (geq for Tazorac)	Acne, Psoriasis	Traditional	T1, ST	T2, ST	INCREASE Tier	\$346/Rx	Topical betamethasone dipropionate, topical clobetasol, topical fluocinolone, topical triamcinolone, topical fluocinonide, and Differin 0.1% Gel	1/1/2021- NEGATIVE -class 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: Part B:	Part D: Part B:	Part D: Part B:						

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

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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	Tazorac (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- 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: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Testosterone (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: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Testosterone (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 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: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	ticlopidine (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: Part B:	Part D: Part B:	Part D: Part B:						
Pharmacy	Tradjenta (geq)	Diabetes	Traditional	T2, QL	T3, ST	INCREASE Tier, ADD Step Therapy through Januvia /Janumet/Janumet XR		Januvia, Janumet, Janumet XR	1/1/2022 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: Part B:	Part D: Part B:	Part D: 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	Truxima (rituximab)	Chemotherapy/ Arthritis/ Others	Traditional						11/1/2021- POSITIVE CHANGE		Medical Drug	
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	Q5115	Medicare	Part D: Part B:Medicare Chemo, No PA for Specific DX, all others - ST	Part D: Part B: Medicare Chemo, No PA	Part D: Part B: REMOVE Step Therapy/Prior Authorization for all indications							
Pharmacy	Varubi (Rolapitant)	Nausea/Vomiting associated with Chemotherapy	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 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: Part B:	Part D: Part B:	Part D: Part B:							
Medical	Vibativ (telavancin)	Antibiotic	Traditional				\$6,385/regimen		11/1/2021- Negative Change		Medical	
			EG-Optimized									
			PPACA-Optimized									
			Medicaid									
	All Strengths/formulations	Medicare	Part D: Part B: NPS (T8)	Part D: Part B: NPS (T8), PA	Part D: 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	Vraylar (cariprazine)	Antipsychotic	Traditional	T4, ST	T5, ST, QL	INCREASE Tier, CHANGE Step Therapy through through one generic AND Latuda		Latuda, olanzapine, aripiprazole, and quetiapine.	1/1/2022 NEGATIVE 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: Part B:	Part D: Part B:	Part D: 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	Wegovy (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: Part B:	Part D:NF Part B: N/A	Part D: NEW DRUG, EXCLUDED - Weight Loss Part B: N/A							
Pharmacy	Wixela (fluticasone/ salmeterol)	Asthma/COPD	Traditional	T3, ST	T3	REMOVE Step Therapy		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: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Xerac (Aluminum Chloride 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: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Xywav (calcium, magnesium, potassium, and sodium oxybates)	Cataplexy, excessive daytime sleepiness, idiopathic hypersomnia	Traditional				\$12,000-\$18,000 per 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	Zenzedi (dextroamphetamine)	Allergy	Traditional	T1, QL, AL	T3, QL, AL	INCREASE Tier		dextroamphetamine tablets, amphetamine-dextroamphetamine tablets	1/1/2022- NEGATIVE CHANGE	N/A	0	No - No Utilization (All claims for generic)
			EG-Optimized	NF	NF							
			PPACA-Optimized	NF	NF							
			Medicaid									
	5mg and 10mg tablets ONLY	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							
Pharmacy	Zepatier (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: Part B:	Part D: Part B:	Part D: 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	Zerviate (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: Part B:	Part D: Part B:	Part D: Part B:							
Medical	Zynrelef (obupivacaine/ meloxicam injection)	Post Surgical Anesthesia	Traditional		NF	NEW DRUG, NOT ADDED to formulary (inpatient use only)	\$162.60/7 ml or \$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 Part B: NF	Part D: Excluded Part B: Non-Specialty, PA IJ08/IJOE/IJ2I	Part D: NEW DRUG, EXCLUDED FROM COVERAGE Part B: NEW DRUG, ADDED to coverage WITH Prior Authorization - 1) MAI* + trial and failure of bupivacaine or bupivacaine liposomal and ketorolac							