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

Pharmacy Department Pending Changes to the Approved Drug List January 2023



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional	T4, PA, QL (Day Supply)	T4, PA, QL (Days supply)	REMOVE from 14 day fill list (can obtain 30 days at a time		
	Abiraterone		EG-Optimized	T4, PA, QL (Day Supply)	T4, PA, QL (Day Supply)	REMOVE from 14 day fill list (can obtain 30 days at a time]	
Pharmacy	(geq for Zytiga)	Prostate Cancer	PPACA-Optimized	T4, PA, QL (Day Supply)	T4, PA, QL (Day Supply)	REMOVE from 14 day fill list (can obtain 30 days at a time		3/1/2023
			Medicaid	Rx: Medical:	Rx: Medical:		-	
	250mg tablet ONLY		Medicare	Part D: Part B:	Part D: Part B: N	Part D: Part B:		
			Traditional					
	Actemra IV		EG-Optimized					
			PPACA-Optimized				-	
Medical	(tocilizumab) Inflammatory conditions		Medicaid	Rx: Medical:	Rx: Medical:			4/1/2023
	Vial ONLY J3262		Medicare	Part D: Part B: Pref Spec (T7), PA, ST	Part D: Part B: Pref Spec (T7), PA	Part D: Part B: UPDATE Prior Authorization Criteria		
			Traditional	NPS (T8), PA, SOS	NPS (T8), PA, SOS	UPDATE Prior Authorization criteria to include duration of approval for initial and continuation		
	Adakveo		EG-Optimized	NPS (T8), PA, SOS	NPS (T8), PA, SOS	UPDATE Prior Authorization criteria to include duration of approval for initial and continuation		
Medical	(crizanlizumab)	Sickle Cell Anemia	PPACA-Optimized	NPS (T8), PA, SOS	NPS (T8), PA, SOS	UPDATE Prior Authorization criteria to include duration of approval for initial and continuation		3/1/2023
2		N	Medicaid	Rx: Medical:	Rx: Medical:			
	J0791			Part D: Part B:	Part D: Part B:	Part D: Part B:		

	PA - Prior Authorization Pharmacy Department SP- Specialty Pharmacy Pending Changes to the QL- Quantity Limit Approved Drug List AL-Age Limits January 2023 (continued)										
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date			
			Traditional	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria to require topical corticosteroid and calcineurin inhibitor trial.					
	Adbry		EG-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria to require topical corticosteroid and calcineurin inhibitor trial.					
Pharmacy	(tralokinumab)	Atopic Dermatitis	PPACA-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria to require topical corticosteroid and calcineurin inhibitor trial.		2/1/2023			
			Medicaid	Rx: Medical:	Rx: Medical:						
	150mg/mL Solution		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:					
			Traditional								
	Aduhelm		EG-Optimized				_				
Medical	(aducanumab-avwa)	Alzheimer's Disease	PPACA-Optimized Medicaid	Rx: Medical:	Rx: Medical:		-	1/1/2023			
	J0172 170 mg/1.7 mL (100 mg/mL), 300 mg/3 mL (100 mg/mL) SDV		Medicare	Part D: Part B: NPS (T8), PA, ST	Part D: Part B: NPS (T8), PA	Part D: Part B: UPDATE Prior Authorization Criteria - Following Medicare NCD	_				
			Traditional	T1-Pref Geq	T2	INCREASE Tier from Tier 1 (preferred generic) to Tier 2					
	Alendronate		EG-Optimized	T1a	T2	INCREASE Tier from Tier 1a to Tier 2		1/1/2023			
acy.	(geg for Fosamax)		PPACA-Optimized	T1a	T2	INCREASE Tier from Tier 1a to Tier 2	Alandranat-				
Pharmacy	(3		Medicaid	Rx: Medical:	Rx: Medical:		Alendronate Tablets	7/1/2023			
	Oral Solution ONLY		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:					

	PA - Prior Authorization Pharmacy Department SP- Specialty Pharmacy Pending Changes to the QL- Quantity Limit Approved Drug List AL-Age Limits January 2023 (continued)										
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date			
			Traditional		T4, PA, QL	NEW DRUG, ADDED to formulary at Tier 4 with Prior Authorization requirements and Quantity Limit of 2 syringes/28 days					
	Amjevita (adalimumab-atto)	Rheumatoid arthritis, Psoriatic arthritis, Juvenile Idiopathic	EG-Optimized		T4, PA, QL	NEW DRUG, ADDED to formulary at Tier 4 with Prior Authorization requirements and Quantity Limit of 2 syringes/28 days					
Pharmacy	Biosimilar for Humira	Arthritis, Ankylosing spondylitis, Crohn's	PPACA-Optimized		T4, PA, QL	NEW DRUG, ADDED to formulary at Tier 4 with Prior Authorization requirements and Quantity Limit of 2 syringes/28 days		Upon Market Entry			
	1	disease, Ulcerative Colitis, and Plaque psoriasis	Medicaid	Rx: Medical:	Rx: Pending Medical:	Rx: NEW DRUG, Pending MDHHS review					
	20mg/0.4mL and 40mg/0.8mL Solution		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW DRUG, not added to formulary Part B: N/A					
			Traditional				-				
	Amvuttra		EG-Optimized PPACA-Optimized				-				
Medical	(vutrisiran sodium)	Polyneuropathy associated with hereditary transthyretin- mediated amyloidosis	Medicaid	Rx: N/A Medical: Covered, PA	Rx: N/A Medical: Covered, PA, SOS	ADD Site of Service requirements		2/1/2023			
	J0225 25mg/0.5ml Prefilled Syringe		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: Part B:					
			Traditional	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization continuation criteria for iron defiency anemia					
	Auryxia		EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization continuation criteria for iron defiency anemia	1				
Pharmacy	(ferric citrate)	Chronic Kidney	PPACA-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization continuation criteria for iron defiency anemia		2/1/2023			
Phar		-	Medicaid	Rx: Medical:	Rx: Medical:			21112023			
	1gm (210mg FE) tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:					

Pharmacy Department PA - Prior Authorization Pending Changes to the SP- Specialty Pharmacy QL- Quantity Limit **Approved Drug List** AL-Age Limits January 2023 (continued) ST- Step Therapy Coverage Current Future Preferred covered Comment Drug Formulary Implementation Date Common use alternatives Coverage Coverage Non-specialty (T6), Non-specialty (T6) Traditional UPDATE Prior Authorization criteria for gender dysphoria PA PA Non-specialty (T6), Non-specialty (T6) UPDATE Prior Authorization criteria for gender dysphoria EG-Optimized Aveed PA PA (testosterone undecanoate) Non-specialty (T6), Non-specialty (T6) Medical Hormone PPACA-Optimized UPDATE Prior Authorization criteria for gender dysphoria Commercial - 2/1/2023 PA PA Replacement Medicare - 4/1/2023 Rx: Rx: Medicaid Medical: Medical: Part D: T4. PA Part D: T4. PA Part D: No Change Part B:Non-spec Part B: Non-spec J3145 Medicare Part B: UPDATE Prior Authorization Criteria (T6), PA, ST (T6), PA NF Traditional NEW FORMULATION, not added to formulary NF EG-Optimized NEW FORMULATION, not added to formulary Basaglar NF PPACA-Optimized NEW FORMULATION, not added to formulary Pharmacy (insulin glargine) Commercial - 11/21/2022 Rx: Rx: Covered. PA NEW FORMULATION, ADDED to the formulary as PDL Non-Preferred with Medicaid - 11/21/2022 Diabetes Lantus Medicaid Medical: Medical: Prior Authorization requirements Medicare - 3/1/2023 Part D: Part D: NEW FORMULATION, not added to the formulary Part D: NF Medicare Tempo Pen - 100 unit/ml ONLY Part B: Part B: N/A Part B: N/A Traditional EG-Optimized Benlysta IV PPACA-Optimized (belimumab) Rx: Rx: Medical Lupus and Lupus Medicaid 4/1/2023 Medical: Medical: Nephritis Part D: Part D: Part D: J0490 Part B:Pref spec Part B: Pref Spec Medicare 100mg and 400mg sd vial Part B. UPDATE Prior Authorization Criteria (T7), PA, ST (T7), PA Traditional EG-Optimized Bivigam PPACA-Optimized (IVIG) Gammagard Liquid, Rx: Rx: Medical Medicaid 4/1/2023 Immune globulin Gamunex-C, Medical: Medical: Privigen Part D: NF Part D: NF Part D: Non-formulary, no change Part B:Pref Spec Part B: Pref Spec Part B: UPDATE Prior Authorization Criteria with Step Therapy through 2 J1556 Medicare (T7), PA (BvD) (T7), PA (BvD) Preferred IVIG (i.e. Gammagard Liquid, Gamunex-C, Privigen)

	PA - Prior Authorization SP- Specialty Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy	Pharmacy Pending Changes to the Approved Drug List										
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date				
			Traditional	Pref Spec (T7), PA	Pref Sped (T7), PA (Certain DX)	REMOVE Prior Authorization required for additional ICD-10 codes C83.10-C83.19 (mantle cell lymphoma) and E85.81 (light chain amyloidosis) [C90.00-C90.32 (multiple myeloma) is already no Prior Authorization required]						
-	Bortezomib (Not therapeuically equivalent to		EG-Optimized	Pref Spec (T7), PA	Pref Sped (T7), PA (Certain DX)	REMOVE Prior Authorization required for additional ICD-10 codes C83.10-C83.19 (mantle cell lymphoma) and E85.81 (light chain amyloidosis) [C90.00-C90.32 (multiple myeloma) is already no Prior Authorization required]						
Medical	Velcade)	Chemotherapy	PPACA-Optimized	Pref Spec (T7), PA	Pref Sped (T7), PA (Certain DX)	REMOVE Prior Authorization required for additional ICD-10 codes C83.10-C83.19 (mantle cell lymphoma) and E85.81 (light chain amyloidosis) [C90.00-C90.32 (multiple myeloma) is already no Prior Authorization required]		2/1/2023				
			Medicaid	Rx: Medical:	Rx: Medical:							
	J9046, J9048, J9049	_	Medicare	Part D: Part B:	Part D: Part B:	Part D: N/A Part B: No PA Required						
			Traditional	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization continuation criteria and duration of approval						
	Carglumic acid		EG-Optimized	T3, PA, QL	T3, PA, QL	UPDATE Prior Authorization continuation criteria and duration of approval						
Pharmacy	(geq for Carbaglu)	Chronic Kidney Disease complications	PPACA-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization continuation criteria and duration of approval		2/1/2023 2/1/2023				
			Medicaid	Rx: Medical:	Rx: Medical:							
	200mg tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria to require topical corticosteroid and calcineurin inhibitor trial.						
_	Cibinqo		EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria to require topical corticosteroid and calcineurin inhibitor trial.						
Pharmacy	(abrocitinib)	Atopic Dermatitis	PPACA-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria to require topical corticosteroid and calcineurin inhibitor trial.		2/1/2023				
			Medicaid	Rx: Medical:	Rx: Medical:							
	50mg, 100mg, and 200mg tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						

	PA - Prior Authorization Pharmacy Department SP- Specialty Pharmacy Pending Changes to the QL- Quantity Limit Approved Drug List AL-Age Limits January 2023 (continued)										
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date			
Medical	Cimzia (certolizumab pegol)	Inflammatory Conditions	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical:	Rx: Medical:		-	4/1/2023			
	J0717 lyophilized powder kit		Medicare	Part D: Part B NPS (8), PA	Part D: Part B: NPS (8), PA	Part D: Part B: UPDATE Prior Authorization Criteria					
Medical	Cinqair (reslizumab)	Asthma	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical:	Rx: Medical:			4/1/2023			
	J2786		Medicare	Part D: Part B: NPS (T8), PA, ST	Part D: Part B: NPS (T8), PA, ST	Part D: Part B: UPDATE Prior Authorization Criteria					
Medical	Darzalex (daratumumab)	Chemotherapy	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical:	Rx: Medical:			4/1/2023			
Me	J9145	_ Chemotherapy	Medicare	Part D: Part B: Medicare Chemo	Part D: Part B: Medicare Chemo, PA	Part D: Part B: ADD Prior authorization requirements (Part B Oncology criteria) if ICD 10 diagnosis is not C90.00 - C90.32 (Multiple Myeloma) or E85.81 Light chain (AL) amyloidosis.					
Pharmacy	Dexlansoprazole DR (geq for Dexilant)	Gastroesophageal reflux disease (GERD)	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical:	NF NF Rx: Covered, PA Medical:	NEW FORMULATION, not added to formulary NEW FORMULATION, ADDED to the formulary as PDL Non-Preferred with Prior Authorization requirements		Commercial - 12/1/2022 Medicaid - 12/21/2022 Medicare - 12/1/2022			
4	60mg Delayed Release capsule		Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW FORMULATION, not added to formulary Part B: N/A		Medicare - 12/1/2022			

	PA - Prior Authorization SP- Specialty Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy							
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
	Dupixent		Traditional EG-Optimized PPACA-Optimized	T4, PA, QL, AL T4, PA, QL, AL T4, PA, QL, AL	T4, PA, QL, AL T4, PA, QL, AL T4, PA, QL, AL	ADD PA Criteria for indication of Prurigo Nodularis ADD PA Criteria for indication of Prurigo Nodularis ADD PA Criteria for indication of Prurigo Nodularis	-	
Pharmacy	(dupilumab)	prurigo nodularis	Medicaid	Rx: Medical:	Rx: Medical:	Rx:	Preferred covered alternatives Implementation Implementation Implementation Implementation	2/1/2023
	pre-filled syringe and pen-injector		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional		Pref Spec (T7), PA, AL, SOS	NEW DRUG, ADDED to coverage under the Medical Benefit as a Preferred Specialty (T7), with Prior Authotization (Oncology Policy) and Site of Service requirements, and Age Limit (over 18 years old)		
	Elahere (mirvetuximab		EG-Optimized		Pref Spec (T7), PA, AL, SOS	NEW DRUG, ADDED to coverage under the Medical Benefit as a Preferred Specialty (T7), with Prior Authotization (Oncology Policy) and Site of Service requirements, and Age Limit (over 18 years old)		
Medical	soravtansine-gynx IV infusion)	Chemotherapy	PPACA-Optimized		Pref Spec (T7), PA, AL, SOS	NEW DRUG, ADDED to coverage under the Medical Benefit as a Preferred Specialty (T7), with Prior Authotization (Oncology Policy) and Site of Service requirements, and Age Limit (over 18 years old)		2/1/2023
			Medicaid	Rx: Medical:	Rx: Medical: Covered	NEW DRUG, ADDED to coverage under the Medical Benefit		
	IV Solution 5mg/1mL J3590, J9999, C9399		Medicare	Part D: Part B:	Part D: Excluded Part B: Medicare Chemo, PA	Part D: NEW DRUG, EXCLUDED - If eligibility changes and drug added to FRF: Tier 5 with BvD PA Part B: NEW DRUG, ADDED to coverage under the Medical Benefit (Part B) as Medicare Chemo, with Prior authorization requirements		
			Traditional				-	
	- ·		EG-Optimized PPACA-Optimized				-	
Medical	Enjaymo (sutimlimab-jome)	Cold Agglutinin Disease (CAD)		Rx: Carve-Out Medical: Covered, PA, SOS	Rx: Carve-Out Medical: Covered, PA, SOS	UPDATE Update Prior Auth Criteria, preferred Site of Service changed to home infusion		2/1/2023
	J1302		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: Part B:		

	PA - Prior Authorization Pharmacy Department SP- Specialty Pharmacy Pending Changes to the QL- Quantity Limit Approved Drug List AL-Age Limits January 2023 (continued)										
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date			
	Entyvio (vedolizumab)	Inflammatory	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx:	Rx:			14/0022			
Medical	J3380	Conditions	Medicare	Medical: Part D: Part B: NPS (T8), PA, ST	Medical: Part D: Part B: NPS (T8), PA	Part D: No Change Part B: UPDATE Prior Authorization Criteria		4/1/2023			
Pharmacy	Ermeza (levothyroxine sodium) Hypothyroidism	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical:	NF NF Rx: NF Medical:	NEW FORMULATION, not added to formulary NEW FORMULATION, not added to formulary NEW FORMULATION, not added to formulary NEW FORMULATION, Pending MDHHS review		Commercial - 11/23/2022 Medicaid - 11/23/2022 Medicare - 3/1/2023				
	150mcg/5mL Solution	_	Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW FORMULATION, not added to formulary Part B:					
Medical	Evenity (romosozumab-aqqg)	Bone modifying agent	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical:	Rx: Medical:			4/1/2023			
2	J3111 105mg/1.17ml prefilled syringe		Medicare	Part D: Part B:Pref Spec (T7), PA	Part D: Part B: Pref Spec (T7), PA	Part D: Part B: UPDATE Prior Authorization Criteria					
Medical	Fasenra (benralizumab)	Respiratory agent	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical:	Rx: Medical:			4/1/2023			
Mer	J0517	Respiratory agent	Medicare	Part D: T5, PA, QL Part B: Pref Spec (T7), PA, ST	Part D: T5, PA, QL Part B: Pref Spec (T7) PA	Part D: No Change Part B: UPDATED Prior Authorization Criteria		4/1/2023			

Pharmacy Department PA - Prior Authorization Pending Changes to the SP- Specialty Pharmacy QL- Quantity Limit **Approved Drug List** AL-Age Limits January 2023 (continued) ST- Step Therapy Coverage Current Future Preferred covered Comment Drug Implementation Date Common use Formularv alternatives Coverage Coverage NEW GENERIC, ADDED to formulary at Tier 4 with Step Therapy through T4, ST, QL Traditional Glatopa, Glatiramer, or Dimethyl fumarate with Quantity Limit of 30 capsules/30 days NEW GENERIC, ADDED to formulary at Tier 4 with Step Therapy through T4, ST, QL Glatopa, Glatiramer, or Dimethyl fumarate with Quantity Limit of 30 EG-Optimized capsules/30 days Fingolimod NEW GENERIC, ADDED to formulary at Tier 4 with Step Therapy through (geg for Gilenya) Commercial - 9/29/2022 Pharmacy T4. ST. QL PPACA-Optimized Glatopa, Glatiramer, or Dimethyl fumarate with Quantity Limit of 30 Multiple Sclerosis Medicaid - 9/29/2022 capsules/30 days Medicare - 12/1/2022 Rx: NEW GENERIC, ADDED to formulary as PDL non-preferrred with Prior Rx: Covered, PA Rx: Medicaid Authorization requirements Medical Medical: Medical: Part D: NEW GENERIC, ADDED to formulary at Tier 5 with Prior Part D. Part D: T5. PA. QL 0.5mg Capsule Medicare Authorization Requirements Part B: Part B: Part B: NA T2 T2. QL Traditional ADD Quantity Limit of 1 per 365 days T2 T2. QL EG-Optimized ADD Quantity Limit of 1 per 365 days Freestyle Libre Pharmacy T2 T2. QL PPACA-Optimized ADD Quantity Limit of 1 per 365 days (Continuous Glucose Monitor) Diabetes 3/1/2023 Rx: Rx: Medicaid Medical Medical Part D: Part D: Part D: READER ONLY Medicare Part B: Part B: Part B: NF Traditional NEW FORMULATION, not added to formulary NF EG-Optimized NEW FORMULATION, not added to formulary Furoscix NF PPACA-Optimized NEW FORMULATION, not added to formulary (furosemide) Pharmacy Rx: Rx: Pending Rx: NEW FORMULATION. Pending MDHHS review Medicaid Chronic heart failure 3/1/2023 Medical[.] Medical[.] Part D: Part D: NF Part D: NEW FORMULATION, not added to formulary 80ma/10ml injection Medicare Part B: Part B: N/A Part B: N/A On-body infuser Traditional T5 NEW FORMULATION, ADDED to formulary at Tier 5 T5 EG-Optimized NEW FORMULATION, ADDED to formulary at Tier 5 Fragmin T5 PPACA-Optimized NEW FORMULATION, ADDED to formulary at Tier 5 Commercial - 11/18/2022 (dalreparin sodium) Venous Pharmacy Rx: Rx: Covered, PA Medicaid - 9/29/2022 NEW FORMULATION, ADDED to formulary as PDL non-preferrred with Thromboembolism/ Medicaid Medicare - 2/1/2023 Medical Medical Prior Authorization requirements Pulmonary Embolism (pending CMS approval) Part D: Part D: T4 Part D: NEW FORMULATION, ADDED to formulary at Tier 4 10,000 UNIT/4mL Vial Medicare Part B: Part B: Part B: N/A

	PA - Prior AuthorizationPharmacy DepartmentSP- Specialty PharmacyPending Changes to theQL- Quantity LimitApproved Drug ListAL-Age LimitsJanuary 2023 (continued)									
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date		
			Traditional		Rx: NF Medical: Not Covered	NEW DRUG, not added to the formulary or coverage under the medical benefit				
	Fylnetra		EG-Optimized		Rx: NF Medical: Not Covered	NEW DRUG, not added to the formulary or coverage under the medical benefit				
Medical/Pharmacy	(pegfilgrastim-pbbk) Biosimilar for Neulasta	Neutropenia	PPACA-Optimized		Rx: NF Medical: Not Covered	NEW DRUG, not added to the formulary or coverage under the medical benefit		2/1/2023		
Medica			Medicaid	Rx: Medical:	Rx: Pending Medical: Not Covered	Rx: NEW DRUG, Pending MDHHS review Medical: NEW DRUG, not covered under the medical benefit				
	6mg/0.6ml injection J3590		Medicare	Part D: Part B:	Part D: NF Part B: NPS (T8), PA, ST	Part D: NEW DRUG, not added to the formulary Part B: NEW DRUG, ADDED to coverage under Part B with Step Therapy through Neulasta, Fulphila, AND Nyvepria				
			Traditional							
	Gilenya		EG-Optimized				-			
Pharmacy	(fingolimod)	Multiple Sclerosis	PPACA-Optimized	Rx: Medical:	Rx: Medical:	Rx: Medical:		2/1/2023		
	0.5mg Capsule		Medicare	Part D: T5, PA, QL Part B:	Part D: NF Part B:	Part D: REMOVE from formulary (Generic available) Part B: N/A				
			Traditional	Т3	T5, PA	INCREASE Tier from Tier 3 to Tier 5 and ADD Prior Authorization (Oncology Policy)				
ري ا	Gleostine		EG-Optimized	ТЗ	T5, PA	INCREASE Tier from Tier 3 to Tier 5 and ADD Prior Authorization (Oncology Policy)	_			
Pharmacy	(geq for Ceenu)	Brain Tumor	PPACA-Optimized	Т5	T5, PA	INCREASE Tier from Tier 3 to Tier 5 and ADD Prior Authorization (Oncology Policy)		7/1/2023		
古			Medicaid	Rx: Medical:	Rx: Medical:					
	10mg, 40mg, and 100mg capsules		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:				

Pharmacy Department PA - Prior Authorization Pending Changes to the SP- Specialty Pharmacy QL- Quantity Limit **Approved Drug List** AL-Age Limits January 2023 (continued) ST- Step Therapy Coverage Current Future Preferred covered Comment Drug Formulary Implementation Date Common use alternatives Coverage Coverage NF Traditional NEW FORMULATION, not added to formulary NF EG-Optimized NEW FORMULATION, not added to formulary Humalog NF PPACA-Optimized NEW FORMULATION, not added to formulary Pharmacy Humalog vial, Commercial - 11/23/2022 (insulin lispro) Diabetes Rx: Rx: Covered. PA NEW FORMULATION, ADDED to the formulary as PDL Non-Preferred with Kwikpen (Under 21 Medicaid - 11/23/2022 Medicaid Medicare - 3/1/2023 years) Medical: Medical: Prior Authorization requirements Part D: Part D: NF Part D: NEW FORMULATION, not added to the formulary Tempo Pen - 100 unit/ml ONLY Medicare Part B: Part B: N/A Part B: N/A DECREASE Tier from Tier 5 to Tier 4, UPDATE PA Criteria from non-T5, PA, QL, AL T4, PA, QL, AL Traditional preferred to preferred agent DECREASE Tier from Tier 5 to Tier 4, UPDATE PA Criteria from non-T4, PA, QL, AL EG-Optimized T5, PA, QL, AL **Icatibant Acetate** preferred to preferred agent Pharmacy (geg for Firazyr) Hereditary DECREASE Tier from Tier 5 to Tier 4. UPDATE PA Criteria from non-3/1/2023 T5. PA. QL. AL T4. PA. QL. AL PPACA-Optimized Angioedema preferred to preferred agent Rx: Rx: Medicaid Medical: Medical: Part D: Part D: Part D: Medicare 30mg/3ml Subcutaneous Injection Part B: Part B: Part B: Traditional EG-Optimized llumya PPACA-Optimized (tildrakizumab) Medical Rx: Rx: Inflammatory Medicaid 4/1/2023 Medical: Medical: conditions Part D: Part D: Part D: J3245 Part B: NPS (T8), Part B: NPS (T8), Medicare 100mg SD vial Part B: UPDATE Prior Authorization Criteria PA PA

	PA - Prior Authorization SP- Specialty Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy			Pen A	armacy Dep ding Chang pproved Dr Jary 2023 (c	ges to the rug List		
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional		Pref Spec (T7), PA, SOS	NEW DRUG, ADDED to coverage under the Medical Benefit as a Preferred Specialty (T7), with Prior Authotization (Oncology Policy) and Site of Service requirements		
	Imjudo		EG-Optimized		Pref Spec (T7), PA, SOS	NEW DRUG, ADDED to coverage under the Medical Benefit as a Preferred Specialty (T7), with Prior Authotization (Oncology Policy) and Site of Service requirements		
Medical	(tremelimumab-actl)	Chemotherapy	PPACA-Optimized		Pref Spec (T7), PA, SOS	NEW DRUG, ADDED to coverage under the Medical Benefit as a Preferred Specialty (T7), with Prior Authotization (Oncology Policy) and Site of Service requirements	alternatives Implementation Date a Preferred e of Service	
			Medicaid	Rx: Medical:	Rx: Covered Medical: Covered	RX: NEW DRUG, ADDED to the formulary Medical: NEW DRUG, ADDED to coverage under the Medical Benefit		
	J3490, J3590, J9999, C9399 25mg/1.25ml & 300mg/15ml solution		Medicare	Part D: Part B:	Part D: NF Part B: Medicare Chemo, PA	Part D: NEW DRUG, Non-Formulary until added to FRF*. If added to FRF, ADDED to formulary at Tier 5 with Part B vs Part D Prior Authorization Criteria Part B: NEW DRUG, ADDED to coverage under Part B as Medicare Chemo with Prior Authorization requirements (Oncology criteria)		
			Traditional			NEW FORMULATION, not added to formulary		
	Indomethacin		EG-Optimized			NEW FORMULATION, not added to formulary	mo Indomethacin 10/31/2022	
5	(geq for Indocin)		PPACA-Optimized			NEW FORMULATION, not added to formulary		2/1/2023
Pharmacy		Pain/Inflammation	Medicaid	Rx: Medical:	Rx: Medical:	NEW FORMULATION, not added to formulary		10/31/2022
	100mg suppository		Medicare	Part D: Part B:	Part D: Part B:	Part D: NEW FORMULATION, EXCLUDED. If eligibility changes, then Non- formulary Part B: N/A		
			Traditional	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria to require Eastern Cooperative Oncology Group (EGOG) score between 0 and 2.		
~	Inqovi (decitabine/		EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria to require Eastern Cooperative Oncology Group (EGOG) score between 0 and 2.	alternatives Implements id ce	
Pharmacy	cedazuridine)	myelodysplastic syndrome	PPACA-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria to require Eastern Cooperative Oncology Group (EGOG) score between 0 and 2.		2/1/2023
Ϋ́Α			Medicaid	Rx: Medical:	Rx: Medical:			
	35-100mg tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

	PA - Prior Authorization Pharmacy Department SP- Specialty Pharmacy Pending Changes to the QL- Quantity Limit Approved Drug List AL-Age Limits January 2023 (continued)										
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date			
			Traditional	NPS (T8), PA	NPS (T8), PA	UPDATE Prior Authorization criteria to require Eastern Cooperative Oncology Group (EGOG) score between 0 and 2.					
	Jelmyto (mitomycin		EG-Optimized	NPS (T8), PA	NPS (T8), PA	UPDATE Prior Authorization criteria to require Eastern Cooperative Oncology Group (EGOG) score between 0 and 2.					
Medical	ureteral gel)	Chemotherapy	PPACA-Optimized	NPS (T8), PA	NPS (T8), PA	UPDATE Prior Authorization criteria to require Eastern Cooperative Oncology Group (EGOG) score between 0 and 2.		2/1/2023			
			Medicaid	Rx: Medical:	Rx: Medical:		_				
	J9281		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:					
			Traditional		T3, PA	NEW DRUG, ADDED to the formulary at Tier 3 with Prior Authorization Requirements					
			EG-Optimized		T3, PA	NEW DRUG, ADDED to the formulary at Tier 3 with Prior Authorization Requirements					
	Kyzatrex (testosterone undecanoate)		PPACA-Optimized		T3, PA	NEW DRUG, ADDED to the formulary at Tier 3 with Prior Authorization Requirements					
Pharmacy		Androgen replacement therapy	Medicaid	Rx: Medical:	Rx: Medical:	Rx: NEW DRUG, Not added to the formulary.		3/1/2023			
	100mg,150mg,200mg capsule		Medicare	Part D: Part B:	Part D: Excluded Part B: N/A	Part D: NEW DRUG, EXCLUDED from coverage. If eligibility changes, ADDED to formulary at Tier 4 with Prior Authorization requirements and Quantity Limit of 2 per day for 100mg and 150mg, and 4 per day for 200mg. Part B:					
			Traditional			NEW FORMULATION, not added to coverage under the Medical Benefit					
~	Leuprolide Acetate		EG-Optimized			NEW FORMULATION, not added to coverage under the Medical Benefit	-				
Jarmac	(Lutrate-Cipla Brand)		PPACA-Optimized			NEW FORMULATION, not added to coverage under the Medical Benefit	-	Commercial - 1/1/2023 Medicaid - 11/21/2022			
Medical/Pharmacy		-	Medicaid	Rx: Medical:	Rx:Covered Medical: Covered	Rx: NEW FORMULATION, ADDED to formulary Medical: NEW FORMULATION, ADDED to coverage under the Medical Benefit	Part	Medicaid - 11/21/2022 Part B - 1/1/2023 Part D - 3/1/2023			
	J1954 22.5mg Vial		Medicare	Part D: Part B:	Part D: T5 Part B: Medicare Chemo	Part D: NEW FORMULATION, ADDED to formulary at Tier 5 Part B: NEW FORMULATION, ADDED to coverage under Part B as Medicare Chemo					

Pharmacy Department PA - Prior Authorization Pending Changes to the SP- Specialty Pharmacy QL- Quantity Limit **Approved Drug List** AL-Age Limits January 2023 (continued) ST- Step Therapy Coverage Current Future Preferred covered Comment Drug Formularv Implementation Date Common use alternatives Coverage Coverage T3 NF Traditional REMOVE from formulary Т3 NF EG-Optimized REMOVE from formulary Levothvroxine Pharmacy T3 NF PPACA-Optimized REMOVE from formulary (geq for Synthroid) Myxedema coma 3/1/2023 Rx: Levothyroxine tablets Rx: Medicaid Medical: Medical Part D: Part D: Part D: NEW FORMULATION, Not added to formulary Medicare 100mcg IV solution Part B: Part B: Part B: NEW FORMULATION, Covered - not managed by Pharmacy T5 NF REMOVE from formulary Traditional NF T5 REMOVE from formulary EG-Optimized Levothyroxine NF T5 PPACA-Optimized REMOVE from formulary Pharmacy (geq for Synthroid) Mvxedema coma Rx: Rx: Levothyroxine tablets 3/1/2023 Medicaid Medical Medical: Part D: Part D: Part D: 500mcg IV solution Medicare Part B: Part B: Part B: Traditional Pref Spec (T7), PA Pref Spec (T7) **REMOVE** Prior Authorization Pref Spec (T7), PA Pref Spec (T7) EG-Optimized **REMOVE** Prior Authorization Linezolid IV (geq for Zyvox) Medical PPACA-Optimized Pref Spec (T7), PA Pref Spec (T7) REMOVE Prior Authorization Antimicrobial 2/1/2023 Rx: Rx: RX: Medical: Covered. Medicaid Medical: Covered Medical: REMOVE Prior Authorization PA Part D: Part D: Part D: Medicare Part B: Pref Spec, Part B: Pref Spec, J2020 and J2021 Part B: REMOVE Prior Authorization (T7), PA (T7) NEW DRUG: ADDED to coverage at Tier 4, with Prior Authorization T4. PA. QL Traditional requirements, and Quantity Limit of 70 tablets/14 days NEW DRUG: ADDED to coverage at Tier 4, with Prior Authorization T4, PA, QL EG-Optimized requirements, and Quantity Limit of 70 tablets/14 days Lytgobi Pharmacy (futibatinib) NEW DRUG: ADDED to coverage at Tier 4, with Prior Authorization T4, PA, QL PPACA-Optimized requirements, and Quantity Limit of 70 tablets/14 days 2/1/2023 Chemotherapy Rx: Rx: Carve-Out Medicaid NEW DRUG. Carve-Out Medical: Medical: Part D: NEW DRUG, ADDED to coverge at Tier 5, with Prior Authorization Part D: Part D: Medicare requirements and Quantity Limit of 140 tablets/28 days 4mg tablet Part B: Part B: Part B: N/A

Pharmacy Department PA - Prior Authorization Pending Changes to the SP- Specialty Pharmacy QL- Quantity Limit **Approved Drug List** AL-Age Limits January 2023 (continued) ST- Step Therapy Coverage Current Future Preferred covered Comment Drug Formularv Common use Implementation Date alternatives Coverage Coverage NF Traditional NEW FORMULATION, not added to formulary NF EG-Optimized NEW FORMULATION, not added to formulary Lyumjev PPACA-Optimized NF NEW FORMULATION, not added to formulary Pharmacy (insulin lispro) Lyumjev vial, Commercial - 11/23/2022 Rx: Rx: Covered, PA NEW FORMULATION, ADDED to the formulary as PDL Non-Preferred with Medicaid - 11/23/2022 Diabetes Kwikpen (Under 21 Medicaid Medical Medical[.] Prior Authorization requirements Medicare - 3/1/2023 years) Part D. Part D. NF Part D: NEW FORMULATION, not added to the formulary Medicare Tempo Pen - 100 unit/ml ONLY Part B: Part B: N/A Part B: N/A INCREASE tier from Tier 2 to Tier 3 (Employer plan rider determines T2 Т3 Traditional infertility coverage) INCREASE tier from Tier 2 to Tier 3 (Employer plan rider determines T2 Т3 EG-Optimized Menopur infertility coverage) Pharmacy (menotropins) T2 T3 7/1/2023 Infertility INCREASE tier from Tier 2 to Tier 3 Gonal-F PPACA-Optimized Rx: Rx: Medicaid Medical Medical Part D: Part D: Part D 75 unit injection Medicare Part B: Part B: Part B NEW VACCINE, ADDED to the formulary as Tier 2/Preventative with a T2(PV), QL Traditional Quantity Limit of 1 dose per lifetime NEW VACCINE, ADDED to the formulary as Tier 2/Preventative with a T2(PV), QL EG-Optimized Menveo Quantity Limit of 1 dose per lifetime Medical/Pharmacy (MENVEO 1 NEW VACCINE, ADDED to the formulary as Tier 2/Preventative with a T2(PV), QL PPACA-Optimized Vial-A-C-Y-W-135-DIP) Quantity Limit of 1 dose per lifetime Commercial - 11/17/2022 Meningococcal disease Medicare - 12/1/2022 Rx: NF Rx: Rx: NEW VACCINE, not added to the formulary Medicaid Medical: Medical: Covered Medical: NEW VACCINE, ADDED to coverage under the Medical Benefit Part D: T3 Part D: NEW VACCINE, ADDED to the formulary as Tier 3 Part D: Medicare Meningococcal disease vaccine Part B N/A Part B: Part B: N/A Traditional NF NEW FORMULATION, not added to the formulary NF EG-Optimized NEW FORMULATION, not added to the formulary Methylphenidate ER NF PPACA-Optimized NEW FORMULATION, not added to the formulary (geq Relexxii) Pharmacy Commercial - 11/21/2023 Rx: Carve-out Rx: ADHD Medicaid NEW FORMULATION, carve-out Medicare - 3/1/2023 Medical Medical Part D: Part D: NF Part D: NEW FORMULATION, not added to the formulary 45 mg and 63 mg Medicare extended-release tablet Part B: N/A Part B: Part B: N/A

	PA - Prior Authorization SP- Specialty Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy		Pharmacy Department Pending Changes to the Approved Drug List January 2023 (continued)						
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date	
			Traditional	Rx: NF Medical: Covered	Rx: T1 Medical: Covered	ADD to formulary at Tier 1			
nacy	Mifepristone		EG-Optimized	Rx: NF Medical: Covered	Rx: T1b Medical: Covered	ADD to formulary at Tier 1b			
Medical/Pharmacy	(geq for Mifeprex)	Termination of intrauterine pregnancy	PPACA-Optimized	Rx: NF Medical: Covered	Rx: T1b Medical: Covered	ADD to formulary at Tier 1b		2/1/2023	
Me		_	Medicaid	Rx: Medical:	Rx: Medical:				
	200 mg tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
			Traditional	T5, PA	T5, PA	ADD Prior Authorization continuation criteria and duration of approval			
	Miglustat		EG-Optimized	T5, PA	T5, PA	ADD Prior Authorization continuation criteria and duration of approval			
Pharmacy	(geq for Zavesca)	Gaucher Disease	PPACA-Optimized	T5, PA	T5, PA	ADD Prior Authorization continuation criteria and duration of approval		2/1/2023	
Pha			Medicaid	Rx: Medical:	Rx: Medical:			2/1/2023	
	100mg capsule		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
			Traditional		Non-spec (T6)	NEW FORMULATION, ADDED to coverage under the Medical Benefit as non-specialty (T6)			
	Morphine/NaCl (morphine sulfate/sodium		EG-Optimized		Non-spec (T6)	NEW FORMULATION, ADDED to coverage under the Medical Benefit as non-specialty (T6)			
al	chloride)		PPACA-Optimized		Non-spec (T6)	NEW FORMULATION, ADDED to coverage under the Medical Benefit as non-specialty (T6)			
Medical		-	Medicaid	Rx: Medical:	Rx: NF Medical: Covered	Rx: NEW FORMULATION, not added to formulary Medical: NEW FORMULATION, ADDED to coverage under the Medical Benefit		11/15/2022	
	150mg/30ml-0.9% pre-filled syringe		Medicare	Part D: Part B:	Part D: Excluded Part B: Covered	Part D: NEW FORMULATION, EXCLUDED Part B: NEW FORMULATION, ADDED to coverage under the Medical Benefit			

	PA - Prior Authorization Pharmacy Department SP- Specialty Pharmacy Pending Changes to the QL- Quantity Limit Approved Drug List AL-Age Limits January 2023 (continued)											
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date				
			Traditional	Pref Spec (T7), PA	Pref Spec (T7), PA	ADD Prior Authorization continuation criteria						
	Naglazyme		EG-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	ADD Prior Authorization continuation criteria						
Medical	(galsulfasel) Enzyme deficiency	Enzyme deficiency	PPACA-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	ADD Prior Authorization continuation criteria		2/1/2023				
		Medicaid	Rx: Medical:	Rx: Medical:								
	J1458		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional		NF	NEW FORMULATION, not added to the formulary						
~	Naproxen		EG-Optimized PPACA-Optimized		NF	NEW FORMULATION, not added to the formulary NEW FORMULATION, not added to the formulary						
Pharmacy	(geq for Naprelan)	Pain/Inflammation	Medicaid	Rx: Medical:	Rx:Covered, PA	NEW FORMULATION, ADDED to the formulary as PDL Non-Preferred with Prior Authorization requirements		Commercial - 11/3/2022 Medicaid - 11/3/2022 Medicare - 3/1/2023				
	750mg Extended-Release tablet		Medicare	Part D: Part B:		Part D: NEW FORMULATION, not added to the formulary Part B: N/A						
			Traditional			NEW DRUG, ADDED to formulary at Tier 5, with Prior Authorization requirements and Quantity Limit of 4 boxes/32 days and Age limit of 2-9 years						
ĸ	Noxafil		EG-Optimized		T5, PA, QL, AL	NEW DRUG, ADDED to formulary at Tier 5, with Prior Authorization requirements and Quantity Limit of 4 boxes/32 days and Age limit of 2-9 years						
Pharmacy	(posaconazole)	Antifungal	PPACA-Optimized		T5, PA, QL, AL	NEW DRUG, ADDED to formulary at Tier 5, with Prior Authorization requirements and Quantity Limit of 4 boxes/32 days and Age limit of 2-9 years		3/1/2023				
			Medicaid	Rx: Medical:	Rx: Covered, PA Medical:	NEW DRUG, ADDED to the formulary as PDL Non-Preferred with prior authorization requirements						
	300mg suspension packet		Medicare	Part D: Part B:		Part D: NEW DRUG, ADDED to formulary at Tier 5 Part B: N/A						

	PA - Prior Authorization SP- Specialty Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy			Per A	armacy Dep Iding Chang Ipproved Dr Jary 2023 (c	ges to the rug List		
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical	Nucala (mepolizumab) J2182 vial ONLY	Respiratory agent	Traditional EG-Optimized PPACA-Optimized Medicaid Medicare	Rx: Medical: Part D: Part B:NPS (T8),	Rx: Medical: Part D: Part B: NPS (T8),	Part D: Part B: UPDATE Prior Authorization Criteria		4/1/2023
Pharmacy	OmniPod DASH (tubeless insulin pump)	Diabetes	Traditional EG-Optimized PPACA-Optimized Medicaid	PA Rx: Medical: Part D:	PA T5, QL T5, QL T5, QL Rx: Medical: Part D:	ADDED to formulary at Tier 5 with Quantity Limit of 1 per 720 days ADDED to formulary at Tier 5 with Quantity Limit of 1 per 720 days ADDED to formulary at Tier 5 with Quantity Limit of 1 per 720 days Part D:		3/1/2023
Pharmacy	Intro Kit OmniPod 5 (G6) (tubeless insulin pump)	Diabetes	Medicare Traditional EG-Optimized PPACA-Optimized Medicaid	Part B:	Part B: T5, QL T5, QL T5, QL Rx:	Part B: ADDED to formulary at Tier 5 with Quantity Limit of 1 per 720 days ADDED to formulary at Tier 5 with Quantity Limit of 1 per 720 days ADDED to formulary at Tier 5 with Quantity Limit of 1 per 720 days		3/1/2023
Pha	Intro Kit	-	Medicare	Medical: Part D: Part B:	Medical: Part D: Part B:	Part D: Part B:		
			Traditional	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria to require Eastern Cooperative Oncology Group (EGOG) score between 0 and 2.		
lcy	Onureg (azacitidinel)		EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria to require Eastern Cooperative Oncology Group (EGOG) score between 0 and 2.		
Pharmacy	(, , , , , , , , , , , , , , , , , , ,	Chemotherapy	PPACA-Optimized Medicaid	T5, PA, QL Rx: Medical:	T5, PA, QL Rx: Medical:	UPDATE Prior Authorization criteria to require Eastern Cooperative Oncology Group (EGOG) score between 0 and 2.	_	2/1/2023
	200mg and 300mg tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

	PA - Prior Authorization Pharmacy Department SP- Specialty Pharmacy Pending Changes to the QL- Quantity Limit Approved Drug List AL-Age Limits January 2023 (continued)										
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date			
Medical		Inflammatory conditions	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical:	Rx: Medical:			4/1/2023			
	J0129 250mg IV ONLY		Medicare	Part D: Part B: NPS (T8), PA, ST	Part D: Part B: NPS (T8), PA, ST	Part D: Part B: UPDATE Prior Authorization Criteria					
			Traditional	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria to exclude combination use with sapropterin					
_	Palynziq		EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria to exclude combination use with sapropterin					
Pharmacy	(pegvaliase)	Phenylketonuria	PPACA-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria to exclude combination use with sapropterin		2/1/2023			
			Medicaid	Rx: Medical:	Rx: Medical:						
	2.5mg/0.5mL, 10mg/0.5mL, and 20mg/mL Solution		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:					
al	Panzyga (IVIG)		Traditional EG-Optimized PPACA-Optimized	Rx:	Rx:		- - - Gammagard Liquid,				
Medical	J1599	Immune globulin	Medicaid Medicare	Medical: Part D: NF Part B:Pref Spec (T7), PA (BvD)	Part D: NF Part B: Pref Spec (T7), PA (BvD)	Part D: Non-Formulary, no change Part B: UPDATE Prior Authorization Criteria with Step Therapy through 2 Preferred IVIG (i.e. Gammagard Liquid, Gamunex-C, Privigen)	Gamunex-C, Privigen	4/1/2023			

	PA - Prior Authorization SP- Specialty Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy							
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional		NF	NEW FORMULATION, not added to the formulary		
			EG-Optimized		NF	NEW FORMULATION, ADDED to formulary as Tier 5 with Step Therapy through acyclovir ointment and Quantity Limit of 5gm/6 months		
Pharmacy	Penciclovir (geq for Denavir)	Herpes labialis	PPACA-Optimized		NF	NEW FORMULATION, ADDED to formulary as Tier 5 with Step Therapy through acyclovir ointment and Quantity Limit of 5gm/6 months		Commercial - 1/1/2023 Medicaid - 11/12/2022 Medicare - 12/1/2022
_			Medicaid	Rx: Medical:	Rx: Covered, PA Medical: N/A	NEW FORMULATION, ADDED to the formulary as PDL Non-Preferred with Prior Authorization requirements		
	1% Cream		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION, not added to the formulary Part B: N/A		
			Traditional		Pref. Spec (T7), PA	NEW FORMULATION, ADDED to coverage under the Medical Benefit as Preferred Specialty (T7), with Prior Authorization Requirements (Oncology Policy)		
	Pralatrexate		EG-Optimized		Pref. Spec (T7), PA	NEW FORMULATION, ADDED to coverage under the Medical Benefit as Preferred Specialty (T7), with Prior Authorization Requirements (Oncology Policy)		
Medical	(geq for Folotyn)	Peripheral T-cell Lymphoma	PPACA-Optimized		Pref. Spec (T7), PA	NEW FORMULATION, ADDED to coverage under the Medical Benefit as Preferred Specialty (T7), with Prior Authorization Requirements (Oncology Policy)		Commercial - 11/22/2022 Medicaid - 11/22/2022 Part B - 2/1/2023
			Medicaid	Rx: Medical:	Rx: Covered Medical:Covered	Rx: NEW FORMULATION, ADDED to the formulary Medical: NEW FORMULATION, ADDED to coverage under the Medical Benefit		Part D - 3/1/2023
	J9307 20mg/mL Solution		Medicare	Part D: Part B:	Part D: Excluded Part B: Medicare Chemo	Part D: NEW FORMULATION, EXCLUDED Part B: NEW FORMULATION, ADDED to coverage under Part B as Medicare Chemo		

	PA - Prior Authorization SP- Specialty Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy			Pen A	armacy Dep ding Chang pproved Dr Jary 2023 (c	ges to the rug List		
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional	T1, QL	T1, QL	INCREASE Quantity Limit from 90 capsules/30 days to 120 capsules/30 days		
	Pregabalin		EG-Optimized	T1b, QL	T1b, QL	INCREASE Quantity Limit from 90 capsules/30 days to 120 capsules/30 days		
Pharmacy	(geq for Lyrica)	Multiple Uses	PPACA-Optimized	T1b, QL	T1b, QL	INCREASE Quantity Limit from 90 capsules/30 days to 120 capsules/30 days		3/1/2023
	25mg, 50mg, 75mg, 100mg, 150mg	-	Medicaid	Rx: Medical:	Rx: Medical:			
	25mg, 50mg, 75mg, 100mg, 150mg Capsules ONLY		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional EG-Optimized				-	
c	Prolia		PPACA-Optimized				-	
Medical/Pharmacy	(denosumab)	Bone modifying agent	Medicaid	Rx: Medical:	Rx: Medical:			4/1/2023
Medic	J0897 60mg/ml prefilled syringe		Medicare	Part D: T4, PA, QL Part B:Pref Spec (T7), PA, ST	Part D: T4, PA, QL Part B: Pref Spec (T7), PA	Part D: No Change Part B: UPDATE Prior Authorization Criteria		
			Traditional	T3, ST, QL, AL	T3, ST, QL, AL	ADD Age Limit maximum of 9 years		
	Quillichew		EG-Optimized	NF	T3, ST, QL, AL	ADD to formulary at Tier 3, with Step Therapy through dexmethylphenidate HCL ER, methylphenidate HCL ER or methylphendiate HCL CD; Quantity Limit of 30 tablets/30 days and Age Limit of 4 to 9 years		
Pharmacy	(Methylphenidate Extended- Release)	Attention Deficit Hyperactivity Disorder	PPACA-Optimized	NF	T3, ST, QL, AL	ADD to formulary at Tier 3, with Step Therapy through dexmethylphenidate HCL ER, methylphenidate HCL ER or methylphendiate HCL CD; Quantity Limit of 30 tablets/30 days and Age Limit of 4 to 9 years		3/1/2023
		N	Medicaid	Rx: Medical:	Rx: Medical:			
	20mg ER, 30mg ER, and 40mg ER Chewable 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			Pen A	armacy Dep ding Chang pproved Dr ıary 2023 (c	jes to the ug List		
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional	T3, ST, QL, AL	T3, ST, QL, AL	ADD Age Limit maximum of 9 years		
	Quillivant XR		EG-Optimized	NF	T3, ST, QL, AL	ADD to formulary at Tier 3, with Step Therapy through dexmethylphenidate HCL ER, methylphenidate HCL ER or methylphendiate HCL CD; Quantity Limit of 12 ml/day and Age Limit of 4 to 9 years		
Pharmacy	(Methylphenidate Extended- Release)	Attention Deficit Hyperactivity Disorder	PPACA-Optimized	NF	T3, ST, QL, AL	ADD to formulary at Tier 3, with Step Therapy through dexmethylphenidate HCL ER, methylphenidate HCL ER or methylphendiate HCL CD; Quantity Limit of 12 ml/day and Age Limit of 4 to 9 years		3/1/2023
			Medicaid	Rx: Medical:	Rx: Medical:			
	25mg/5ml ER Oral suspension		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization continuation criteria and duration of approval		
	Ravicti		EG-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization continuation criteria and duration of approval		
Pharmacy	(glycerol phenylbutyrate)	Urea cycle disorders	PPACA-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization continuation criteria and duration of approval		2/1/2023
Pha			Medicaid	Rx: Medical:	Rx: Medical:			
	1.1gm/mL		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional	Pref Spec (T7), PA	Pref Spec (T7), PA	ADD Prior Authorization continuation criteria and duration of approval		
	Reblozyl		EG-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	ADD Prior Authorization continuation criteria and duration of approval		
dical	(luspatercept)	anemia due to Beta	PPACA-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	ADD Prior Authorization continuation criteria and duration of approval		2/1/2023
Medical		Thalassemia	Medicaid	Rx: Medical:	Rx: Medical:			
	J0896		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

Pharmacy Department PA - Prior Authorization Pending Changes to the SP- Specialty Pharmacy QL- Quantity Limit **Approved Drug List** AL-Age Limits January 2023 (continued) ST- Step Therapy Coverage Current Future Preferred covered Comment Drug Formulary Implementation Date Common use alternatives Coverage Coverage NF Traditional NEW FORMULATION, not added to the formulary NF EG-Optimized NEW FORMULATION, not added to the formulary Relexxii PPACA-Optimized NF NEW FORMULATION, not added to the formulary Pharmacy (Methylphenidate ER) Commercial - 11/23/2022 Rx: Carve-out Rx: ADHD Medicaid NEW FORMULATION, carve-out Medicare - 3/1/2023 Medical: Medical: N/A Part D: Part D: NF Part D: NEW FORMULATION, not added to the formulary 45 mg and 63 mg Medicare extended - release tablet Part B: Part B: N/A Part B: N/A NEW DRUG, ADDED to coverage at Tier 5, with Prior Authorization T5, PA, QL, AL requirements, and Quantity Limit of 60 packets/30 days with an Age Limit of Traditional 18 to 80 years NEW DRUG, ADDED to coverage at Tier 5, with Prior Authorization T5, PA, QL, AL requirements, and Quantity Limit of 60 packets/30 days with an Age Limit of EG-Optimized Relyvrio 18 to 80 years (sodium phenylbutyrate and NEW DRUG, ADDED to coverage at Tier 5, with Prior Authorization taurursodiol) Pharmacy PPACA-Optimized T5, PA, QL, AL requirements, and Quantity Limit of 60 packets/30 days with an Age Limit of Adult ALS riluzole 3/1/2023 18 to 80 years Rx: Rx: Pendina Medicaid NEW DRUG, Pending MDHHS review Medical: Medical: Part D: NEW DRUG, ADDED to coverage at Tier 5, with Prior Authorization Part D: T5, PA, Part D. requirements, and Quantity Limit of 56 packets/28 days with an Age Limit of Medicare QL, AL 3gm/1gm oral powder Part B: 18 years Part B: Part B: N/A Traditional EG-Optimized Remicade PPACA-Optimized (infliximab) Medical Rx: Rx: Inflammatory Medicaid 4/1/2023 Medical: Medical: conditions Part D: Part D: Part D: J1745 Part B: NPS (T8), Part B: NPS (T8), Medicare 100mg SD vial Part B. UPDATE Prior Authorization Criteria PA PA

	PA - Prior Authorization SP- Specialty Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy			Pen A	armacy Dep ding Chang pproved Dr Jary 2023 (c	ges to the rug List		
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional	T4, PA, QL, AL	T4, PA, QL, AL	ADD PA Criteria for indication of Non-radiographic axial spondyloarthritis		
	Rinvoq ER		EG-Optimized	T4, PA, QL, AL	T4, PA, QL, AL	ADD PA Criteria for indication of Non-radiographic axial spondyloarthritis		
Pharmacy	(upadacitinib)	Inflammatory skin	PPACA-Optimized	T4, PA, QL, AL	T4, PA, QL, AL	ADD PA Criteria for indication of Non-radiographic axial spondyloarthritis		2/1/2023
Phari		conditions	Medicaid	Rx: Medical:	Rx: Medical:	Rx:		2/11/2023
	15mg, 30mg, and 45mg extended-release tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Updated PA for new indications Part B:	-	
			Traditional		NF	NEW DRUG, not added to the formulary or coverage under the medical benefit		
			EG-Optimized		NF	NEW DRUG, not added to the formulary or coverage under the medical benefit		
ledical	Rolvedon (eflapegrastim-xnst)		PPACA-Optimized		NF	NEW DRUG, not added to the formulary or coverage under the medical benefit		
Pharmacy/Medical		Neutropenia	Medicaid	Rx: Medical:	Rx: Pending Medical: Not Covered	RX: NEW DRUG, Pending MDHHS review Medical: NEW DRUG, not added to coverage under the medical benefit	Neulasta, Fulphila, and Nyvepria	Part B - 2/1/2023 Part D - 3/1/2023
	J3490, J3590, C9399 13.2mg/0.6ml SQ injection		Medicare	Part D: Part B:	Part D: EXCLUDED Part B: NPS (T8), PA, ST	Part D: NEW DRUG, EXCLUDED Part B: ADDED to coverage under Part B as Non-Preferred Specialty (T8), with Step Therapy through Neulasta, Fulphila, AND Nyvepria		
			Traditional	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria to require Eastern Cooperative Oncology Group (EGOG) score between 0 and 2.		
	Rydapt		EG-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria to require Eastern Cooperative Oncology Group (EGOG) score between 0 and 2.		
Pharmacy	(midostaurin)	Chemotherapy	PPACA-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria to require Eastern Cooperative Oncology Group (EGOG) score between 0 and 2.		2/1/2023
			Medicaid	Rx: Medical:	Rx: Medical:			
	25mg capsule		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			Pen A	armacy Dep Iding Chang Ipproved Dr Jary 2023 (c	ges to the rug List		
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Sajazir (icatibant acetate)	Hereditary Angioedema	Traditional EG-Optimized PPACA-Optimized Medicaid	T5, PA, QL, AL T5, PA, QL, AL T5, PA, QL, AL Rx: Medical:	NF NF Rx: Medical:	REMOVE from formulary (generic available) REMOVE from formulary (generic available) REMOVE from formulary (generic available)	icatibant acetate	3/1/2023
	30mg/3ml Subcutaneous Injection		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Simponi Aria (golimumab)	Inflammatory conditions	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical: Part D:	Rx: Medical: Part D:		-	4/1/2023
	J1602 50mg/4mL IV		Medicare	Part B: NPS (T8), PA	Part B: NPS (T8), PA	Part D: Part B: UPDATE Prior Authorization Criteria		
Medical	Skyrizi IV (risankizumab-rzaa)	Inflammatory conditions	Traditional EG-Optimized PPACA-Optimized Medicaid	Rx: Medical:	Rx: Medical:			4/1/2023
	J2327 600 mg/10 mL vial ONLY		Medicare	Part D: Part B:Pref Spec (T7), PA	Part D: Part B: Pref Spec (T7), PA	Part D: Part B: UPDATE Prior Authorization Criteria		
			Traditional		Gene Therapy, PA, AL	NEW DRUG, ADDED to coverage under the Medical Benefit as Gene Therapy, with Prior Authorization Requirements and Age Limit of 4 to 17 years		
	Skysona		EG-Optimized		Gene Therapy, PA, AL	NEW DRUG, ADDED to coverage under the Medical Benefit as Gene Therapy, with Prior Authorization Requirements and Age Limit of 4 to 17 years		
Medical	(elivaldogene autotemcel)	CALD (cerebral adrenoleukodystrophy)	PPACA-Optimized		Gene Therapy, PA, AL	NEW DRUG, ADDED to coverage under the Medical Benefit as Gene Therapy, with Prior Authorization Requirements and Age Limit of 4 to 17 years		2/1/2023
			Medicaid	Rx: Medical:	Rx: Medical:	Rx: NEW DRUG, EXCLUDED Medical: NEW DRUG, not covered (Potential carve-out - MDHHS to review)		
	J3490, J3590, C9399 Suspension for intravenous infusion	N	Medicare	Part D: Part B:	Part D: EXCLUDED Part B: Gene Therapy, PA	Part D: NEW DRUG, EXCLUDED Part B: NEW DRUG, ADDED to coverage under Part B (Gene Therapy), with prior authorization requirements		

	PA - Prior Authorization SP- Specialty Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy			Pen A	armacy Dep Iding Chang Ipproved Dr Jary 2023 (c	ges to the ug List		
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional	T4, PA	T4, PA	ADD Prior Authorization continuation criteria and duration of approval		
	Sodium phenylbutyrate		EG-Optimized	T4, PA	T4, PA	ADD Prior Authorization continuation criteria and duration of approval		
Pharmacy	(geq for Buphenyl)	Urea cycle disorders	PPACA-Optimized	T4, PA	T4, PA	ADD Prior Authorization continuation criteria and duration of approval		2/1/2023
Pha			Medicaid	Rx: Medical:	Rx: Medical:			 Implementation Date 2/1/2023 4/1/2023 4/1/2023
	3gm/tsp powder and 500mg tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
	Soliris IV (belimumab)		Traditional EG-Optimized PPACA-Optimized				_	
Medical	(beimumab)	Multiple Uses	Medicaid	Rx: Medical:	Rx: Medical:]	4/1/2023
	J1300 300mg/30ml sd vial		Medicare	Part D: Part B:Pref spec (T7), PA, ST	Part D: Part B: Pref Spec (T7), PA	Part D: Part B: UPDATE Prior Authorization Criteria		
			Traditional					
			EG-Optimized				_	
Medical	Stelara IV (ustekinumab)	Inflammatory conditions	PPACA-Optimized Medicaid	Rx: Medical:	Rx: Medical:		-	4/1/2023
2	J3358 30 mg/26 ml vial ONLY		Medicare	Part D: Part B:Pref Spec (T7), PA	Part D: Part B: Pref Spec (T7), PA	Part D: Part B: UPDATE Prior Authorization Criteria		

Pharmacy Department PA - Prior Authorization Pending Changes to the SP- Specialty Pharmacy QL- Quantity Limit **Approved Drug List** AL-Age Limits January 2023 (continued) ST- Step Therapy Coverage Current Future Preferred covered Comment Drug Formularv Common use Implementation Date alternatives Coverage Coverage T1, QL T1, QL Traditional No Change T1b, QL T1b, QL EG-Optimized No Change ADD to formulary at Tier 1b with Smart PA - Prior Authorization needed if Tadalafil ICD 10 diagnosis code for Pulmonary Arterial Hypertension PPACA-Optimized NF (BE) T1b, SmartPA, QL Pharmacy (geg for Cialis) (127.0 or 127.20 - 127.29) is not on file and Quantity Limit of 30 tablets per 30 Pulmonary arterial 3/1/2023 days hypertension (PAH) Rx: Rx: Medicaid Medical: Medical: Part D: Part D: Part D: 20mg tablet ONLY Medicare Part B: Part B: Part B: NEW FORMULATION, ADDED to formulary as Tier 3 T3 Traditional Т3 EG-Optimized NEW FORMULATION. ADDED to formulary as Tier 3 Tafluprost PPACA-Optimized Т3 NEW FORMULATION, ADDED to formulary as Tier 3 Pharmacy (geq for Zioptan) Elevated intraocular Rx: Rx: NEW FORMULATION, ADDED to the formulary as PDL Non-Preferred with 12/6/2022 Medicaid pressure Medical: Medical Prior Authorization requirements Part D: Part D: Part D: NEW FORMULATION, not added to formulary Medicare 0.0015% ophthalmic solution Part B: Part B: N/A Part B: N/A NEW DRUG, ADDED to coverage under the Medical Benefit at Non-Traditional NPS (T8), PA, AL Preferred Specialty (T8), with Prior Authorization requirements (Oncology Policy) and Age Limit of 18 years and older NEW DRUG, ADDED to coverage under the Medical Benefit at Non-NPS (T8), PA, AL EG-Optimized Preferred Specialty (T8), with Prior Authorization requirements (Oncology Tecvavli Policy) and Age Limit of 18 years and older (teclistamab-cqyv) NEW DRUG, ADDED to coverage under the Medical Benefit at Non-PPACA-Optimized NPS (T8), PA, AL Preferred Specialty (T8), with Prior Authorization requirements (Oncology Medical Policy) and Age Limit of 18 years and older Chemotherapy 2/1/2023 Rx: Rx: NF RX: NEW DRUG, not added to formulary Medicaid Medical: Medical: Covered Medical: NEW DRUG, ADDED to coverage under the Medical Benefit Part D: NEW DRUG, Non-Formulary until added to FRF*. If added to FRF, Part D: NF ADDED to formulary at Tier 5 with Part B vs Part D Prior Authorization Part D: J3450, J3590, J999, C9399 Part B: Medicare Medicare Criteria 10mg/ml and 90mg/ml single dose vial Part B: Chemo, PA Part B: NEW DRUG, ADDED to coverage under Part B as Medicare Chemo with Prior Authorization requirements (Oncology criteria)

	PA - Prior Authorization SP- Specialty Pharmacy QL- Quantity Limit AL-Age Limits ST- Step Therapy			Pen A	armacy Dep ding Chang pproved Dr ıary 2023 (c	ges to the rug List		
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional	Non-specialty (T6), PA	Non-specialty (T6), PA	UPDATE Prior Authorization criteria for gender dysphoria		
	Testopel		EG-Optimized	Non-specialty (T6), PA	Non-specialty (T6), PA	UPDATE Prior Authorization criteria for gender dysphoria		
Medical	(testosterone undecanoate)	Hormone Replacement	PPACA-Optimized	Non-specialty (T6), PA	Non-specialty (T6), PA	UPDATE Prior Authorization criteria for gender dysphoria		Commercial - 2/1/2023 Medicare - 4/1/2023
2		-	Medicaid	Rx: Medical:	Rx: Medical:			
	J3490*, S0189		Medicare	Part D: NF Part B:Non-spec (T6), PA, ST	Part D: NF Part B: Non-spec (T6), PA	Part D: Non- formulary, No Change Part B: UPDATED Prior Authorization Criteria		
			Traditional				_	
	Tezspire		EG-Optimized PPACA-Optimized				_	
Medical	(tezepelumab-ekko)	Respiratory agent	Medicaid	Rx: Medical:	Rx: Medical:			4/1/2023
	J2356 210mg/1.91ml Subcutaneous solution		Medicare	Part D: Part B: NPS (T8), PA	Part D: Part B: NPS (T8), PA	Part D: Part B: UPDATE Prior Authorization criteria		
			Traditional					
2	Tyvaso		EG-Optimized PPACA-Optimized				4	
Medical/Pharmacy	(treprostinil)	Pulmonary arterial hypertension (PAH)	Medicaid	Rx: Medical:	Rx: Medical:			4/1/2023
Medic	J7686 0.6mg/mL Solution (Ampule)	hypertension (PAH)	Medicare	Part D: T5, PA Part B:Pref Spec (T7), PA (B vs D)	Part D: T5, PA Part B: Pref Spec (T7), PA	Part D: No Change Part B: UPDATE Prior Authorization Criteria		

	PA - Prior Authorization Pharmacy Department SP- Specialty Pharmacy Pending Changes to the QL- Quantity Limit Approved Drug List AL-Age Limits January 2023 (continued)											
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date				
			Traditional		NPS (T8), PA, AL	NEW DRUG, ADDED to coverage under the Medical Benefit at Non- Preferred Specialty (T8), with Prior Authorization requirements and Age Limit of 8 years and older						
	Tzield		EG-Optimized		NPS (T8), PA, AL	NEW DRUG, ADDED to coverage under the Medical Benefit at Non- Preferred Specialty (T8), with Prior Authorization requirements and Age Limit of 8 years and older						
<u>a</u>	(teplizumab-mzwv)		PPACA-Optimized		NPS (T8), PA, AL	NEW DRUG, ADDED to coverage under the Medical Benefit at Non- Preferred Specialty (T8), with Prior Authorization requirements and Age Limit of 8 years and older						
Medical		Type 1 Diabetes	Medicaid	Rx: Medical:	Rx: NF Medical: Covered, PA, AL, SOS	RX: NEW DRUG, not added to formulary Medical: NEW DRUG, ADDED to coverage under the Medical Benefit with Prior Authorization and Site of Service requirements, with Age Limit of 8 years and older		2/1/2023				
	J3490, J3590, C9399 2mg/2ml single dose vial		Medicare	Part D: Part B:	Part D: NF Part B: NPS (T8), PA, AL	Part D: NEW DRUG, Non-Formulary until added to FRF*. If added to FRF, ADDED to formulary at Tier 5 Prior Authorization Requirements Part B: NEW DRUG, ADDED to coverage under Part B at Non-Preferred Specialty (T8) with Prior Authorization requirements, and Age Limit of 8 years and older						
			Traditional									
			EG-Optimized									
	Vabysmo	Indicated to treat	PPACA-Optimized									
Medical	(faricimab-svoa)	neovascular age related macular degeneration and diabetic macular edema	Medicaid		Rx: Medical Covered, PA	Rx: Medical: UPDATE Prior Authorization criteria to include trial through Lucentis,. Lucentis biosimilars or Eylea	Lucentis/Biosimilar Lucentis or Eylea	2/1/2023				
	J2777		Medicare									
			Traditional	T4, QL	T3, QL	DECREASE Tier from Tier 4 to Tier 3						
			EG-Optimized	T4, QL	T3, QL	DECREASE Tier from Tier 4 to Tier 3	1					
	Valganciclovir		PPACA-Optimized	T4, QL	T3, QL	DECREASE Tier from Tier 4 to Tier 3]					
Pharmacy	(geq for Valcyte)	Cytomegalovirus	Medicaid	Rx: Medical:	Rx: Medical:			3/1/2023 7/1/2023 for Increased cost share				
	450mg Tablet ONLY		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			Pen A	armacy Dep ding Chang pproved Dr iary 2023 (c	jes to the ug List		
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional	Pref Spec (T7), PA		REMOVE Prior Authorization required for additional ICD-10 codes C83.10-C83.19 (mantle cell lymphoma) and E85.81 (light chain amyloidosis) [C90.00-C90.32 (multiple myeloma) is already no Prior Authorization required]		
al	Velcade (bortezomib)		EG-Optimized	Pref Spec (T7), PA	Pref Sped (T7), PA (Certain DX)	REMOVE Prior Authorization required for additional ICD-10 codes C83.10-C83.19 (mantle cell lymphoma) and E85.81 (light chain amyloidosis) [C90.00-C90.32 (multiple myeloma) is already no Prior Authorization required]		
Medical		Chemotherapy	PPACA-Optimized	Pref Spec (T7), PA	Pref Sped (T7), PA (Certain DX)	REMOVE Prior Authorization required for additional ICD-10 codes C83.10-C83.19 (mantle cell lymphoma) and E85.81 (light chain amyloidosis) [C90.00-C90.32 (multiple myeloma) is already no Prior Authorization required]		2/1/2023
			Medicaid	Rx: Medical:	Rx: Medical:			
	J9041		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional				_	4/1/2023
	Ventavis		EG-Optimized				-	
_	(iloprost)		PPACA-Optimized				-	
Medical		Pulmonary arterial hypertension (PAH)	Medicaid	Rx: Medical:	Rx: Medical:			4/1/2023
	Q4074 10mcg/ml and 20mcg/2ml		Medicare	Part D: Part B: NPS (T8), PA	Part D: Part B: NPS (T8), PA	Part D: Part B: UPDATE Prior Authorization Criteria		
			Traditional					
	Weer# N/		EG-Optimized					4/1/2023
	Vyepti IV (eptinezumab-jjmr)		PPACA-Optimized					
Medical	(epinezumab-jjim)	Migraine	Medicaid	Rx: Medical:	Rx: Medical:			4/1/2023
	J3032 100mg/ml sd vial	-	Medicare		Part D: Part B: NPS (T8), PA	Part D: Part B: UPDATE Prior Authorization Criteria		
			Traditional					
	Xaracoll		EG-Optimized					2/1/2023 4/1/2023
cal	(Bupivacaine,		PPACA-Optimized					0///0200
Medical	collagen-matrix implant)	Analgesia/Anesthesia	Medicaid	Rx: Medical: Not		RX: Medical: ADD to coverage		2/1/2023
	J3490, C9089		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

	PA - Prior Authorization Pharmacy Department SP- Specialty Pharmacy Pending Changes to the QL- Quantity Limit Approved Drug List AL-Age Limits January 2023 (continued)										
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date			
			Traditional		T3, ST, QL, AL	NEW FORMULATION, ADDED to formulary at Tier 3, with Step Therapy through amphetamine salt combination and dextroamphetamine sulfate, a Quantity Limit of 30 patches per 30 days, and Age Limit of minimum of 6 years.					
cy	Xelstrym (dextroamphetamine)		EG-Optimized		T3, ST, QL, AL	NEW FORMULATION, ADDED to formulary at Tier 3, with Step Therapy through amphetamine salt combination and dextroamphetamine sulfate, a Quantity Limit of 30 patches per 30 days, and Age Limit of minimum of 6 years.	amphetamine salt				
Pharmacy		ADHD	PPACA-Optimized		T3, ST, QL, AL	NEW FORMULATION, ADDED to formulary at Tier 3, with Step Therapy through amphetamine salt combination and dextroamphetamine sulfate, a Quantity Limit of 30 patches per 30 days, and Age Limit of minimum of 6 years.	combination and dextroamphetamine sulfate	Commercial - 10/31/2022 Medicare - 3/1/2023			
		-	Medicaid	Rx: Medical:	Rx: Carve-Out Medical: N/A	Rx: NEW FORMULATION, Carve-out					
	Transdermal system		Medicare	Part D: Part B:	Part D: Part B: N/A	Part D: NEW FORMULATION, not added to formulary Part B: N/A					
			Traditional								
			EG-Optimized								
lacy	Xolair		PPACA-Optimized								
Medical/Pharmacy	(omalizumab)	Respiratory agent	Medicaid	Rx: Medical:	Rx: Medical:			4/1/2023			
Med	J2357 150mg vial and 75mg/0.5ml and 150mg/ml prefiled syringe		Medicare	Part D: T5, PA Part B:Pref Spec (T7), PA	Part D: T5, PA Part B: Pref Spec (T7), PA	Part D: No Change Part B: UPDATE Prior Authorization Criteria					
			Traditional								
			EG-Optimized	ļ				and Commercial - 10/31/2022 Medicare - 3/1/2023			
	Zynrelef		PPACA-Optimized								
Medical	(bupivacaine and meloxicam)	Analgesia/Anesthesia	Medicaid	Rx: Medical: Not Covered	Rx: Medical: Covered	RX: Medical: ADD to coverage		2/1/2023			
	J3490, C9088		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	Pharmacy Department Pending Changes to the Approved Drug List January 2023 (continued)						
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical	Zynteglo (betibeglogene autotemcel)	Transfusion-dependent beta-thalassemia	Traditional		PA AI	NEW DRUG, ADDED to coverage under the Medical Benefit as Gene Therapy, with Prior Authorization Requirements and Age Limit of maximum 50 years		2/1/2023
			EG-Optimized		Gene Therapy, PA, AL	NEW DRUG, ADDED to coverage under the Medical Benefit as Gene Therapy, with Prior Authorization Requirements and Age Limit of maximum 50 years		
			PPACA-Optimized		Gene Therapy, PA, AL	NEW DRUG, ADDED to coverage under the Medical Benefit as Gene Therapy, with Prior Authorization Requirements and Age Limit of maximum 50 years		
			Medicaid	Rx: Medical:		RX: NEW DRUG, EXCLUDED Medical: NEW DRUG, not covered (Potential carve-out - MDHHS to review)		
	J3490 and J3590 Intravenous infusion		Medicare	Part D: Part B:		Part D: NEW DRUG, EXCLUDED If added to FRF, Non-Formulary Part B: NEW DRUG, ADDED to coverage under Part B (Gene Therapy), with prior authorization requirements and Age Limit of maximum 50 years		