

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
Pharmacy	<b>Abiraterone</b> (geq for Zytiga)	Prostate Cancer	Traditional	T4, PA, QL (Day Supply)	T4, PA, QL (Days supply)	REMOVE from 14 day fill list (can obtain 30 days at a time)		3/1/2023
			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)		
			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)		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Medicare		Part D: Part B:	Part D: Part B: N	Part D: Part B:			
	250mg tablet ONLY							
Medical	<b>Actemra IV</b> (tocilizumab)	Inflammatory conditions	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	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			
	Vial ONLY J3262							
Medical	<b>Adakveo</b> (crizanlizumab)	Sickle Cell Anemia	Traditional	NPS (T8), PA, SOS	NPS (T8), PA, SOS	UPDATE Prior Authorization criteria to include duration of approval for initial and continuation		2/1/2023
			EG-Optimized	NPS (T8), PA, SOS	NPS (T8), PA, SOS	UPDATE Prior Authorization criteria to include duration of approval for initial and continuation		
			PPACA-Optimized	NPS (T8), PA, SOS	NPS (T8), PA, SOS	UPDATE Prior Authorization criteria to include duration of approval for initial and continuation		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Medicare		Part D: Part B:	Part D: Part B:	Part D: Part B:			
	J0791							

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	<b>Adbry</b> (tralokinumab)	Atopic Dermatitis	Traditional	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria to require topical corticosteroid and calcineurin inhibitor trial.		2/1/2023
			EG-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria to require topical corticosteroid and calcineurin inhibitor trial.		
			PPACA-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria to require topical corticosteroid and calcineurin inhibitor trial.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Medicare		Part D: Part B:	Part D: Part B:	Part D: Part B:			
	150mg/mL Solution							
Medical	<b>Aduhelm</b> (aducanumab-avwa)	Alzheimer's Disease	Traditional					1/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	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			
	J0172 170 mg/1.7 mL (100 mg/mL), 300 mg/3 mL (100 mg/mL) SDV							
Pharmacy	<b>Alendronate</b> (geq for Fosamax)	Osteoporosis	Traditional	T1-Pref Geq	T2	INCREASE Tier from Tier 1 (preferred generic) to Tier 2	Alendronate Tablets	7/1/2023
			EG-Optimized	T1a	T2	INCREASE Tier from Tier 1a to Tier 2		
			PPACA-Optimized	T1a	T2	INCREASE Tier from Tier 1a to Tier 2		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Medicare		Part D: Part B:	Part D: Part B:	Part D: Part B:			
	Oral Solution ONLY							

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	<b>Amjevita</b> (adalimumab-atto) Biosimilar for Humira	Rheumatoid arthritis, Psoriatic arthritis, Juvenile Idiopathic Arthritis, Ankylosing spondylitis, Crohn's disease, Ulcerative Colitis, and Plaque psoriasis	Traditional		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
			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		
			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		
			Medicaid	Rx: Medical:	Rx: Pending Medical:	Rx: NEW DRUG, Pending MDHHS review		
			Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW DRUG, not added to formulary Part B: N/A		
	20mg/0.4mL and 40mg/0.8mL Solution							
Medical	<b>Amvuttra</b> (vutrisiran sodium)	Polyneuropathy associated with hereditary transthyretin-mediated amyloidosis	Traditional					2/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: N/A Medical: Covered, PA	Rx: N/A Medical: Covered, PA, SOS	ADD Site of Service requirements		
			Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: Part B:		
	J0225 25mg/0.5ml Prefilled Syringe							
Pharmacy	<b>Auryxia</b> (ferric citrate)	Chronic Kidney Disease complications	Traditional	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization continuation criteria for iron deficiency anemia		2/1/2023
			EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization continuation criteria for iron deficiency anemia		
			PPACA-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization continuation criteria for iron deficiency anemia		
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
	1gm (210mg FE) tablet							

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical	<b>Aveed</b> (testosterone undecanoate)	Hormone Replacement	Traditional	Non-specialty (T6), PA	Non-specialty (T6), PA	UPDATE Prior Authorization criteria for gender dysphoria		Commercial - 2/1/2023 Medicare - 4/1/2023
			EG-Optimized	Non-specialty (T6), PA	Non-specialty (T6), PA	UPDATE Prior Authorization criteria for gender dysphoria		
			PPACA-Optimized	Non-specialty (T6), PA	Non-specialty (T6), PA	UPDATE Prior Authorization criteria for gender dysphoria		
			Medicaid	Rx: Medical:	Rx: Medical:			
	J3145		Medicare	Part D: T4, PA Part B: Non-spec (T6), PA, ST	Part D: T4, PA Part B: Non-spec (T6), PA	Part D: No Change Part B: UPDATE Prior Authorization Criteria		
Pharmacy	<b>Basaglar</b> (insulin glargine)	Diabetes	Traditional		NF	NEW FORMULATION, not added to formulary	Lantus	Commercial - 11/21/2022 Medicaid - 11/21/2022 Medicare - 3/1/2023
			EG-Optimized		NF	NEW FORMULATION, not added to formulary		
			PPACA-Optimized		NF	NEW FORMULATION, not added to formulary		
			Medicaid	Rx: Medical:	Rx: Covered, PA Medical:	NEW FORMULATION, ADDED to the formulary as PDL Non-Preferred with Prior Authorization requirements		
	Tempo Pen - 100 unit/ml ONLY		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		
Medical	<b>Benlysta IV</b> (belimumab)	Lupus and Lupus Nephritis	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	J0490 100mg and 400mg 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		
Medical	<b>Bivigam</b> (IVIG)	Immune globulin	Traditional				Gammagard Liquid, Gamunex-C, Privigen	4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	J1556		Medicare	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)		

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical	<b>Bortezomib</b> (Not therapeutically equivalent to Velcade)	Chemotherapy	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]		2/1/2023
			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]		
			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]		
			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			
Pharmacy	<b>Carglumic acid</b> (geq for Carbaglu)	Chronic Kidney Disease complications	Traditional	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization continuation criteria and duration of approval		2/1/2023
			EG-Optimized	T3, PA, QL	T3, PA, QL	UPDATE Prior Authorization continuation criteria and duration of approval		
			PPACA-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization continuation criteria and duration of approval		
			Medicaid	Rx: Medical:	Rx: Medical:			
	200mg tablet	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Pharmacy	<b>Cibinqo</b> (abrocitinib)	Atopic Dermatitis	Traditional	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria to require topical corticosteroid and calcineurin inhibitor trial.		2/1/2023
			EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria to require topical corticosteroid and calcineurin inhibitor trial.		
			PPACA-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria to require topical corticosteroid and calcineurin inhibitor trial.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	50mg, 100mg, and 200mg tablet	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	Preferred covered alternatives	Implementation Date
Medical	<b>Cimzia</b> (certolizumab pegol)	Inflammatory Conditions	Traditional					4/1/2023
	EG-Optimized							
	J0717 lyophilized powder kit		PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B NPS (8), PA	Part D: Part B: NPS (8), PA	Part D: Part B: UPDATE Prior Authorization Criteria		
Medical	<b>Cinqair</b> (reslizumab)	Asthma	Traditional					4/1/2023
	EG-Optimized							
	J2786		PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
			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	<b>Darzalex</b> (daratumumab)	Chemotherapy	Traditional					4/1/2023
	EG-Optimized							
	J9145		PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
			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	<b>Dexlansoprazole DR</b> (geq for Dexilant)	Gastroesophageal reflux disease (GERD)	Traditional		NF	NEW FORMULATION, not added to formulary		Commercial - 12/1/2022 Medicaid - 12/21/2022 Medicare - 12/1/2022
	EG-Optimized				NF	NEW FORMULATION, not added to formulary		
	60mg Delayed Release capsule		PPACA-Optimized			NEW FORMULATION, not added to formulary		
			Medicaid	Rx: Medical:	Rx: Covered, PA Medical:	NEW FORMULATION, ADDED to the formulary as PDL Non-Preferred with Prior Authorization requirements		
			Medicare	Part D: Part B:	Part D: NF Part B:	Part D: NEW FORMULATION, not added to formulary Part B: N/A		

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	<b>Dupixent</b> (dupilumab)	prurigo nodularis	Traditional	T4, PA, QL, AL	T4, PA, QL, AL	ADD PA Criteria for indication of Prurigo Nodularis		2/1/2023
			EG-Optimized	T4, PA, QL, AL	T4, PA, QL, AL	ADD PA Criteria for indication of Prurigo Nodularis		
			PPACA-Optimized	T4, PA, QL, AL	T4, PA, QL, AL	ADD PA Criteria for indication of Prurigo Nodularis		
			Medicaid	Rx: Medical:	Rx: Medical:	Rx:		
	pre-filled syringe and pen-injector	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Medical	<b>Elahere</b> (mirvetuximab soravtansine-gynx IV infusion)	Chemotherapy	Traditional		Pref Spec (T7), PA, AL, SOS	NEW DRUG, ADDED to coverage under the Medical Benefit as a Preferred Specialty (T7), with Prior Authorization (Oncology Policy) and Site of Service requirements, and Age Limit (over 18 years old)		2/1/2023
			EG-Optimized		Pref Spec (T7), PA, AL, SOS	NEW DRUG, ADDED to coverage under the Medical Benefit as a Preferred Specialty (T7), with Prior Authorization (Oncology Policy) and Site of Service requirements, and Age Limit (over 18 years old)		
			PPACA-Optimized		Pref Spec (T7), PA, AL, SOS	NEW DRUG, ADDED to coverage under the Medical Benefit as a Preferred Specialty (T7), with Prior Authorization (Oncology Policy) and Site of Service requirements, and Age Limit (over 18 years old)		
			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			
Medical	<b>Enjaymo</b> (sutimlimab-jome)	Cold Agglutinin Disease (CAD)	Traditional					2/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	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		
	J1302	Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: Part B:			

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical	<b>Entyvio</b> (vedolizumab)	Inflammatory Conditions	Traditional					4/1/2023
			EG-Optimized					
	PPACA-Optimized							
	Medicaid		Rx: Medical:	Rx: Medical:				
	J3380		Medicare	Part D: Part B: NPS (T8), PA, ST	Part D: Part B: NPS (T8), PA	Part D: No Change Part B: UPDATE Prior Authorization Criteria		
Pharmacy	<b>Ermeza</b> (levothyroxine sodium)	Hypothyroidism	Traditional		NF	NEW FORMULATION, not added to formulary		Commercial - 11/23/2022 Medicaid - 11/23/2022 Medicare - 3/1/2023
			EG-Optimized		NF	NEW FORMULATION, not added to formulary		
	PPACA-Optimized			NF	NEW FORMULATION, not added to formulary			
	Medicaid		Rx: Medical:	Rx: NF Medical:	NEW FORMULATION, Pending MDHHS review			
			150mcg/5mL Solution		Medicare	Part D: Part B:	Part D: NF Part B:	
Medical	<b>Evenity</b> (romosozumab-aqqg)	Bone modifying agent	Traditional					4/1/2023
			EG-Optimized					
	PPACA-Optimized							
	Medicaid		Rx: Medical:	Rx: Medical:				
	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	<b>Fasenra</b> (benralizumab)	Respiratory agent	Traditional					4/1/2023
			EG-Optimized					
	PPACA-Optimized							
	Medicaid		Rx: Medical:	Rx: Medical:				
	J0517		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		



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

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Medical/Pharmacy	<b>Fynetra</b> (pegfilgrastim-pbbk) Biosimilar for Neulasta	Neutropenia	Traditional		Rx: NF Medical: Not Covered	NEW DRUG, not added to the formulary or coverage under the medical benefit		2/1/2023
			EG-Optimized		Rx: NF Medical: Not Covered	NEW DRUG, not added to the formulary or coverage under the medical benefit		
			PPACA-Optimized		Rx: NF Medical: Not Covered	NEW DRUG, not added to the formulary or coverage under the medical benefit		
			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			
Pharmacy	<b>Gilenya</b> (fingolimod)	Multiple Sclerosis	Traditional					2/1/2023
			EG-Optimized					
			PPACA-Optimized					
	Medicaid		Rx: Medical:	Rx: Medical:	Rx: Medical:			
	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		
Pharmacy	<b>Gleostine</b> (geq for Ceenu)	Brain Tumor	Traditional	T3	T5, PA	INCREASE Tier from Tier 3 to Tier 5 and ADD Prior Authorization (Oncology Policy)		7/1/2023
			EG-Optimized	T3	T5, PA	INCREASE Tier from Tier 3 to Tier 5 and ADD Prior Authorization (Oncology Policy)		
			PPACA-Optimized	T5	T5, PA	INCREASE Tier from Tier 3 to Tier 5 and ADD Prior Authorization (Oncology Policy)		
			Medicaid	Rx: Medical:	Rx: Medical:			
			10mg, 40mg, and 100mg capsules	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:	

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Pharmacy	<b>Humalog</b> (insulin lispro)	Diabetes	Traditional		NF	NEW FORMULATION, not added to formulary	Humalog vial, Kwikpen (Under 21 years)	Commercial - 11/23/2022 Medicaid - 11/23/2022 Medicare - 3/1/2023
			EG-Optimized		NF	NEW FORMULATION, not added to formulary		
			PPACA-Optimized		NF	NEW FORMULATION, not added to formulary		
			Medicaid	Rx: Medical:	Rx: Covered, PA Medical:	NEW FORMULATION, ADDED to the formulary as PDL Non-Preferred with Prior Authorization requirements		
	Tempo Pen - 100 unit/ml ONLY		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		
Pharmacy	<b>Icatibant Acetate</b> (geq for Firazyr)	Hereditary Angioedema	Traditional	T5, PA, QL, AL	T4, PA, QL, AL	DECREASE Tier from Tier 5 to Tier 4, UPDATE PA Criteria from non- preferred to preferred agent		3/1/2023
			EG-Optimized	T5, PA, QL, AL	T4, PA, QL, AL	DECREASE Tier from Tier 5 to Tier 4, UPDATE PA Criteria from non- preferred to preferred agent		
			PPACA-Optimized	T5, PA, QL, AL	T4, PA, QL, AL	DECREASE Tier from Tier 5 to Tier 4, UPDATE PA Criteria from non- preferred to preferred agent		
			Medicaid	Rx: Medical:	Rx: Medical:			
	30mg/3ml Subcutaneous Injection		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Ilumya</b> (tildrakizumab)	Inflammatory conditions	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	J3245 100mg SD vial		Medicare	Part D: Part B: NPS (T8), PA	Part D: Part B: NPS (T8), PA	Part D: Part B: UPDATE Prior Authorization Criteria		

**Pharmacy Department  
Pending Changes to the  
Approved Drug List  
January 2023 (continued)**

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
Medical	<b>Imjudo</b> (tremelimumab-actl)	Chemotherapy	Traditional		Pref Spec (T7), PA, SOS	NEW DRUG, ADDED to coverage under the Medical Benefit as a Preferred Specialty (T7), with Prior Authorization (Oncology Policy) and Site of Service requirements		2/1/2023
			EG-Optimized		Pref Spec (T7), PA, SOS	NEW DRUG, ADDED to coverage under the Medical Benefit as a Preferred Specialty (T7), with Prior Authorization (Oncology Policy) and Site of Service requirements		
			PPACA-Optimized		Pref Spec (T7), PA, SOS	NEW DRUG, ADDED to coverage under the Medical Benefit as a Preferred Specialty (T7), with Prior Authorization (Oncology Policy) and Site of Service requirements		
			Medicaid	Rx: Medical:	Rx: Covered Medical: Covered	RX: NEW DRUG, ADDED to the formulary Medical: NEW DRUG, ADDED to coverage under the Medical Benefit		
	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)				
	J3490, J3590, J9999, C9399 25mg/1.25ml & 300mg/15ml solution							
Pharmacy	<b>Indomethacin</b> (geq for Indocin)	Pain/Inflammation	Traditional			NEW FORMULATION, not added to formulary	Indomethacin capsules	10/31/2022
			EG-Optimized			NEW FORMULATION, not added to formulary		
			PPACA-Optimized			NEW FORMULATION, not added to formulary		
			Medicaid	Rx: Medical:	Rx: Medical:	NEW FORMULATION, not added to formulary		
	Medicare	Part D: Part B:	Part D: Part B:	Part D: NEW FORMULATION, EXCLUDED. If eligibility changes, then Non-formulary Part B: N/A				
	100mg suppository							
Pharmacy	<b>Inqovi</b> (decitabine/ cedazuridine)	myelodysplastic syndrome	Traditional	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
			EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria to require Eastern Cooperative Oncology Group (EGOG) score between 0 and 2.		
			PPACA-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria to require Eastern Cooperative Oncology Group (EGOG) score between 0 and 2.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:				
	35-100mg tablet							

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	<b>Jelmyto</b> (mitomycin ureteral gel)	Chemotherapy	Traditional	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
			EG-Optimized	NPS (T8), PA	NPS (T8), PA	UPDATE Prior Authorization criteria to require Eastern Cooperative Oncology Group (EGOG) score between 0 and 2.		
			PPACA-Optimized	NPS (T8), PA	NPS (T8), PA	UPDATE Prior Authorization criteria to require Eastern Cooperative Oncology Group (EGOG) score between 0 and 2.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	J9281	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Pharmacy	<b>Kyzatrex</b> (testosterone undecanoate)	Androgen replacement therapy	Traditional		T3, PA	NEW DRUG, ADDED to the formulary at Tier 3 with Prior Authorization Requirements		3/1/2023
			EG-Optimized		T3, PA	NEW DRUG, ADDED to the formulary at Tier 3 with Prior Authorization Requirements		
			PPACA-Optimized		T3, PA	NEW DRUG, ADDED to the formulary at Tier 3 with Prior Authorization Requirements		
			Medicaid	Rx: Medical:	Rx: Medical:	Rx: NEW DRUG, Not added to the formulary.		
	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:			
Medical/Pharmacy	<b>Leuprolide Acetate</b> (Lutrate-Cipla Brand)	Prostate Cancer	Traditional			NEW FORMULATION, not added to coverage under the Medical Benefit		Commercial - 1/1/2023 Medicaid - 11/21/2022 Part B - 1/1/2023 Part D - 3/1/2023
			EG-Optimized			NEW FORMULATION, not added to coverage under the Medical Benefit		
			PPACA-Optimized			NEW FORMULATION, not added to coverage under the Medical Benefit		
			Medicaid	Rx: Medical:	Rx:Covered Medical: Covered	Rx: NEW FORMULATION, ADDED to formulary Medical: NEW FORMULATION, ADDED to coverage under the Medical Benefit		
	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			

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
Pharmacy	<b>Levothyroxine</b> (geq for Synthroid)	Myxedema coma	Traditional	T3	NF	REMOVE from formulary	Levothyroxine tablets	3/1/2023
			EG-Optimized	T3	NF	REMOVE from formulary		
			PPACA-Optimized	T3	NF	REMOVE from formulary		
			Medicaid	Rx: Medical:	Rx: Medical:			
	100mcg IV solution	Medicare	Part D: Part B:	Part D: Part B:	Part D: NEW FORMULATION, Not added to formulary Part B: NEW FORMULATION, Covered - not managed by Pharmacy			
Pharmacy	<b>Levothyroxine</b> (geq for Synthroid)	Myxedema coma	Traditional	T5	NF	REMOVE from formulary	Levothyroxine tablets	3/1/2023
			EG-Optimized	T5	NF	REMOVE from formulary		
			PPACA-Optimized	T5	NF	REMOVE from formulary		
			Medicaid	Rx: Medical:	Rx: Medical:			
	500mcg IV solution	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Medical	<b>Linezolid IV</b> (geq for Zyvox)	Antimicrobial	Traditional	Pref Spec (T7), PA	Pref Spec (T7)	REMOVE Prior Authorization		2/1/2023
			EG-Optimized	Pref Spec (T7), PA	Pref Spec (T7)	REMOVE Prior Authorization		
			PPACA-Optimized	Pref Spec (T7), PA	Pref Spec (T7)	REMOVE Prior Authorization		
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered	RX: Medical: REMOVE Prior Authorization		
	J2020 and J2021	Medicare	Part D: Part B: Pref Spec, (T7), PA	Part D: Part B: Pref Spec, (T7)	Part D: Part B: REMOVE Prior Authorization			
Pharmacy	<b>Lytgobi</b> (futibatinib)	Chemotherapy	Traditional		T4, PA, QL	NEW DRUG: ADDED to coverage at Tier 4, with Prior Authorization requirements, and Quantity Limit of 70 tablets/14 days		2/1/2023
			EG-Optimized		T4, PA, QL	NEW DRUG: ADDED to coverage at Tier 4, with Prior Authorization requirements, and Quantity Limit of 70 tablets/14 days		
			PPACA-Optimized		T4, PA, QL	NEW DRUG: ADDED to coverage at Tier 4, with Prior Authorization requirements, and Quantity Limit of 70 tablets/14 days		
			Medicaid	Rx: Medical:	Rx: Carve-Out Medical:	NEW DRUG, Carve-Out		
	4mg tablet	Medicare	Part D: Part B:	Part D: Part B:	Part D: NEW DRUG, ADDED to coverage at Tier 5, with Prior Authorization requirements and Quantity Limit of 140 tablets/28 days Part B: N/A			

PA - Prior Authorization  
 SP- Specialty Pharmacy  
 QL- Quantity Limit  
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 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
Pharmacy	<b>Lyumjev</b> (insulin lispro)	Diabetes	Traditional		NF	NEW FORMULATION, not added to formulary	Lyumjev vial, Kwikpen (Under 21 years)	Commercial - 11/23/2022 Medicaid - 11/23/2022 Medicare - 3/1/2023
			EG-Optimized		NF	NEW FORMULATION, not added to formulary		
	PPACA-Optimized			NF	NEW FORMULATION, not added to formulary			
	Medicaid		Rx: Medical:	Rx: Covered, PA Medical:	NEW FORMULATION, ADDED to the formulary as PDL Non-Preferred with Prior Authorization requirements			
	Tempo Pen - 100 unit/ml ONLY		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		
Pharmacy	<b>Menopur</b> (menotropins)	Infertility	Traditional	T2	T3	INCREASE tier from Tier 2 to Tier 3 (Employer plan rider determines infertility coverage)	Gonal-F	7/1/2023
			EG-Optimized	T2	T3	INCREASE tier from Tier 2 to Tier 3 (Employer plan rider determines infertility coverage)		
	PPACA-Optimized		T2	T3	INCREASE tier from Tier 2 to Tier 3			
	Medicaid		Rx: Medical:	Rx: Medical:				
	75 unit injection		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical/Pharmacy	<b>Menveo</b> (MENVEO 1 Vial-A-C-Y-W-135-DIP)	Meningococcal disease	Traditional		T2(PV), QL	NEW VACCINE, ADDED to the formulary as Tier 2/Preventative with a Quantity Limit of 1 dose per lifetime		Commercial - 11/17/2022 Medicare - 12/1/2022
			EG-Optimized		T2(PV), QL	NEW VACCINE, ADDED to the formulary as Tier 2/Preventative with a Quantity Limit of 1 dose per lifetime		
	PPACA-Optimized			T2(PV), QL	NEW VACCINE, ADDED to the formulary as Tier 2/Preventative with a Quantity Limit of 1 dose per lifetime			
	Medicaid		Rx: Medical:	Rx: NF Medical: Covered	Rx: NEW VACCINE, not added to the formulary Medical: NEW VACCINE, ADDED to coverage under the Medical Benefit			
	Meningococcal disease vaccine		Medicare	Part D: Part B:	Part D: T3 Part B N/A	Part D: NEW VACCINE, ADDED to the formulary as Tier 3 Part B: N/A		
Pharmacy	<b>Methylphenidate ER</b> (geq Relexxii)	ADHD	Traditional		NF	NEW FORMULATION, not added to the formulary		Commercial - 11/21/2023 Medicare - 3/1/2023
			EG-Optimized		NF	NEW FORMULATION, not added to the formulary		
	PPACA-Optimized			NF	NEW FORMULATION, not added to the formulary			
	Medicaid		Rx: Medical:	Rx: Carve-out Medical:	NEW FORMULATION, carve-out			
	45 mg and 63 mg extended-release tablet		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION, not added to the formulary Part B: N/A		

PA - Prior Authorization  
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## 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/Pharmacy	<b>Mifepristone</b> (geq for Mifeprex)	Termination of intrauterine pregnancy	Traditional	Rx: NF Medical: Covered	Rx: T1 Medical: Covered	ADD to formulary at Tier 1		2/1/2023
			EG-Optimized	Rx: NF Medical: Covered	Rx: T1b Medical: Covered	ADD to formulary at Tier 1b		
			PPACA-Optimized	Rx: NF Medical: Covered	Rx: T1b Medical: Covered	ADD to formulary at Tier 1b		
			Medicaid	Rx: Medical:	Rx: Medical:			
	200 mg tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	<b>Miglustat</b> (geq for Zavesca)	Gaucher Disease	Traditional	T5, PA	T5, PA	ADD Prior Authorization continuation criteria and duration of approval		2/1/2023
			EG-Optimized	T5, PA	T5, PA	ADD Prior Authorization continuation criteria and duration of approval		
			PPACA-Optimized	T5, PA	T5, PA	ADD Prior Authorization continuation criteria and duration of approval		
			Medicaid	Rx: Medical:	Rx: Medical:			
	100mg capsule		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Morphine/NaCl</b> (morphine sulfate/sodium chloride)	Pain	Traditional		Non-spec (T6)	NEW FORMULATION, ADDED to coverage under the Medical Benefit as non-specialty (T6)		11/15/2022
			EG-Optimized		Non-spec (T6)	NEW FORMULATION, ADDED to coverage under the Medical Benefit as non-specialty (T6)		
			PPACA-Optimized		Non-spec (T6)	NEW FORMULATION, ADDED to coverage under the Medical Benefit as non-specialty (T6)		
			Medicaid	Rx: Medical:	Rx: NF Medical: Covered	Rx: NEW FORMULATION, not added to formulary Medical: NEW FORMULATION, ADDED to coverage under the Medical Benefit		
	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		



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## 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	Naglazyme (galsulfasel)	Enzyme deficiency	Traditional	Pref Spec (T7), PA	Pref Spec (T7), PA	ADD Prior Authorization continuation criteria		2/1/2023
			EG-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	ADD Prior Authorization continuation criteria		
			PPACA-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	ADD Prior Authorization continuation criteria		
			Medicaid	Rx: Medical:	Rx: Medical:			
	J1458		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Naproxen (geq for Naprelan)	Pain/Inflammation	Traditional		NF	NEW FORMULATION, not added to the formulary		Commercial - 11/3/2022 Medicaid - 11/3/2022 Medicare - 3/1/2023
			EG-Optimized		NF	NEW FORMULATION, not added to the formulary		
			PPACA-Optimized		NF	NEW FORMULATION, not added to the formulary		
			Medicaid	Rx: Medical:	Rx: Covered, PA Medical: N/A	NEW FORMULATION, ADDED to the formulary as PDL Non-Preferred with Prior Authorization requirements		
	750mg Extended-Release tablet		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION, not added to the formulary Part B: N/A		
Pharmacy	Noxafil (posaconazole)	Antifungal	Traditional		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
			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		
			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		
			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: T5 Part B: N/A	Part D: NEW DRUG, ADDED to formulary at Tier 5 Part B: N/A		

PA - Prior Authorization  
 SP- Specialty Pharmacy  
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 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	<b>Nucala</b> (mepolizumab)	Respiratory agent	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
	Medicaid		Rx: Medical:	Rx: Medical:				
J2182 vial ONLY		Medicare	Part D: Part B:NPS (T8), PA	Part D: Part B: NPS (T8), PA	Part D: Part B: UPDATE Prior Authorization Criteria			
Pharmacy	<b>OmniPod DASH</b> (tubeless insulin pump)	Diabetes	Traditional		T5, QL	ADDED to formulary at Tier 5 with Quantity Limit of 1 per 720 days		3/1/2023
			EG-Optimized		T5, QL	ADDED to formulary at Tier 5 with Quantity Limit of 1 per 720 days		
			PPACA-Optimized		T5, QL	ADDED to formulary at Tier 5 with Quantity Limit of 1 per 720 days		
	Medicaid		Rx: Medical:	Rx: Medical:				
Intro Kit		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Pharmacy	<b>OmniPod 5 (G6)</b> (tubeless insulin pump)	Diabetes	Traditional		T5, QL	ADDED to formulary at Tier 5 with Quantity Limit of 1 per 720 days		3/1/2023
			EG-Optimized		T5, QL	ADDED to formulary at Tier 5 with Quantity Limit of 1 per 720 days		
			PPACA-Optimized		T5, QL	ADDED to formulary at Tier 5 with Quantity Limit of 1 per 720 days		
	Medicaid		Rx: Medical:	Rx: Medical:				
Intro Kit		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Pharmacy	<b>Onureg</b> (azacitidinel)	Chemotherapy	Traditional	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
			EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria to require Eastern Cooperative Oncology Group (EGOG) score between 0 and 2.		
			PPACA-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria to require Eastern Cooperative Oncology Group (EGOG) score between 0 and 2.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	200mg and 300mg tablet			Medicare	Part D: Part B:	Part D: Part B:		

PA - Prior Authorization  
 SP- Specialty Pharmacy  
 QL- Quantity Limit  
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 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	<b>Orencia IV</b> (abatacept)  J0129 250mg IV ONLY	Inflammatory conditions	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
			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		
Pharmacy	<b>Palyngiq</b> (pegvaliase)  2.5mg/0.5mL, 10mg/0.5mL, and 20mg/mL Solution	Phenylketonuria	Traditional	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria to exclude combination use with sapropterin		2/1/2023
			EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria to exclude combination use with sapropterin		
			PPACA-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria to exclude combination use with sapropterin		
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	<b>Panzyga</b> (IVIG)  J1599	Immune globulin	Traditional				Gammagard Liquid, Gamunex-C, Privigen	4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	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)		

PA - Prior Authorization  
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## 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
Pharmacy	<b>Penciclovir</b> (geq for Denavir)	Herpes labialis	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		
			PPACA-Optimized		NF	NEW FORMULATION, ADDED to formulary as Tier 5 with Step Therapy through acyclovir ointment and Quantity Limit of 5gm/6 months		
			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			
Medical	<b>Pralatrexate</b> (geq for Folotyn)	Peripheral T-cell Lymphoma	Traditional		Pref. Spec (T7), PA	NEW FORMULATION, ADDED to coverage under the Medical Benefit as Preferred Specialty (T7), with Prior Authorization Requirements (Oncology Policy)		
			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)		
			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)		
			Medicaid	Rx: Medical:	Rx: Covered Medical: Covered	Rx: NEW FORMULATION, ADDED to the formulary Medical: NEW FORMULATION, ADDED to coverage under the Medical Benefit		
	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			

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## 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
Pharmacy	<b>Pregabalin</b> (geq for Lyrica)	Multiple Uses	Traditional	T1, QL	T1, QL	INCREASE Quantity Limit from 90 capsules/30 days to 120 capsules/30 days		3/1/2023
			EG-Optimized	T1b, QL	T1b, QL	INCREASE Quantity Limit from 90 capsules/30 days to 120 capsules/30 days		
			PPACA-Optimized	T1b, QL	T1b, QL	INCREASE Quantity Limit from 90 capsules/30 days to 120 capsules/30 days		
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
	25mg, 50mg, 75mg, 100mg, 150mg Capsules ONLY							
Medical/Pharmacy	<b>Prolia</b> (denosumab)	Bone modifying agent	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
			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		
	J0897 60mg/ml prefilled syringe							
Pharmacy	<b>Quillichew</b> (Methylphenidate Extended-Release)	Attention Deficit Hyperactivity Disorder	Traditional	T3, ST, QL, AL	T3, ST, QL, AL	ADD Age Limit maximum of 9 years		3/1/2023
			EG-Optimized	NF	T3, ST, QL, AL	ADD to formulary at Tier 3, with Step Therapy through dexamethylphenidate HCL ER, methylphenidate HCL ER or methylphenidate HCL CD; Quantity Limit of 30 tablets/30 days and Age Limit of 4 to 9 years		
			PPACA-Optimized	NF	T3, ST, QL, AL	ADD to formulary at Tier 3, with Step Therapy through dexamethylphenidate HCL ER, methylphenidate HCL ER or methylphenidate HCL CD; Quantity Limit of 30 tablets/30 days and Age Limit of 4 to 9 years		
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
	20mg ER, 30mg ER, and 40mg ER Chewable Tablet							

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
Pharmacy	<b>Quillivant XR</b> (Methylphenidate Extended-Release)	Attention Deficit Hyperactivity Disorder	Traditional	T3, ST, QL, AL	T3, ST, QL, AL	ADD Age Limit maximum of 9 years		3/1/2023
			EG-Optimized	NF	T3, ST, QL, AL	ADD to formulary at Tier 3, with Step Therapy through dexamethylphenidate HCL ER, methylphenidate HCL ER or methylphenidate HCL CD; Quantity Limit of 12 ml/day and Age Limit of 4 to 9 years		
			PPACA-Optimized	NF	T3, ST, QL, AL	ADD to formulary at Tier 3, with Step Therapy through dexamethylphenidate HCL ER, methylphenidate HCL ER or methylphenidate HCL CD; Quantity Limit of 12 ml/day and Age Limit of 4 to 9 years		
			Medicaid	Rx: Medical:	Rx: Medical:			
	25mg/5ml ER Oral suspension	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Pharmacy	<b>Ravicti</b> (glycerol phenylbutyrate)	Urea cycle disorders	Traditional	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization continuation criteria and duration of approval		2/1/2023
			EG-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization continuation criteria and duration of approval		
			PPACA-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization continuation criteria and duration of approval		
			Medicaid	Rx: Medical:	Rx: Medical:			
	1.1gm/mL	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Medical	<b>Reblozyl</b> (luspatercept)	anemia due to Beta Thalassemia	Traditional	Pref Spec (T7), PA	Pref Spec (T7), PA	ADD Prior Authorization continuation criteria and duration of approval		2/1/2023
			EG-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	ADD Prior Authorization continuation criteria and duration of approval		
			PPACA-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	ADD Prior Authorization continuation criteria and duration of approval		
			Medicaid	Rx: Medical:	Rx: Medical:			
	J0896	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
Pharmacy	<b>Relexxii</b> (Methylphenidate ER)  45 mg and 63 mg extended - release tablet	ADHD	Traditional		NF	NEW FORMULATION, not added to the formulary		Commercial - 11/23/2022 Medicare - 3/1/2023
			EG-Optimized		NF	NEW FORMULATION, not added to the formulary		
			PPACA-Optimized		NF	NEW FORMULATION, not added to the formulary		
			Medicaid	Rx: Medical:	Rx: Carve-out Medical: N/A	NEW FORMULATION, carve-out		
			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		
Pharmacy	<b>Relyvrio</b> (sodium phenylbutyrate and taurursodiol)  3gm/1gm oral powder	Adult ALS	Traditional		T5, PA, QL, AL	NEW DRUG, ADDED to coverage at Tier 5, with Prior Authorization requirements, and Quantity Limit of 60 packets/30 days with an Age Limit of 18 to 80 years	riluzole	3/1/2023
			EG-Optimized		T5, PA, QL, AL	NEW DRUG, ADDED to coverage at Tier 5, with Prior Authorization requirements, and Quantity Limit of 60 packets/30 days with an Age Limit of 18 to 80 years		
			PPACA-Optimized		T5, PA, QL, AL	NEW DRUG, ADDED to coverage at Tier 5, with Prior Authorization requirements, and Quantity Limit of 60 packets/30 days with an Age Limit of 18 to 80 years		
			Medicaid	Rx: Medical:	Rx: Pending Medical:	NEW DRUG, Pending MDHHS review		
			Medicare	Part D: Part B:	Part D: T5, PA, QL, AL Part B:	Part D: NEW DRUG, ADDED to coverage at Tier 5, with Prior Authorization requirements, and Quantity Limit of 56 packets/28 days with an Age Limit of 18 years Part B: N/A		
Medical	<b>Remicade</b> (infliximab)  J1745 100mg SD vial	Inflammatory conditions	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B: NPS (T8), PA	Part D: Part B: NPS (T8), PA	Part D: Part B: UPDATE Prior Authorization Criteria		

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
Pharmacy	<b>Rinvoq ER</b> (upadacitinib)	Inflammatory skin conditions	Traditional	T4, PA, QL, AL	T4, PA, QL, AL	ADD PA Criteria for indication of Non-radiographic axial spondyloarthritis		2/1/2023
			EG-Optimized	T4, PA, QL, AL	T4, PA, QL, AL	ADD PA Criteria for indication of Non-radiographic axial spondyloarthritis		
			PPACA-Optimized	T4, PA, QL, AL	T4, PA, QL, AL	ADD PA Criteria for indication of Non-radiographic axial spondyloarthritis		
			Medicaid	Rx: Medical:	Rx: Medical:	Rx:		
	Medicare		Part D: Part B:	Part D: Part B:	Part D: Updated PA for new indications Part B:			
	15mg, 30mg, and 45mg extended-release tablet							
Pharmacy/Medical	<b>Rolvedon</b> (eflapegrastim-xnst)	Neutropenia	Traditional		NF	NEW DRUG, not added to the formulary or coverage under the medical benefit	Neulasta, Fulphila, and Nyvepria	Part B - 2/1/2023 Part D - 3/1/2023
			EG-Optimized		NF	NEW DRUG, not added to the formulary or coverage under the medical benefit		
			PPACA-Optimized		NF	NEW DRUG, not added to the formulary or coverage under the medical benefit		
			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		
	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			
	J3490, J3590, C9399 13.2mg/0.6ml SQ injection							
Pharmacy	<b>Rydapt</b> (midostaurin)	Chemotherapy	Traditional	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
			EG-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria to require Eastern Cooperative Oncology Group (EGOG) score between 0 and 2.		
			PPACA-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria to require Eastern Cooperative Oncology Group (EGOG) score between 0 and 2.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Medicare		Part D: Part B:	Part D: Part B:	Part D: Part B:			
	25mg capsule							



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
Pharmacy	<b>Sajazir</b> (icatibant acetate)	Hereditary Angioedema	Traditional	T5, PA, QL, AL	NF	REMOVE from formulary (generic available)	icatibant acetate	3/1/2023
			EG-Optimized	T5, PA, QL, AL	NF	REMOVE from formulary (generic available)		
			PPACA-Optimized	T5, PA, QL, AL	NF	REMOVE from formulary (generic available)		
	Medicaid		Rx: Medical:	Rx: Medical:				
	Medicare		Part D: Part B:	Part D: Part B:	Part D: Part B:			
30mg/3ml Subcutaneous Injection								
Medical	<b>Simponi Aria</b> (golimumab)	Inflammatory conditions	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
	Medicaid		Rx: Medical:	Rx: Medical:				
	Medicare		Part D: Part B: NPS (T8), PA	Part D: Part B: NPS (T8), PA	Part D: Part B: UPDATE Prior Authorization Criteria			
J1602 50mg/4mL IV								
Medical	<b>Skyrizi IV</b> (risankizumab-rzaa)	Inflammatory conditions	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
	Medicaid		Rx: Medical:	Rx: Medical:				
	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			
J2327 600 mg/10 mL vial ONLY								
Medical	<b>Skysona</b> (elivaldogene autotemcel)	CALD (cerebral adrenoleukodystrophy)	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		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 4 to 17 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 4 to 17 years		
	Medicaid		Rx: Medical:	Rx: Medical:	Rx: NEW DRUG, EXCLUDED Medical: NEW DRUG, not covered (Potential carve-out - MDHHS to review)			
	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			
J3490, J3590, C9399 Suspension for intravenous infusion								

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
Pharmacy	<b>Sodium phenylbutyrate</b> (geq for Buphenyl)	Urea cycle disorders	Traditional	T4, PA	T4, PA	ADD Prior Authorization continuation criteria and duration of approval		2/1/2023
			EG-Optimized	T4, PA	T4, PA	ADD Prior Authorization continuation criteria and duration of approval		
			PPACA-Optimized	T4, PA	T4, PA	ADD Prior Authorization continuation criteria and duration of approval		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Medicare		Part D: Part B:	Part D: Part B:	Part D: Part B:			
	3gm/tsp powder and 500mg tablet							
Medical	<b>Soliris IV</b> (belimumab)	Multiple Uses	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	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			
	J1300 300mg/30ml sd vial							
Medical	<b>Stelara IV</b> (ustekinumab)	Inflammatory conditions	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	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			
	J3358 30 mg/26 ml vial ONLY							

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
Pharmacy	<b>Tadalafil</b> (geq for Cialis)	Pulmonary arterial hypertension (PAH)	Traditional	T1, QL	T1, QL	No Change		3/1/2023
			EG-Optimized	T1b, QL	T1b, QL	No Change		
			PPACA-Optimized	NF (BE)	T1b, SmartPA, QL	ADD to formulary at Tier 1b with Smart PA - Prior Authorization needed if ICD 10 diagnosis code for Pulmonary Arterial Hypertension (I27.0 or I27.20 - I27.29) is not on file and Quantity Limit of 30 tablets per 30 days		
			Medicaid	Rx: Medical:	Rx: Medical:			
	20mg tablet ONLY	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Pharmacy	<b>Tafuprost</b> (geq for Zioptan)	Elevated intraocular pressure	Traditional		T3	NEW FORMULATION, ADDED to formulary as Tier 3		12/6/2022
			EG-Optimized		T3	NEW FORMULATION, ADDED to formulary as Tier 3		
			PPACA-Optimized		T3	NEW FORMULATION, ADDED to formulary as Tier 3		
			Medicaid	Rx: Medical:	Rx: Medical:	NEW FORMULATION, ADDED to the formulary as PDL Non-Preferred with Prior Authorization requirements		
	0.0015% ophthalmic solution	Medicare	Part D: Part B:	Part D: Part B: N/A	Part D: NEW FORMULATION, not added to formulary Part B: N/A			
Medical	<b>Tecvayli</b> (teclistamab-cqyv)	Chemotherapy	Traditional		NPS (T8), PA, AL	NEW DRUG, ADDED to coverage under the Medical Benefit at Non-Preferred Specialty (T8), with Prior Authorization requirements (Oncology Policy) and Age Limit of 18 years and older		2/1/2023
			EG-Optimized		NPS (T8), PA, AL	NEW DRUG, ADDED to coverage under the Medical Benefit at Non-Preferred Specialty (T8), with Prior Authorization requirements (Oncology Policy) and Age Limit of 18 years and older		
			PPACA-Optimized		NPS (T8), PA, AL	NEW DRUG, ADDED to coverage under the Medical Benefit at Non-Preferred Specialty (T8), with Prior Authorization requirements (Oncology Policy) and Age Limit of 18 years and older		
			Medicaid	Rx: Medical:	Rx: NF Medical: Covered	RX: NEW DRUG, not added to formulary Medical: NEW DRUG, ADDED to coverage under the Medical Benefit		
	J3450, J3590, J999, C9399 10mg/ml and 90mg/ml single dose vial	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)			

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	<b>Testopel</b> (testosterone undecanoate)	Hormone Replacement	Traditional	Non-specialty (T6), PA	Non-specialty (T6), PA	UPDATE Prior Authorization criteria for gender dysphoria		Commercial - 2/1/2023 Medicare - 4/1/2023
			EG-Optimized	Non-specialty (T6), PA	Non-specialty (T6), PA	UPDATE Prior Authorization criteria for gender dysphoria		
			PPACA-Optimized	Non-specialty (T6), PA	Non-specialty (T6), PA	UPDATE Prior Authorization criteria for gender dysphoria		
			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			
Medical	<b>Tezspire</b> (tezepelumab-ekko)	Respiratory agent	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	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			
Medical/Pharmacy	<b>Tyvaso</b> (treprostinil)	Pulmonary arterial hypertension (PAH)	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	J7686 0.6mg/mL Solution (Ampule)	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  
 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	<b>Tzield</b> (teplizumab-mzwv)	Type 1 Diabetes	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		2/1/2023
			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		
			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		
			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		
	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			
	J3490, J3590, C9399 2mg/2ml single dose vial							
Medical	<b>Vabysmo</b> (faricimab-svoa)	Indicated to treat neovascular age related macular degeneration and diabetic macular edema	Traditional				Lucentis/Biosimilar Lucentis or Eylea	2/1/2023
			EG-Optimized					
			PPACA-Optimized					
	Medicaid			Rx: Medical Covered, PA	Rx: Medical: UPDATE Prior Authorization criteria to include trial through Lucentis,. Lucentis biosimilars or Eylea			
	J2777		Medicare					
Pharmacy	<b>Valganciclovir</b> (geq for Valcyte)	Cytomegalovirus	Traditional	T4, QL	T3, QL	DECREASE Tier from Tier 4 to Tier 3		3/1/2023 7/1/2023 for Increased cost share
			EG-Optimized	T4, QL	T3, QL	DECREASE Tier from Tier 4 to Tier 3		
			PPACA-Optimized	T4, QL	T3, QL	DECREASE Tier from Tier 4 to Tier 3		
	Medicaid		Rx: Medical:	Rx: Medical:				
	Medicare		Part D: Part B:	Part D: Part B:	Part D: Part B:			
	450mg Tablet ONLY							

PA - Prior Authorization  
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 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	<b>Velcade</b> (bortezomib)	Chemotherapy	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]		2/1/2023
			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]		
			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]		
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
J9041								
Medical	<b>Ventavis</b> (iloprost)	Pulmonary arterial hypertension (PAH)	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B: NPS (T8), PA	Part D: Part B: NPS (T8), PA	Part D: Part B: UPDATE Prior Authorization Criteria		
Q4074 10mcg/ml and 20mcg/2ml								
Medical	<b>Vyepti IV</b> (eptinezumab-ijmr)	Migraine	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B: NPS (T8), PA	Part D: Part B: NPS (T8), PA	Part D: Part B: UPDATE Prior Authorization Criteria		
J3032 100mg/ml sd vial								
Medical	<b>Xaracoll</b> (Bupivacaine, collagen-matrix implant)	Analgesia/Anesthesia	Traditional					2/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Not	Rx: Medical: Covered	Rx: Medical: ADD to coverage		
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
J3490, C9089								

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 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
Pharmacy	<b>Xelstrym</b> (dextroamphetamine)	ADHD	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.	amphetamine salt combination and dextroamphetamine sulfate	Commercial - 10/31/2022 Medicare - 3/1/2023
			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.		
			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.		
			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			
Medical/Pharmacy	<b>Xolair</b> (omalizumab)	Respiratory agent	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	J2357 150mg vial and 75mg/0.5ml and 150mg/ml prefilled 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			
Medical	<b>Zynrelef</b> (bupivacaine and meloxicam)	Analgesia/Anesthesia	Traditional					2/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical: Not Covered	Rx: Medical: Covered	RX: Medical: ADD to coverage		
	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	<b>Zynteglo</b> (betibeglogene autotemcel)	Transfusion-dependent beta-thalassemia	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 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: EXCLUDED Medical: Carve-out	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: EXCLUDED Part B: Gene Therapy, PA, AL	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		