

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

Pharmacy Department
 Pending Changes to the
 Approved Drug List
 March 2023



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Abiraterone (geq for Zytiga)	Chemotherapy	Traditional	T4, PA	T1, SmartPA	DECREASE Tier: from Tier 4 to Tier 1 and REMOVE Prior Authorization and ADD SMART Prior Authorization (ICD-10 code C61).		5/1/2023
			EG-Optimized	T4, PA	T1b, SmartPA	DECREASE Tier: from Tier 4 to Tier 1 and REMOVE Prior Authorization and ADD SMART Prior Authorization (ICD-10 code C61).		
			PPACA-Optimized	T4, PA	T1b, SmartPA	DECREASE Tier: from Tier 4 to Tier 1 and REMOVE Prior Authorization and ADD SMART Prior Authorization (ICD-10 code C61).		
			Medicaid	Rx: Medical:	Rx: Medical:			
	250mg Tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical/Pharmacy	Actemra (Tocilizumab)	Inflammatory conditions	Traditional	Rx: T4, PA, QL Medical: Pref Spec (T7), PA	Rx: T4, PA, QL Medical: Pref Spec (T7), PA	Rx and Medical: UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		4/1/2023
			EG-Optimized	Rx: T4, PA, QL Medical: Pref Spec (T7), PA	Rx: T4, PA, QL Medical: Pref Spec (T7), PA	Rx and Medical: UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			PPACA-Optimized	Rx: T4, PA, QL Medical: Pref Spec (T7), PA	Rx: T4, PA, QL Medical: Pref Spec (T7), PA	Rx and Medical: UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			Medicaid	Rx: Medical:	Rx: Medical:			
				Rx: 162mg/0.9ml Auto-injector and Prefilled Syringe Medical: J3262 80mg/4ml, 200mg/10ml, 400mg/20ml Solution Vials		Medicare		
Medical	Adakveo (Crizanlizumab-tmca)	Sickle Cell Disease	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: N/A Medical: Covered, PA	Rx: N/A Medical: Covered, PA	Rx: N/A Medical: UPDATE Prior Authorization initial approval duration from six months to one year.		
	J0791 100mg/10ml Solution		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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Pharmacy	Aimovig (Erenumab-aooe)	Migraine	Traditional	T4, PA, QL, AL	T4, PA, QL, AL	REMOVE Prior Authorization combination therapy restriction with botulinum toxin agents.		5/1/2023
			EG-Optimized	T4, PA, QL, AL	T4, PA, QL, AL	REMOVE Prior Authorization combination therapy restriction with botulinum toxin agents.		
			PPACA-Optimized	T4, PA, QL, AL	T4, PA, QL, AL	REMOVE Prior Authorization combination therapy restriction with botulinum toxin agents.		
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
70mg/ml and 140mg/ml Auto-injector								
Pharmacy	Ajovy (Fremanezumab-vfrm)	Migraine	Traditional	T4, PA, QL, AL	T4, PA, QL, AL	REMOVE Prior Authorization combination therapy restriction with botulinum toxin agents.		5/1/2023
			EG-Optimized	T4, PA, QL, AL	T4, PA, QL, AL	REMOVE Prior Authorization combination therapy restriction with botulinum toxin agents.		
			PPACA-Optimized	T4, PA, QL, AL	T4, PA, QL, AL	REMOVE Prior Authorization combination therapy restriction with botulinum toxin agents.		
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
225MG/1.5mg Auto-injector and Prefilled Syringe								
Pharmacy	Alprolix (Factor IX, Fc fusion protien)	Hemophilia	Traditional	T5	T5, PA	ADD Prior Authorization requirements.		5/1/2023
			EG-Optimized	T5	T5, PA	ADD Prior Authorization requirements.		
			PPACA-Optimized	T5	T5, PA	ADD Prior Authorization requirements.		
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
250, 500, 1000, 2000, 3000, and 4000 units for Reconstituted Solution								

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Pharmacy	Amjevita (Adalimumab-atto)	Inflammatory conditions	Traditional	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorizaion criteria for all medications/indications requiring Humira as Step Therapy to include Amjevita (both are preferred adalimumab products).		3/1/2023
			EG-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorizaion criteria for all medications/indications requiring Humira as Step Therapy to include Amjevita (both are preferred adalimumab products).		
			PPACA-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorizaion criteria for all medications/indications requiring Humira as Step Therapy to include Amjevita (both are preferred adalimumab products).		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Medicare		Part D: NF Part B:	Part D: T5, PA, QL Part B:	Part D: ADD to formulary at Tier 5 with Prior Authorization Requirements and Quantity Limit of 0.8ml/28 days. Part B:			
	20mg/0.4ml Pre-filled Syringe							
Pharmacy	Amjevita (Adalimumab-atto)	Inflammatory conditions	Traditional	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorizaion criteria for all medications/indications requiring Humira as Step Therapy to include Amjevita (both are preferred adalimumab products).		3/1/2023
			EG-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorizaion criteria for all medications/indications requiring Humira as Step Therapy to include Amjevita (both are preferred adalimumab products).		
			PPACA-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorizaion criteria for all medications/indications requiring Humira as Step Therapy to include Amjevita (both are preferred adalimumab products).		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Medicare		Part D: NF Part B:	Part D: T5, PA, QL Part B:	Part D: ADD to formulary at Tier 5 with Prior Authorization Requirements and Quantity Limit of 1.6ml/28 days. Part B:			
	40mg Auto-injector and syringe							

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Pharmacy	Amlodipine/ Hydrochlorothiazide/ Valsartan (geq for Exforge)	Hypertension	Traditional					3/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	5-160-12.5mg, 5-160-25mg, 10-160-12.5mg, 10-160-25mg, 10-325-25mg Tablets		Medicare	Part D: NF Part B:	Part D: T4, QL Part B:	Part D: ADD to formulary at Tier 4 with Quantity Limit of 30 tablets/30 days. Part B:		
Medical	Aponvie (Aprepitant)	Nausea & Vomiting	Traditional		Pref Spec (T7)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Preferred Specialty (T7).		4/1/2023
			EG-Optimized		Pref Spec (T7)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Preferred Specialty (T7).		
			PPACA-Optimized		Pref Spec (T7)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Preferred Specialty (T7).		
			Medicaid	Rx: Medical:	Rx: NF Medical: Covered	NEW FORMULATION: ADD to coverage under the Medical Benefit as Covered.		
			Medicare	Part D: Part B:	Part D: Part B: Pref Spec (T7)	Part D: Part B: NEW FORMULATION: ADD to coverage under Part B as Preferred Specialty (T7)		
	J3490 After April 1st, 2023 New HCPCS: C9145 32 MG/4.4 ML VIAL							
Pharmacy	Auvelity (Dextromethorphan / Bupropion)	Depression	Traditional					3/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	45mg-105mg Extended-Release Tablet		Medicare	Part D: NF Part B:	Part D: T5, PA, QL Part B:	Part D: ADD to formulary at Tier 5 with Prior Authorization Requirements and Quantity Limit of 60 tablets/30 days. Part B:		
Medical	Bendamustine (Geq for Treanda)	Chemotherapy	Traditional		Non-Spec (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (T6).		4/1/2023
			EG-Optimized		Non-Spec (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (T6).		
			PPACA-Optimized		Non-Spec (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (T6).		
			Medicaid	Rx: Medical:	Rx: NF Medical: Covered	NEW FORMULATION: ADD to coverage under the Medical Benefit as Covered.		
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
	J9033 25mg and 100mg/vial							

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Pharmacy	Blephamide S.O.P (Sulfacetamide/Prednisolone)	Ocular Inflammation Conditions	Traditional					2/1/2023
			EG-Optimized					
	PPACA-Optimized							
	Medicaid		Rx: Medical:	Rx: Medical:				
	10-0.2% Ophthalmic Ointment		Medicare	Part D: T3 Part B:	Part D: NF Part B:	Part D: REMOVED from formulary - no longer on CMS Formulary Reference File. Part B:		
Medical	Botox (OnabotulinumtoxinA)	Chronic Migraine	Traditional	Pref Spec (T7), PA	Pref Spec (T7), PA	REMOVE Prior Authorizaion combination therapy restriction with CGRP preventative drugs (e.g. Aimovig, Emgality, Ajovy).		4/1/2023
			EG-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	REMOVE Prior Authorizaion combination therapy restriction with CGRP preventative drugs (e.g. Aimovig, Emgality, Ajovy).		
			PPACA-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	REMOVE Prior Authorizaion combination therapy restriction with CGRP preventative drugs (e.g. Aimovig, Emgality, Ajovy).		
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered, PA	REMOVE Prior Authorizaion combination therapy restriction with CGRP preventative drugs Aimovig, Emgality, and Ajovy.		
			J0585 100u and 200u Single Dose Vial		Medicare	Part D: Part B: Pref Spec (T7), PA, ST	Part D: Part B: Pref Spec (T7), PA, ST	

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Pharmacy	Breo Ellipta (Fluticasone Furoate/Vilanterol) 100mcg-25mcg/act and 200mcg-25mcg/act Powder for Inhalation BRAND ONLY	Chronic obstructive pulmonary disease (COPD) and Asthma	Traditional	NF	T2, QL	ADD to formulary at Tier 2 with Quantity Limit of 1 inhaler per 30 days.		4/1/2023
			EG-Optimized	NF	T2, QL	ADD to formulary at Tier 2 with Quantity Limit of 1 inhaler per 30 days.		
			PPACA-Optimized	NF	T2, QL	ADD to formulary at Tier 2 with Quantity Limit of 1 inhaler per 30 days.		
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Brimonidine (geq for Mirvaso) 0.33% Gel Pump	Acne	Traditional		NF	NEW GENERIC: not added to formulary.		1/20/2023
			EG-Optimized		NF	NEW GENERIC: not added to formulary.		
			PPACA-Optimized		NF	NEW GENERIC: not added to formulary.		
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Briumvi (ublituximab-xiiy) J3490, J3590, C9399 150mg/6ml vial	Relapsing MS	Traditional		Pref Spec (T7), PA, SOS	NEW DRUG: ADD to coverage under the Medical Benefit as a Preferred Specialty (T7) with Prior Authorization and Site of Service Requirements	Glatiramer acetate, Dimethyl fumarate, Fingolimod	4/1/2023
			EG-Optimized		Pref Spec (T7), PA, SOS	NEW DRUG: ADD to coverage under the Medical Benefit as a Preferred Specialty (T7) with Prior Authorization and Site of Service Requirements		
			PPACA-Optimized		Pref Spec (T7), PA, SOS	NEW DRUG: ADD to coverage under the Medical Benefit as a Preferred Specialty (T7) with Prior Authorization and Site of Service Requirements		
			Medicaid	Rx: Medical:	Rx: NF Medical: Covered, PA, SOS	Rx: NEW DRUG: not added to formulary Medical: NEW DRUG: ADD to coverage under the Medical Benefit with Prior Authorization and Site of Service Requirements		
			Medicare	Part D: Part B:	Part D: NF Part B: PS (T7)	Part D: NEW DRUG: not added to formulary Part B: NEW DRUG: ADD to coverage under Part B as Preferred Specialty (T7)		

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Medical	Cardiolite (Technetium tc99m sestamibi)	Diagnostic agent	Traditional		Non-Specialty (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		COMM 2/10/2023 CAID 2/8/2023
			EG-Optimized		Non-Specialty (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		
			PPACA-Optimized		Non-Specialty (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		
			Medicaid	Rx: Medical:	Rx: NF Medical: Not Covered	Rx: NEW FORMULATION: not added to formulary. Medical: NEW FORMULATION: not added to coverage under the medical benefit.		
	Prep Kit		Medicare	Part D: Part B:	Part D: EXCLUDED Part B: Covered	Part D: NEW FORMULATION: excluded from formulary. Part B: NEW FORMULATION: not managed by pharmacy.		
Medical	Ceretek (Technetium Tc 99m Exametazime)	Diagnostic agent	Traditional		Non-Specialty (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		COMM 12/23/2023 CAID 12/21/2023
			EG-Optimized		Non-Specialty (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		
			PPACA-Optimized		Non-Specialty (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		
			Medicaid	Rx: Medical:	Rx: Medical: Not Covered	Rx: NEW FORMULATION: not added to formulary. Medical: NEW FORMULATION: not added to coverage under the medical benefit.		
	Prep Kit		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION: excluded from formulary. Part B: NEW FORMULATION: not managed by pharmacy.		

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Pharmacy	Cibinqo (Abrocitinib)	Atopic Dermatitis	Traditional	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization requirements to DECREASE age limit to 12 years.		5/1/2023
			EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization requirements to DECREASE age limit to 12 years.		
			PPACA-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization requirements to DECREASE age limit to 12 years.		
			Medicaid	Rx: Covered, PA, AL Medical:	Rx: Covered, PA, AL Medical:	Rx: UPDATE Prior Authorization requirements to DECREASE age limit to 12 years.		
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
	50mg, 100mg, and 200mg Tablets							
Medical/Pharmacy	Cimzia (Certolizumab pegol)	Inflammatory conditions	Traditional	Rx: T5, PA, QL Medical: NPS (T8), PA	Rx: T5, PA, QL Medical: NPS (T8), PA	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		4/1/2023
			EG-Optimized	Rx: T5, PA, QL Medical: NPS (T8), PA	Rx: T5, PA, QL Medical: NPS (T8), PA	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			PPACA-Optimized	Rx: T5, PA, QL Medical: NPS (T8), PA	Rx: T5, PA, QL Medical: NPS (T8), PA	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
	Rx: 200mg/ml Prefilled Syringe Kit and Starter Kit Medical: J0717 400mg Lyophilized Powder in Single Dose Vial							
Pharmacy	Cosentyx (Secukinumab)	Inflammatory conditions	Traditional					2/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: T5, PA, QL Part B: N/A	Part D: T5, PA, QL Part B: N/A	Part D: UPDATE Prior Authorization requirements to remove azathioprine as a trial/failure drug for the indication of Psoriatic Arthritis. Part B: N/A		
	75mg/0.5ml, 150mg/ml Prefilled Syringe							

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Pharmacy	Cosentyx (Secukinumab)	Inflammatory conditions	Traditional					2/1/2023
			EG-Optimized					
	PPACA-Optimized							
	Medicaid		Rx: Medical:	Rx: Medical:				
	75mg/0.5ml, 150mg/ml Auto-injector		Medicare	Part D: T5, PA, QL Part B: N/A	Part D: T5, PA, QL Part B: N/A	Part D: UPDATE Prior Authorization requirements to remove azathioprine as a trial/failure drug for the indication of Psoriatic Arthritis Part B: N/A		
Pharmacy	Daliresp (Roflumilast)	Chronic obstructive pulmonary disease (COPD)	Traditional	T3, PA, QL	T3, QL	REMOVE Prior Authorization requirement and UPDATE Quantity Limit to 30 tablets/30 days.		5/1/2023
			EG-Optimized	T3, PA, QL	T3, QL	REMOVE Prior Authorization requirement and UPDATE Quantity Limit to 30 tablets/30 days.		
			PPACA-Optimized	T3, PA, QL	T3, QL	REMOVE Prior Authorization requirement and UPDATE Quantity Limit to 30 tablets/30 days.		
	Medicaid		Rx: Medical:	Rx: Medical:				
	Medicare		Part D: Part B:	Part D: Part B:	Part D: Part B:			
	250mcg Tablets ONLY							
Pharmacy	Daliresp (Roflumilast)	Chronic obstructive pulmonary disease (COPD)	Traditional	T3, PA	T3, QL	REMOVE Prior Authorization requirement and ADD Quantity Limit of 30 tablets/30 days.		5/1/2023
			EG-Optimized	T3, PA	T3, QL	REMOVE Prior Authorization requirement and ADD Quantity Limit of 30 tablets/30 days.		
			PPACA-Optimized	T3, PA	T3, QL	REMOVE Prior Authorization requirement and ADD Quantity Limit of 30 tablets/30 days.		
	Medicaid		Rx: Medical:	Rx: Medical:				
	Medicare		Part D: Part B:	Part D: Part B:	Part D: Part B:			
	500mcg Tablets ONLY							
Medical	Darzalex (Daratumumab)	Chemotherapy	Traditional	Pref Spec (T7), PA	Pref Spec (T7), PA	REMOVE Prior Authorization requirement for ICD-10 code: E85.81 (light chain amyloidosis). [C90.00-C90.32 (multiple myeloma) is already no Prior Authorization required].		4/1/2023
			EG-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	REMOVE Prior Authorization requirement for ICD-10 code: E85.81 (light chain amyloidosis). [C90.00-C90.32 (multiple myeloma) is already no Prior Authorization required].		
			PPACA-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	REMOVE Prior Authorization requirement for ICD-10 code: 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:		
	J9145 100mg/5ml and 400mg/20ml Solution							

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Pharmacy	Dexcom G6 (CGM)	Diabetic Supply	Traditional	T2, QL	T2, SmartPA, QL	ADD Prior Authorization criteria (SmartPA - Must have Diabetes diagnosis (ICD-10 E10.10 - 10.9 OR E11.00 to E11.9) AND current use (within 6 months) of ANY insulin.)		7/1/2023
			EG-Optimized	T2, QL	T2, SmartPA, QL	ADD Prior Authorization criteria (SmartPA - Must have Diabetes diagnosis (ICD-10 E10.10 - 10.9 OR E11.00 to E11.9) AND current use (within 6 months) of ANY insulin.)		
			PPACA-Optimized	T2, QL	T2, SmartPA, QL	ADD Prior Authorization criteria (SmartPA - Must have Diabetes diagnosis (ICD-10 E10.10 - 10.9 OR E11.00 to E11.9) AND current use (within 6 months) of ANY insulin.)		
			Medicaid	Rx: Medical:	Rx: Medical:			
	G6 Reader device, G6 sensor, and Transmitter device		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Dexcom G7 (CGM)	Diabetic Supply	Traditional	NF	T2, SmartPA, QL	ADD to formulary at Tier 2 with Quantity Limits and with Prior Authorization criteria (SmartPA - Must have Diabetes diagnosis (ICD-10 E10.10 - 10.9 OR E11.00 to E11.9) AND current use (within last six months) of ANY insulin.)		5/1/2023
			EG-Optimized	NF	T2, SmartPA, QL	ADD to formulary at Tier 2 with Quantity Limits and with Prior Authorization criteria (SmartPA - Must have Diabetes diagnosis (ICD-10 E10.10 - 10.9 OR E11.00 to E11.9) AND current use (within last six months) of ANY insulin.)		
			PPACA-Optimized	NF	T2, SmartPA, QL	ADD to formulary at Tier 2 with Quantity Limits and with Prior Authorization criteria (SmartPA - Must have Diabetes diagnosis (ICD-10 E10.10 - 10.9 OR E11.00 to E11.9) AND current use (within last six months) of ANY insulin.)		
			Medicaid	Rx: Medical:	Rx: Medical:			
	G7 Receiver and G7 Sensor		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Dexlansoprazole DR (geq for Dexilant)	Gastroesophageal reflux disease (GERD)	Traditional		NF	NEW FORMULATION: not added to formulary.		COMM 12/23/2023 CAID 12/21/2023
			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:	Rx: NEW FORMULATION: ADD to the formulary as PDL Non-Preferred with Prior Authorization requirements.		
	30mg Capsule ONLY		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION: not added to formulary. Part B: N/A		

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Pharmacy	Dichlorphenamide (geq for Keveysi)	Low Potassium (Hypokalemia)	Traditional					3/1/2023
	EG-Optimized							
	50mg Tablet		PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: NF Part B:	Part D: T5, PA Part B:	Part D: ADD to formulary at Tier 5 with Prior Authorization Requirements. Part B:		
Pharmacy	Diclofenac Potassium (geq for Cambia)	Migraine	Traditional		NF	NEW FORMULATION: not added to formulary.		COMM 1/20/2023 CAID 1/20/2023
	EG-Optimized			NF	NEW FORMULATION: not added to formulary.			
	50mg Powder Packet		PPACA-Optimized		NF	NEW FORMULATION: not added to formulary.		
			Medicaid	Rx: Medical:	Rx: NF Medical:	Rx: NEW FORMULATION: not added to formulary. Medical: NEW FORMULATION: not added to coverage under the medical benefit.		
			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	Difucid (Fidaxomacin)	Antimicrobial	Traditional	T5, ST, QL	T5, ST, QL	ADD Step Therapy drug option of Vancomycin capsules, AND UPDATE Quantity limit from 20 tablets/30 days to 20 tablets/10 days with maximum of 2 fills per 6 months.		5/1/2023
			EG-Optimized	T5, ST, QL	T5, ST, QL	ADD Step Therapy drug option of Vancomycin capsules, AND UPDATE Quantity limit from 20 tablets/30 days to 20 tablets/10 days with maximum of 2 fills per 6 months.		
	200mg Tablet		PPACA-Optimized	T5, ST, QL	T5, ST, QL	ADD Step Therapy drug option of Vancomycin capsules, AND UPDATE Quantity limit from 20 tablets/30 days to 20 tablets/10 days with maximum of 2 fills per 6 months.		
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D:		
Pharmacy	Digitex (Digoxin)	Chronic Atrial Fibrillation	Traditional					2/1/2023
			EG-Optimized					
	125mcg Tablet		PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: T4 Part B:	Part D: NF Part B:	Part D: REMOVED from formulary - no longer on CMS Formulary Reference File. Part B:		

PA - Prior Authorization
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Pharmacy Department
 Pending Changes to the
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 March 2023 (continued)



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Doxepin (geq for Silenor)	Insomnia	Traditional	T2, ST, QL	T2, ST, QL	REMOVE combination therapy restriction with other sedative hypnotics.		5/1/2023
			EG-Optimized	T2, ST, QL	T2, ST, QL	REMOVE combination therapy restriction with other sedative hypnotics.		
			PPACA-Optimized	T2, ST, QL	T2, ST, QL	REMOVE combination therapy restriction with other sedative hypnotics.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:				
	3mg and 6mg Tablets ONLY							
Medical	Dysport (AbobotulinumtoxinA)	Chronic Migraine	Traditional	Pref Spec (T7), PA	Pref Spec (T7), PA	REMOVE Prior Authorizaion combination therapy restriction with CGRP preventative drugs (e.g. Aimovig, Emgality, Ajovy).		4/1/2023
			EG-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	REMOVE Prior Authorizaion combination therapy restriction with CGRP preventative drugs (e.g. Aimovig, Emgality, Ajovy).		
			PPACA-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	REMOVE Prior Authorizaion combination therapy restriction with CGRP preventative drugs (e.g. Aimovig, Emgality, Ajovy).		
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered, PA	REMOVE Prior Authorizaion combination therapy restriction with CGRP preventative drugs Aimovig, Emgality, and Ajovy.		
	Medicare	Part D: Part B: Pref Spec (T7), PA, ST	Part D: Part B: Pref Spec (T7), PA, ST	Part D: Part B: REMOVE Prior Authorization combination therapy restriction with CGRP preventative drugs Aimovig, Emgality, and Ajovy. ADD 'No prior auth' exemption when billed by a Neurologists (NEUR), Rehab Medicine (PMR) and Physical Med & Rehab (PT) specialists when following FDA max dose and prescribing guidelines (to match Commercial and Medicaid).				
	J0596 300 unit and 500 unit Single Dose Vial							

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 Pending Changes to the
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 March 2023 (continued)



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Emgality (Galcanezumab-gnlm)	Migraine	Traditional	T4, PA, QL, AL	T4, PA, QL, AL	REMOVE Prior Authorization combination therapy restriction of preferred agents with botulinum toxin agents.		5/1/2023
			EG-Optimized	T4, PA, QL, AL	T4, PA, QL, AL	REMOVE Prior Authorization combination therapy restriction of preferred agents with botulinum toxin agents.		
			PPACA-Optimized	T4, PA, QL, AL	T4, PA, QL, AL	REMOVE Prior Authorization combination therapy restriction of preferred agents with botulinum toxin agents.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:				
	120mg/ml Auto-injector and Prefilled Syringe and 300mg dose Prefilled Syringe							
Pharmacy	Enbrel (Etanercept)	Inflammatory conditions	Traditional	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		COMM 4/1/2023 CARE (Part D) 2/1/2023
			EG-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			PPACA-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATE Prior Authorization requirements to remove azathioprine as a trial/failure drug for the indication of Psoriatic Arthritis. Part B:				
	25mg/0.5ml, 50mg/ml Pre-filled Syringe							
Pharmacy	Enbrel (Etanercept)	Inflammatory conditions	Traditional	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		COMM 4/1/2023 CARE (Part D) 2/1/2023
			EG-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			PPACA-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATE Prior Authorization requirements to remove azathioprine as a trial/failure drug for the indication of Psoriatic Arthritis. Part B:				
	25mg/ml and 50mg/ml Auto-injector							

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 March 2023 (continued)



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Enbrel Mini (Etanercept)	Inflammatory conditions	Traditional	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		COMM 4/1/2023 CARE (Part D) 2/1/2023
			EG-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			PPACA-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			Medicaid	Rx: Medical:	Rx: Medical:			
	50mg/ml Solution Cartridge	Medicare	Part D: T5, PA, QL Part B: N/A	Part D: T5, PA, QL Part B: N/A	Part D: UPDATE Prior Authorization requirements to remove azathioprine as a trial/failure drug for the indication of Psoriatic Arthritis. Part B: N/A			
Pharmacy	Estazolam (geq for Prosom)	Insomnia	Traditional	T1, QL, AL	T1, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.		5/1/2023
			EG-Optimized	T1b, QL, AL	T1b, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.		
			PPACA-Optimized	T1b, QL, AL	T1b, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	1mg and 2mg Tablets	Medicare	Part D: Part B:	Part D: Part B:				
Medical/Pharmacy	Estradiol (geq for Delestrogen)	Hormone Replacement	Traditional	Rx: T2 Medical: Non-spec (T6)	Rx: T2 Medical: Non-spec (T6)	Rx: NEW FORMULATION: ADD to formulary at Tier 2. Medical: NEW FORMULATION: ADD to coverage under the Medical Benefit as non-specialty (T6).		COMM 2/8/2023 CAID 6/8/2022 CARE (Part D) 1/19/2023
			EG-Optimized	Rx: T2 Medical: Non-spec (T6)	Rx: T2 Medical: Non-spec (T6)	Rx: NEW FORMULATION: ADD to formulary at Tier 2. Medical: NEW FORMULATION: ADD to coverage under the Medical Benefit as non-specialty (T6).		
			PPACA-Optimized	Rx: T2 Medical: Non-spec (T6)	Rx: T2 Medical: Non-spec (T6)	Rx: NEW FORMULATION: ADD to formulary at Tier 2. Medical: NEW FORMULATION: ADD to coverage under the Medical Benefit as non-specialty (T6).		
			Medicaid	Rx: Medical:	Rx: Covered Medical: Covered	RX: NEW FORMULATION: ADD to formulary. Medical: NEW FORMULATION: ADD to coverage under the Medical Benefit.		
			J1380 50mg/5ml Vial ONLY	Medicare	Part D: Part B:	Part D: T2 Part B: N/A		

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 March 2023 (continued)



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Eszopiclone (geq for Lunesta) 1mg, 2mg, and 3mg Tablets	Insomnia	Traditional	TI, QL, AL	TI, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.		5/1/2023
			EG-Optimized	Tlb, QL, AL	Tlb, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.		
			PPACA-Optimized	Tlb, QL, AL	Tlb, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.		
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Evrysdi (Risdiplam) 60mg/80ml Powder for Oral Solution	Spinal Muscular Atrophy	Traditional					2/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: T5,PA,QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATE Prior Authorization criteria to REMOVE Age Restriction. Part B:		
Medical	Eylea (Aflibercept) J0178 2mg/0.05ml Solution	New indication of Retinopathy of prematurity.	Traditional	NPS (T8), PA	NPS (T8), PA	UPDATE Prior Authorization requirements to include treatment for retinopathy of prematurity.		4/1/2023
			EG-Optimized	NPS (T8), PA	NPS (T8), PA	UPDATE Prior Authorization requirements to include treatment for retinopathy of prematurity.		
			PPACA-Optimized	NPS (T8), PA	NPS (T8), PA	UPDATE Prior Authorization requirements to include treatment for retinopathy of prematurity.		
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered, PA	Medical: UPDATE Prior Authorization requirements to include treatment for retinopathy of prematurity.		
			Medicare	Part D: NF Part B: NPS (T8), PA	Part D: NF Part B: NPS (T8), PA	Part D: NF Part B: REMOVE Prior Authorization required for additional ICD-10 codes H35.101 - H35.169 (Retinopathy of prematurity).		
Pharmacy	Ezetimibe - Atorvastatin (geq for Liptruzet) 10-10mg, 10-20mg, 10-40mg, and 10-80mg Tablets	Hypercholesterolemia	Traditional		NF	NEW FORMULATION: not added to formulary.		COMM 1/20/2023 CAID 1/20/2023 CARE (Part D) 1/1/2023
			EG-Optimized		NF	NEW FORMULATION: not added to formulary.		
			PPACA-Optimized		NF	NEW FORMULATION: not added to formulary.		
			Medicaid	Rx: Medical:	Rx: NF Medical: N/A	RX: NEW FORMULATION: not added to formulary.		
			Medicare	Part D: Part B:	Part D: NF Part B: N/A	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	Fingolimod (geq for Gilenya)	Multiple Sclerosis	Traditional	NF	Tl, SmartPA, QL	NEW DRUG: ADD to formulary at Tier 1 with SMART Prior Authorization (ICD-10 G35), and Quantity Limit of one month fill.		COMM 5/1/2023 CARE (Part D) 2/1/2023
			EG-Optimized	NF	Tlb, SmartPA, QL	NEW DRUG: ADD to formulary at Tier 1 with SMART Prior Authorization (ICD-10 G35), and Quantity Limit of one month fill.		
			PPACA-Optimized	NF	Tlb, SmartPA, QL	NEW DRUG: ADD to formulary at Tier 1 with SMART Prior Authorization (ICD-10 G35), and Quantity Limit of one month fill.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.5mg Capsule		Medicare	Part D: NF Part B:	Part D: T5, PA, QL Part B:	Part D:NEW DRUG: ADD to formulary at Tier 5 with Prior Authorization Requirements with Quantity Limit of 30 tablets/30 days. Part B:		
Pharmacy	Firdapse (Amifampridine)	Lambert- Eaton Syndrome	Traditional					2/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	10mg Tablet		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATE Prior Authorization to remove trial/failure with Pyridostigmine in adults. Part B:		
Pharmacy	Flurazepam (geq for Dalmane)	Insomnia	Traditional	Tl, QL, AL	Tl, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics		5/1/2023
			EG-Optimized	Tlb, QL, AL	Tlb, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics		
			PPACA-Optimized	Tlb, QL, AL	Tlb, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics		
			Medicaid	Rx: Medical:	Rx: Medical:			
	15mg and 30mg Capsules		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	FML (Fluorometholone)	Ocular Inflammation Conditions	Traditional					2/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.1% Ophthalmic Ointment		Medicare	Part D: T3 Part B:	Part D: NF Part B:	Part D:REMOVED from formulary - no longer on CMS Formulary Reference File. Part B:		

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Freestyle Libre (CGM)	Diabetic Supply	Traditional	T2, QL	T2, SmartPA, QL	ADD Prior Authorization criteria (SmartPA - Must have Diabetes diagnosis (ICD-10 E10.10 - 10.9 OR E11.00 to E11.9) AND current use (within 6 months) of ANY insulin.)		7/1/2023
			EG-Optimized	T2, QL	T2, SmartPA, QL	ADD Prior Authorization criteria (SmartPA - Must have Diabetes diagnosis (ICD-10 E10.10 - 10.9 OR E11.00 to E11.9) AND current use (within 6 months) of ANY insulin.)		
			PPACA-Optimized	T2, QL	T2, SmartPA, QL	ADD Prior Authorization criteria (SmartPA - Must have Diabetes diagnosis (ICD-10 E10.10 - 10.9 OR E11.00 to E11.9) AND current use (within 6 months) of ANY insulin.)		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Freestyle Libre 14 day Reader device and sensor Freestyle Libre 2 Reader device and sensor Freestyle Libre 3 sensor		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	GE333 Blood Glucose System (Blood glucose meter)	Diabetic Supply	Traditional		NF	NEW DEVICE: not added to formulary.		COMM 2/21/2023 CAID - 2/15/2023
			EG-Optimized		NF	NEW DEVICE: not added to formulary.		
			PPACA-Optimized		NF	NEW DEVICE: not added to formulary.		
			Medicaid	Rx: Medical:	Rx: NF Medical: Covered	Rx: NEW DEVICE: not added to formulary. Medical: NEW DEVICE: ADD to medical benefits and covered under DME (PA is managed by medical pre-service).		
		Glucose Monitor		Medicare	Part D: Part B:	Part D: Part B:		

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



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	GE333 Blood Glucose Test Strips	Diabetic Supply	Traditional		T3, ST, QL	NEW DEVICE: ADD to formulary at Tier 3 with Step Therapy through One Touch, and Quantity Limit of 200 test strips/30 days.		COMM 2/21/2023 CAID - 2/15/2023
			EG-Optimized		T3, ST, QL	NEW DEVICE: ADD to formulary at Tier 3 with Step Therapy through One Touch, and Quantity Limit of 200 test strips/30 days.		
			PPACA-Optimized		T3, ST, QL	NEW DEVICE: ADD to formulary at Tier 3 with Step Therapy through One Touch, and Quantity Limit of 200 test strips/30 days.		
			Medicaid	Rx: Medical:	Rx: NF Medical: Covered	Rx: NEW DEVICE: not added to formulary. Medical: NEW DEVICE: ADD to coverage under the Medical Benefit (DME) - (PA is managed by medical pre-service).		
	Diabetic Test Strips		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Genotropin (Somatropin, rh-GH)	Human Growth Hormone	Traditional	NF	T4, PA	ADD to formulary at Tier 4 with Prior Authorization Requirements.		5/1/2023
			EG-Optimized	NF	T4, PA	ADD to formulary at Tier 4 with Prior Authorization Requirements.		
			PPACA-Optimized	NF	T4, PA	ADD to formulary at Tier 4 with Prior Authorization Requirements.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.2MG/0.25ml, 0.4mg/0.25ml, 0.6mg/0.25ml, 0.8mg/0.25ml, 1.2mg/0.25ml, 1.4mg/0.25ml, 1.6mg/0.25ml, 1.8/0.25ml, 1mg/0.25ml, 2mg/0.25ml Miniquick Syringe and 5mg/ml and 12mg/ml Cartridge.		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Gilenya (Fingolimod)	Multiple Sclerosis	Traditional					3/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.5mg Capsule		Medicare	Part D:T5 Part B:	Part D: NF Part B:	Part D: REMOVE brand, (generic covered). Part B:		
Pharmacy	Gleostine (Lomustine)	Chemotherapy	Traditional					3/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	10mg, 40mg, 100mg Tablets ONLY		Medicare	Part D: NF Part B:	Part D: T3 Part B:	Part D: ADD to formulary at Tier 3. Part B:		

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Hetlioz (Tasimelteon)	Sleep-Wake Disorder	Traditional					2/1/2023
	EG-Optimized							
	20mg Capsules ONLY		PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: T5, PA, QL Part B:	Part D: NF Part B:	Part D: REMOVE brand, (generic covered). Part B:		
Pharmacy	Hydroxychloroquine (Same ingredient as Plaquenil)	Malaria and Lupus	Traditional		NF	NEW FORMULATION: not added to formulary.		COMM 1/4/2023 CAID 1/4/2023 CARE (Part D) 1/1/2023
			EG-Optimized		NF	NEW FORMULATION: not added to formulary.		
	PPACA-Optimized			NF	NEW FORMULATION: not added to formulary.			
	Medicaid		Rx: Medical:	Rx: NF Medical:	Rx: NEW FORMULATION: not added to formulary.			
	100mg, 300mg, and 400mg Tablets ONLY		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	Ibrance (Palbociclib)	Chemotherapy	Traditional	T4, PA, QL	T5, PA, ST, QL	INCREASE, Tier from Tier 4 to Tier 5 and ADD Step Therapy (In addition to Prior Authorizaion requirements following Oncology policy) through Kisqali, Kisqali Femera, OR Verzenio.	Verzenio and Kisqali	7/1/2023
			EG-Optimized	T4, PA, QL	T5, PA, ST, QL	INCREASE, Tier from Tier 4 to Tier 5 and ADD Step Therapy (In addition to Prior Authorizaion requirements following Oncology policy) through Kisqali, Kisqali Femera, OR Verzenio.		
			PPACA-Optimized	T4, PA, QL	T5, PA, ST, QL	INCREASE, Tier from Tier 4 to Tier 5 and ADD Step Therapy (In addition to Prior Authorizaion requirements following Oncology policy) through Kisqali, Kisqali Femera, OR Verzenio.		
			Medicaid	Rx: Medical:	Rx: Medical:			
			75mg, 100mg, and 125mg Capsules and Tablets		Medicare	Part D: Part B:		

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Icatibant Acetate (geq for Firazyr)	Hereditary Angioedema (HAE)	Traditional					2/1/2023
			EG-Optimized					
	PPACA-Optimized							
	Medicaid		Rx: Medical:	Rx: Medical:				
	30mg/3ml Syringe Solution		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATE Prior Authorization Requirements with a restriction of 3 syringes (9ml) every fifteen days. Part B:		
Pharmacy	Icosapent ethyl (geq for Vascepa)	Severe Hypertriglyceridemia	Traditional					2/1/2023
			EG-Optimized					
	PPACA-Optimized							
	Medicaid		Rx: Medical:	Rx: Medical:				
	500mg Capsules		Medicare	Part D: NF Part B:	Part D: T4, PA Part B:	Part D: ADD to formulary at Tier 4 with Prior Authorization Requirements. Part B:		
Medical	Ilumya (Tildrakizumab-asmn)	Plaque Psoriasis	Traditional	NPS (T8), PA	NPS (T8), PA	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		4/1/2023
			EG-Optimized	NPS (T8), PA	NPS (T8), PA	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			PPACA-Optimized	NPS (T8), PA	NPS (T8), PA	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			Medicaid	Rx: Medical:	Rx: Medical:			
			J3245 100mg/ml Prefilled Syringe		Medicare	Part D: Part B:	Part D: Part B:	
			Medicare	Part D: NF Part B:	Part D: T5, PA, QL Part B:	Part D: ADD to formulary at Tier 5 with Prior Authorization Requirements (dosing must follow FDA-approved labeling) and Quantity Limit of 108ml/30 days. Part B:		
Pharmacy	Imbruvica (ibrutinib)	Chemotherapy	Traditional					2/1/2023
			EG-Optimized					
	PPACA-Optimized							
	Medicaid		Rx: Medical:	Rx: Medical:				
	70mg/ml Suspension ONLY		Medicare	Part D: NF Part B:	Part D: T5, PA, QL Part B:	Part D: ADD to formulary at Tier 5 with Prior Authorization Requirements (dosing must follow FDA-approved labeling) and Quantity Limit of 108ml/30 days. Part B:		

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Intron A (Interferon Alfa-2b)	Chemotherapy	Traditional					2/1/2023
	EG-Optimized							
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	18million Unit Solution		Medicare	Part D: T5 Part B:	Part D: NF Part B:	Part D: REMOVED from formulary - drug discontinued by manufacturer. Part B:		
Pharmacy	Jaypirca (Pirtobrutinib)	Chemotherapy	Traditional		T5, PA, QL	NEW DRUG: ADD to coverage at Tier 5 with Prior Authorization Requirements (See Oncology policy) and Quantity Limit of 30 tablets/per 15 days.		COMM 5/1/2023 CARE (Part D) 4/1/2023
			EG-Optimized		T5, PA, QL	NEW DRUG: ADD to coverage at Tier 5 with Prior Authorization Requirements (See Oncology policy) and Quantity Limit of 30 tablets/per 15 days.		
			PPACA-Optimized		T5, PA, QL	NEW DRUG: ADD to coverage at Tier 5 with Prior Authorization Requirements (See Oncology policy) and Quantity Limit of 30 tablets/per 15 days.		
			Medicaid	Rx: Medical:	Rx: Medical:	NEW DRUG: Carve-out		
	50mg and 100mg Tablets		Medicare	Part D: Part B:	Part D: T5, PA, QL Part B:	Part D: NEW DRUG: ADD to coverage at Tier 5 with Prior Authorization Requirements and Quantity Limit of 60 tablets/per 30 days. Part B:		
Pharmacy	Kevzara (Sarilumab)	Inflammatory conditions	Traditional	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		4/1/2023
			EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			PPACA-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
	150mg/114ml and 200mg/114ml Auto-injector and Pre-filled Syringe							

PA - Prior Authorization
 SP- Specialty Pharmacy
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Pharmacy Department
 Pending Changes to the
 Approved Drug List
 March 2023 (continued)



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Kineret (Anakinra)	Inflammatory conditions	Traditional	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		4/1/2023
			EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			PPACA-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:				
100mg,0.67ml Pre-filled Syringe								
Pharmacy	Kisqali (Ribociclib)	Chemotherapy	Traditional	T4, PA, QL	T4, PA, QL	Reverse previous decision to increase tier from November 2022 P & T Committee decision		7/1/2023
			EG-Optimized	T4, PA, QL	T4, PA, QL	Reverse previous decision to increase tier from November 2022 P & T Committee decision		
			PPACA-Optimized	T4, PA, QL	T4, PA, QL	Reverse previous decision to increase tier from November 2022 P & T Committee decision		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:				
200mg Tablets								
Pharmacy	Kisqali Femara (Ribociclib and Letrozole)	Chemotherapy	Traditional	T4, PA, QL	T4, PA, QL	Reverse previous decision to increase tier from November 2022 P & T Committee decision		7/1/2023
			EG-Optimized	T4, PA, QL	T4, PA, QL	Reverse previous decision to increase tier from November 2022 P & T Committee decision		
			PPACA-Optimized	T4, PA, QL	T4, PA, QL	Reverse previous decision to increase tier from November 2022 P & T Committee decision		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:				
200mg & 2.5mg Tablets (Combo Pack)								

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



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Krazati (Adagrasib)	Chemotherapy	Traditional		T4, PA, QL	NEW DRUG: ADD to coverage at Tier 4 with Prior Authorization Requirements and Quantity Limit of 84 Tablets/14 days.		COMM 5/1/2023 CARE (Part D) 3/1/2023
			EG-Optimized		T4, PA, QL	NEW DRUG: ADD to coverage at Tier 4 with Prior Authorization Requirements and Quantity Limit of 84 Tablets/14 days.		
			PPACA-Optimized		T4, PA, QL	NEW DRUG: ADD to coverage at Tier 4 with Prior Authorization Requirements and Quantity Limit of 84 Tablets/14 days.		
			Medicaid	Rx: Medical:	Rx: Covered Medical:	Rx: NEW DRUG: ADD to formulary.		
	200mg Tablet		Medicare	Part D: Part B:	Part D: T5, PA, QL Part B:	Part D: NEW DRUG: ADD to coverage at a Tier 5 with Prior Authorization Requirements and Quantity Limit of 180 Tablets/30 days. Part B:		
Pharmacy	Larissa (Dienogest/Estradiol Valerate)	Heavy Menstrual Cycle	Traditional					2/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	28-Day 3mg/2mg-2mg/2mg-3mg/1mg Tablet		Medicare	Part D: T2 Part B:	Part D: NF Part B:	Part D: REMOVED from formulary - drug discontinued by manufacturer. Part B:		
Pharmacy	Latuda (Lurasidone)	Antipsychotic	Traditional	T2, QL	T3, QL	INCREASE Tier from Tier 2 to Tier 3. (Generic Covered)		4/1/2023
			EG-Optimized	T2, QL	T3, QL	INCREASE Tier from Tier 2 to Tier 3. (Generic Covered)		
			PPACA-Optimized	T2, QL	T3, QL	INCREASE Tier from Tier 2 to Tier 3. (Generic Covered)		
			Medicaid	Rx: Medical:	Rx: Medical:			
	20mg, 40mg, 60mg, 80mg, and 120mg Tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical	Leqembi (Lecanemab-irmb)	Alzheimer's Disease	Traditional		Not Covered	NEW DRUG: not added to coverage under the medical benefit.		4/1/2023
			EG-Optimized		Not Covered	NEW DRUG: not added to coverage under the medical benefit.		
			PPACA-Optimized		Not Covered	NEW DRUG: not added to coverage under the medical benefit.		
			Medicaid	Rx: Medical:	Rx: NF Medical: Not Covered	Rx: NEW DRUG: not added to formulary Medical: NEW DRUG: not added to coverage under the medical benefit.		
	Medicare	Part D: Part B:	Part D: NF Part B: NPS (T8), PA	Part D: NEW DRUG: not added to formulary. Part B: NEW DRUG: ADD to coverage under Part B as Non-Preferred Specialty (T8) with Prior Authorization Requirements following Medicare NCD.				
	J3590 and C9399 500mg/5ml and 200mg/2ml Single Dose Vial							
Pharmacy	Levemir (Insulin Detemir)	Diabetes	Traditional		T3, ST	NEW FORMULATION: ADD to formulary at Tier 3 with Step Therapy of Lantus.	Lantus (Commercial)	1/4/2023
			EG-Optimized		T3, ST	NEW FORMULATION: ADD to formulary at Tier 3 with Step Therapy of Lantus.		
			PPACA-Optimized		T3, ST	NEW FORMULATION: ADD to formulary at Tier 3 with Step Therapy of Lantus.		
			Medicaid	Rx: Medical:	Rx: Covered, PDL Preferred, QL Medical: N/A	NEW FORMULATION: ADD to formulary as PDL Preferred with Quantity limit 90 ml/30 days.		
	Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION: not added to formulary. Part B: N/A				
	100 unit/ml Flexpen ONLY							
Pharmacy	Leuprolide Depot (geq for Lupron Depot)	Benign Prostatic Hyperplasia (BPH)	Traditional					2/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	Medicare	Part D: NF Part B:	Part D: T5 Part B:	Part D: ADD to formulary at Tier 5. Part B:				
	22.5mg Vial							

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Pharmacy Department
 Pending Changes to the
 Approved Drug List
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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Levofloxacin (geq for Iquix) 15% Ophthalmic Solution	Antimicrobial	Traditional					2/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: NF Part B:	Part D: T2 Part B:	Part D: ADD to formulary at Tier 2. Part B:		
Pharmacy	Lubiprostone (geq for Amitiza) 8mcg and 24 mcg Capsules	Constipation	Traditional		T3, ST, QL	NEW GENERIC: ADD to formulary at Tier 3 with Step Therapy (Trulance, Linzess AND Motegrity), and Quantity Limit of 60 capsules/30 days.		COMM 1/20/2023 CAID 1/20/2023 CARE (Part D) 4/1/2023
			EG-Optimized		T3, ST, QL	NEW GENERIC: ADD to formulary at Tier 3 with Step Therapy (Trulance, Linzess AND Motegrity), and Quantity Limit of 60 capsules/30 days.		
			PPACA-Optimized		T3, ST, QL	NEW GENERIC: ADD to formulary at Tier 3 with Step Therapy (Trulance, Linzess AND Motegrity), and Quantity Limit of 60 capsules/30 days.		
			Medicaid	Rx: Medical:	Rx: Covered, PA Medical:	Rx: NEW GENERIC: ADD to formulary as Non-Preferred with Prior Authorization Requirements.		
			Medicare	Part D: Part B:	Part D: T4 Part B: N/A	Part D: NEW GENERIC: ADD to formulary under Tier 4. Part B: N/A		
Medical	Lunsumio (mosunetuzumab-axgb) J9999 1mg/ml and 30mg/50ml Vial	Chemotherapy	Traditional		Pref Spec (T7), PA	NEW DRUG: ADD to coverage under the Medical Benefit as a Preferred Specialty (T7) with Prior Authorization Requirements.		4/1/2023
			EG-Optimized		Pref Spec (T7), PA	NEW DRUG: ADD to coverage under the Medical Benefit as a Preferred Specialty (T7) with Prior Authorization Requirements.		
			PPACA-Optimized		Pref Spec (T7), PA	NEW DRUG: ADD to coverage under the Medical Benefit as a Preferred Specialty (T7) with Prior Authorization Requirements.		
			Medicaid	Rx: Medical:	Rx: NF Medical: Covered	Rx: NEW DRUG: not added to formulary Medical: NEW DRUG: ADD to coverage under the medical benefit.		
			Medicare	Part D: Part B:	Part D: NF Part B: Medicare Chemo, PA	Part D NEW DRUG: not added to formulary. Part B: NEW DRUG: ADD to coverage under Part B as Medicare Chemo with Prior Authorization requirements (Oncology criteria)		

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Pharmacy Department
 Pending Changes to the
 Approved Drug List
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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Lurasidone (geq for Latuda) 20mg, 40mg, 60mg, 80mg, and 120mg Tablets	Antipsychotic	Traditional	T2, QL	T1, QL	DECREASE Tier: from Tier 2 to Tier 1.		4/1/2023
			EG-Optimized	T2, QL	T1b, QL	DECREASE Tier: from Tier 2 to Tier 1b.		
			PPACA-Optimized	T2, QL	T1b, QL	DECREASE Tier: from Tier 2 to Tier 1b.		
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Menest (Esterified Estrogens) 2.5mg Tablet ONLY	Female Hormone replacement and prostate cancer	Traditional					3/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: NF Part B:	Part D: T4 Part B:	Part D: ADD to formulary at Tier 4. Part B:		
Pharmacy	Midazolam (geq for Versed) 2mg/ml Syrup	Insomnia	Traditional	T1	T1	REMOVE combination therapy restriction with other sedative hypnotics.		5/1/2023
			EG-Optimized	T1b	T1b	REMOVE combination therapy restriction with other sedative hypnotics.		
			PPACA-Optimized	T1b	T1b	REMOVE combination therapy restriction with other sedative hypnotics.		
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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 Pending Changes to the
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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Minocycline ER (geq for Solodyn)	Antimicrobial	Traditional		NF	NEW FORMULATION: not added to formulary.		COMM 1/12/2023 CAID 1/12/2023
			EG-Optimized		NF	NEW FORMULATION: not added to formulary.		
	PPACA-Optimized			NF	NEW FORMULATION: not added to formulary.			
	Medicaid		Rx: Medical:	Rx: NF Medical:	Rx: NEW FORMULATION: not added to formulary.			
	105mg and 135mg Tablets		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	Moderna COVID Vaccine (COVID-19 mRNA)	COVID-19 Vaccine Prevention	Traditional		Vaccine Preventive	NEW FORMULATION: ADD to preventive vaccine coverage.		COMM 1/1/2023 CAID 12/29/2022
			EG-Optimized		Vaccine Preventive	NEW FORMULATION: ADD to preventive vaccine coverage.		
			PPACA-Optimized		Vaccine Preventive	NEW FORMULATION: ADD to preventive vaccine coverage.		
	Medicaid		Rx: Medical:	Rx: Medical:				
			100mcg/0.5 Single dose Syringe		Medicare	Part D: Part B:		
Pharmacy	Mounjaro (Tirzepatide)	Type II Diabetes	Traditional					3/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml Pre-filled Pen			Medicare	Part D: T3, QL Part B:	Part D: T3, QL Part B:		

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



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical	Myobloc (rimabotulinumtoxinB)	Chronic Migraine	Traditional	Pref Spec (T7), PA	Pref Spec (T7), PA	REMOVE Prior Authorizaion combination therapy restriction with CGRP preventative drugs (e.g. Aimovig, Emgality, Ajovy).		4/1/2023
			EG-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	REMOVE Prior Authorizaion combination therapy restriction with CGRP preventative drugs (e.g. Aimovig, Emgality, Ajovy).		
			PPACA-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	REMOVE Prior Authorizaion combination therapy restriction with CGRP preventative drugs (e.g. Aimovig, Emgality, Ajovy).		
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered, PA	REMOVE Prior Authorizaion combination therapy restriction with CGRP preventative drugs Aimovig, Emgality, and Ajovy.		
	J0587 2,500 unit/0.5ml, 5,000 unit/ml, 10,000 unit/2ml Single Dose Vial		Medicare	Part D: Part B: Pref Spec (T7), PA, ST	Part D: Part B: Pref Spec (T7), PA, ST	Part D: Part B: REMOVE Prior Authorization combination therapy restriction with CGRP preventative drugs Aimovig, Emgality, and Ajovy. ADD 'No prior auth' exemption when billed by a Neurologists (NEUR), Rehab Medicine (PMR) and Physical Med & Rehab (PT) specialists when following FDA max dose and prescribing guidelines (to match Commercial and Medicaid).		
Medical	Naglazyme (Galsulfase)	Maroteaux-Lamy syndrome	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: N/A Medical: Covered, PA	Rx: N/A Medical: Covered, PA	Rx: N/A Medical: UPDATE Prior Authorization requirements for continuation criteria.		
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
	J1458 Naglazyme 1mg/ml Solution							
Medical	Neurolite Prep Kit (Bicisate Dihydrochloride)	Diagnostic agent	Traditional		Non-spec (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		COMM 2/10/2023 CAID 2/8/2023 CARE (Part D) 4/1/2023
			EG-Optimized		Non-spec (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		
			PPACA-Optimized		Non-spec (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		
			Medicaid	Rx: Medical:	Rx: NF Medical: N/A	Rx: NEW FORMULATION: not added to the formulary. Medical: NEW FORMULATION: not added to coverage under the medical benefit.		
			Medicare	Part D: Part B:	Part D: NF Part B: Covered	Part D: NEW FORMULATION: not added to the formulary. Part B: NEW FORMULATION: ADD to coverage under Part B.		
	Prep Kit							

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 Pending Changes to the
 Approved Drug List
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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Noxafil (Posaconazole)	Antifungal	Traditional					2/1/2023
			EG-Optimized					
	PPACA-Optimized							
	Medicaid		Rx: Medical:	Rx: Medical:				
	300mg Powermix Suspension		Medicare	Part D: NF Part B:	Part D: T5 Part B:	Part D: ADD to formulary at Tier 5. Part B:		
Pharmacy	Nurtec (Rimegepant)	Migraine	Traditional	T5, PA, QL	T5, PA, QL	REMOVE Quantity Limit of 32 tablets per YEAR and UPDATE Prior Authorization duration from four months to six months (Initial), and 12 months (continuation).		4/1/2023
			EG-Optimized	T5, PA, QL	T5, PA, QL	REMOVE Quantity Limit of 32 tablets per YEAR and UPDATE Prior Authorization duration from four months to six months (Initial), and 12 months (continuation).		
			PPACA-Optimized	T5, PA, QL	T5, PA, QL	REMOVE Quantity Limit of 32 tablets per YEAR and UPDATE Prior Authorization duration from four months to six months (Initial), and 12 months (continuation).		
			Medicaid	Rx: Medical:	Rx: Medical:			
			75mg ODT Tablet		Medicare	Part D: Part B:	Part D: Part B:	
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Odactra (Dermatophagoides farinae and Dermatophagoides pteronyssinus Allergen Extract)	House Dust Mite Allergy	Traditional	T3, AL	T3, AL	DECREASE minimum age from 18 years to 12 years.		5/1/2023
			EG-Optimized	T3, AL	T3, AL	DECREASE minimum age from 18 years to 12 years.		
			PPACA-Optimized	T3, AL	T3, AL	DECREASE minimum age from 18 years to 12 years.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	12 SQ- HDM Sublingual Tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Olumiant (Baricitinib)	Inflammatory conditions	Traditional	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		4/1/2023
			EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			PPACA-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			Medicaid	Rx: Medical:	Rx: Medical:			
			1mg and 2mg Tablets ONLY		Medicare	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
Pharmacy	Orencia (Abatacept)	Inflammatory conditions	Traditional					2/1/2023
	EG-Optimized							
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	50mg/ml, 87.5mg/0.7ml, 125mg/ml Pre-filled Syringe and 125mg/ml Clickjet Auto-injector.		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATE Prior Authorization requirements to remove azathioprine as a trial/failure drug for the indication of Psoriatic Arthritis. Part B:		
Pharmacy	Orkambi (Lumacaftor/Ivacaftor)	Cystic Fibrosis	Traditional					2/1/2023
	EG-Optimized							
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	75-94mg Granule Packet		Medicare	Part D: NF Part B:	Part D: T5, PA, QL Part B:	Part D: ADD to formulary at Tier 5 with Prior Authorization Requirements and Quantity Limit of 60 packets/30 days. Part B:		
Pharmacy	Orphenadrine (geq for Norflex)	Muscle Relaxer	Traditional	T1	T1	No Change		4/1/2023
	EG-Optimized		T1b, ST	T1b	REMOVE Step Therapy			
			PPACA-Optimized	T1b, ST	T1b	REMOVE Step Therapy		
			Medicaid	Rx: Medical:	Rx: Medical:			
	100mg Extended-Release Tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Orserdu (Elaeestrant Dihydrochloride)	Chemotherapy	Traditional		T5, PA, QL	Part D: NEW DRUG: ADD to formulary at Tier 5 with Prior Authorization Requirements (Oncology policy) and Quantity Limit of 15 Tablets/15 days.		5/1/2023
	EG-Optimized			T5, PA, QL	Part D: NEW DRUG: ADD to formulary at Tier 5 with Prior Authorization Requirements (Oncology policy) and Quantity Limit of 15 Tablets/15 days.			
			PPACA-Optimized		T5, PA, QL	Part D: NEW DRUG: ADD to formulary at Tier 5 with Prior Authorization Requirements (Oncology policy) and Quantity Limit of 15 Tablets/15 days.		
			Medicaid	Rx: Medical:	Rx: Covered Medical:	Rx: NEW DRUG: ADD to the formulary.		
	86mg and 345mg Tablet		Medicare	Part D: Part B:	Part D: T5, PA,QL Part B:	Part D: NEW DRUG: ADD to formulary at Tier 5 with Prior Authorization Requirements and Quantity Limit of 30 tablets/30 days (345mg Tablets), and 90 tablets/30 days (84mg Tablets). Part B:		

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Otezla (Apremilast)	Psoriatic Arthritis, Plaque Psoriasis and Oral ulcers associated with Behcet's Syndrome	Traditional	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		4/1/2023
			EG-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			PPACA-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
	30mg Tablets and Oral Therapy Pack (10mg & 20mg & 30mg)							
Pharmacy	Oxbryta (Voxelotor)	Sickle Cell Disease	Traditional		NF	NEW DRUG: not added to formulary.		COMM 1/20/2023 CAID 1/20/2023
			EG-Optimized		NF	NEW DRUG: not added to formulary.		
			PPACA-Optimized		NF	NEW DRUG: not added to formulary.		
			Medicaid	Rx: Medical:	Rx: Covered Medical: N/A	Rx: NEW DRUG: ADD to common formulary with Prior Authorization Requirements.		
			Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW DRUG: not added to the formulary. Part B: N/A		
	300mg Tablet ONLY							
Pharmacy	Ozempic (Semaglutide)	Type II Diabetes	Traditional		T2, SmartPA, QL	NEW FORMULATION: ADD to formulary at Tier 2 with SMART Prior Authorization (ICD 10 diagnosis for Type 2 diabetes (E11.0 - E11.9), and Quantity Limit of 1.5ml/28 days.		COMM 2/8/2023 CAID 2/6/2023 CARE (Part D) 3/1/2023
			EG-Optimized		T5, PA, QL	NEW FORMULATION: ADD to formulary at Tier 5 with Prior Authorization Requirement, and Quantity Limit of 1.5 ml/ 28 days.		
			PPACA-Optimized		T5, PA, QL	NEW FORMULATION: ADD to formulary at Tier 5 with Prior Authorization Requirement, and Quantity Limit of 1.5 ml/ 28 days.		
			Medicaid	Rx: Medical:	Rx: Covered, PA Medical: N/A	NEW FORMULATION: ADD to common formulary with Prior Authorization Requirements.		
			Medicare	Part D: T4, ST, QL Part B:	Part D: T4, ST, QL Part B: N/A	Part D: NEW FORMULATION: ADD to the formulary at Tier 4 with Step Therapy (Trial with Trulicity for at least 28 days), and Quantity Limit of 1.5ml/30 days. Part B: N/A		
	0.25 - 0.5mg Dose Pen							

PA - Prior Authorization
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 AL-Age Limits
 ST- Step Therapy

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



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Paroxetine ER (geq for Paxil CR)	Depression	Traditional	T2, ST, QL	T2, QL	REMOVE Step Therapy		5/1/2023
			EG-Optimized	T2, ST, QL	T2, QL	REMOVE Step Therapy		
	PPACA-Optimized		T2, ST, QL	T2, QL	REMOVE Step Therapy			
	Medicaid		Rx: Medical:	Rx: Medical:				
	12.5mg, 25mg, and 37.5mg Extended Release Tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Paser Packet (Aminosaliclyate Sodium/ Aminosaliclyic Acid)	Tuberculosis	Traditional					3/1/2023
			EG-Optimized					
	PPACA-Optimized							
	Medicaid		Rx: Medical:	Rx: Medical:				
	4gm Delayed-Release Granules		Medicare	Part D: T3 Part B:	Part D: NF Part B:	Part D: REMOVE from formulary - no longer on CMS Formulary Reference File. Part B:		
Pharmacy	Pfizer COVID Vaccine (COVID-19 mRNA)	COVID-19 Vaccine Prevention	Traditional		Vaccine Preventive	NEW FORMULATION: ADD to preventive vaccine coverage		COMM 1/1/2023 CAID 12/29/2022
			EG-Optimized		Vaccine Preventive	NEW FORMULATION: ADD to preventive vaccine coverage		
	PPACA-Optimized			Vaccine Preventive	NEW FORMULATION: ADD to preventive vaccine coverage			
	Medicaid		Rx: Medical:	Rx: Medical:				
	3mcg/0.2ml Vaccine		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Pirfenidone (geq for Esbriet)	Idiopathic Pulmonary Fibrosis	Traditional		NF	NEW FORMULATION: not added to formulary.		COMM 1/26/2023 CAID 1/25/2023 CARE (Part D) 1/1/2023
			EG-Optimized		NF	NEW FORMULATION: not added to formulary.		
	PPACA-Optimized			NF	NEW FORMULATION: not added to formulary.			
	Medicaid		Rx: Medical:	Rx: NF Medical:	Rx: NEW FORMULATION: not added to formulary.			
	267mg Capsule ONLY		Medicare	Part D: Part B:	Part D: T5, PA, QL Part B: N/A	Part D: NEW FORMULATION: ADD to formulary at Tier 5 with Prior Authorization Requirements, and Quantity Limit of 270 capsules/30 days. Part B: N/A		
Pharmacy	Pradaxa (Dabigatran)	Venous Thromboembolism (VTE), Deep Venous Thrombosis (DVT), Pulmonary Embolism (PE), Cerebral Thromboembolism	Traditional					2/1/2023
			EG-Optimized					
	PPACA-Optimized							
	Medicaid		Rx: Medical:	Rx: Medical:				
	75mg and 150mg Capsules ONLY		Medicare	Part D: T4 Part B:	Part D: NF Part B:	Part D: REMOVE brand, (generic covered). Part B:		

PA - Prior Authorization
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Pharmacy Department
 Pending Changes to the
 Approved Drug List
 March 2023 (continued)



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Pred-G S.O.P (Gentamicin/Prednisolone)	Inflammatory eye Conditions	Traditional					3/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.3-0.6% Ophthalmic Ointment		Medicare	Part D: T3 Part B:	Part D: NF Part B:	Part D: REMOVE from formulary - drug discontinued by manufacturer. Part B:		
Medical/Pharmacy	Prolia (Denosumab)	Osteoporosis	Traditional				Zoledronic Acid and Bisphosphonate	4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	J0897 60mg/ml Single Dose 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, ST	Part D: No Change Part B: UPDATE Prior Authorization and Step Therapy requirements to be less restrictive.		
Pharmacy	Propafenone ER (geq for Rythmol SR)	Antiarrhythmic	Traditional	T3	T1	DECREASE Tier: from Tier 3 to Tier 1.		4/1/2023
			EG-Optimized	T3	T1b	DECREASE Tier: from Tier 3 to Tier 1b.		
			PPACA-Optimized	T3	T1b	DECREASE Tier: from Tier 3 to Tier 1b.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	225mg, 325mg, and 425mg Extended Release Capsules		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Pylarify (Piflufolastat F 18)	Diagnostic agent	Traditional		Non-spec (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		COMM 1/12/2023 CAID 1/12/2023
			EG-Optimized		Non-spec (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		
			PPACA-Optimized		Non-spec (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		
			Medicaid	Rx: Medical:	Rx: NF Medical:	Rx: NEW FORMULATION: not added to formulary. Medical: NEW FORMULATION: not added to coverage under the medical benefit.		
	A9595 333 MBQ (9 MCI) Injection		Medicare	Part D: Part B:	Part D: N/A Part B: Covered	Part D: N/A Part B: NEW FORMULATION: ADD to coverage under Part B.		
Pharmacy	Pyrimethamine (geq for Daraprim)	Antimicrobial	Traditional	T4	T4, PA	ADD Prior Authorization Criteria.		5/1/2023
			EG-Optimized	T4	T4, PA	ADD Prior Authorization Criteria.		
			PPACA-Optimized	T4	T4, PA	ADD Prior Authorization Criteria.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	25mg Tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

PA - Prior Authorization
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 ST- Step Therapy

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



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical/Pharmacy	Radicava (Enderavone)	Amyotrophic Lateral Sclerosis (ALS)	Traditional	Rx: T5, PA, QL Medical: NPS (T8), PA	Rx: T5, PA, QL Medical: NPS (T8), PA	UPDATE Prior Authorization Criteria for Neurologist and ADD combination therapy requirement of Riluzole (Unless there is documentation of intolerance or contraindication to Riluzole).		Medical: 4/1/2023 Rx: 5/1/2023
			EG-Optimized	Rx: T5, PA, QL Medical: NPS (T8), PA	Rx: T5, PA, QL Medical: NPS (T8), PA	UPDATE Prior Authorization Criteria for Neurologist and ADD combination therapy requirement of Riluzole (Unless there is documentation of intolerance or contraindication to Riluzole).		
			PPACA-Optimized	Rx: T5, PA, QL Medical: NPS (T8), PA	Rx: T5, PA, QL Medical: NPS (T8), PA	UPDATE Prior Authorization Criteria for Neurologist and ADD combination therapy requirement of Riluzole (Unless there is documentation of intolerance or contraindication to Riluzole).		
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Ramelteon (geq for Rozerem)	Insomnia	Traditional	TI, AL	TI, AL	REMOVE combination therapy restriction with other sedative hypnotics.		5/1/2023
			EG-Optimized	T1b, QL, AL	T1b, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.		
			PPACA-Optimized	T1b, QL, AL	T1b, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.		
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Reblozyl (Luspatercept-aamt)	Anemia due to beta-thalassemia	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: N/A Medical: Covered, PA	Rx: N/A Medical: Covered, PA	Rx: N/A Medical: UPDATE Prior Authorization requirements for CONTINUATION AND Duration of Approval from six months to 12 months		
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical	Rebyota (fecal microbiota live-jslm)	C.Difficile Infection	Traditional		Not Covered	NEW DRUG: not added to the formulary or coverage under the medical benefit.	Vancomycin and Fidaxomicin (Difcid)	5/1/2023
			EG-Optimized		Not Covered	NEW DRUG: not added to the formulary or coverage under the medical benefit.		
			PPACA-Optimized		Not Covered	NEW DRUG: not added to the formulary or coverage under the medical benefit.		
			Medicaid	Rx: Medical:	Rx: NF Medical: Not Covered	NEW DRUG: not added to the formulary or coverage under the medical benefit.		
	C9399 and J3590 150mg/ml Enema Suspension		Medicare	Part D: Part B:	Part D: NF Part B: NPS (T8), PA, ST, QL	Part D: NEW DRUG: not added to formulary. Part B: NEW DRUG: ADD to coverage under Part B as Non-Preferred Specialty (T8) with Prior Authorization Requirements and Step Therapy (Must first try Vancomycin and Fidaxomicin (Difcid)) and Quantity Limit of 150 ml as a Single Dose.		
Pharmacy	Reyvow (Lasmiditan)	Migraine	Traditional	T5, PA, QL	T5, PA, QL	REMOVE Quantity Limit of 16 tablets per YEAR and UPDATE Prior Authorization duration from four months to six months (Initial), and 12 months (continuation).		4/1/2023
			EG-Optimized	T5, PA, QL	T5, PA, QL	REMOVE Quantity Limit of 16 tablets per YEAR and UPDATE Prior Authorization duration from four months to six months (Initial), and 12 months (continuation).		
			PPACA-Optimized	T5, PA, QL	T5, PA, QL	REMOVE Quantity Limit of 16 tablets per YEAR and UPDATE Prior Authorization duration from four months to six months (Initial), and 12 months (continuation).		
			Medicaid	Rx: Medical:	Rx: Medical:			
	50mg and 100mg Tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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 Pending Changes to the
 Approved Drug List
 March 2023 (continued)



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Rezlidhia (Olutasidenib)	Chemotherapy	Traditional		T4, PA, QL, AL	NEW DRUG: ADD to formulary at Tier 4 with Prior Authorization Requirements (oncology policy), and Quantity Limit with Max 14-day supply per fill, and Age Limitation of Minimum 18 years-old.		COMM 5/1/2023 CARE (Part D) 2/1/2023
			EG-Optimized		T4, PA, QL, AL	NEW DRUG: ADD to formulary at Tier 4 with Prior Authorization Requirements (oncology policy), and Quantity Limit with Max 14-day supply per fill, and Age Limitation of Minimum 18 years-old.		
			PPACA-Optimized		T4, PA, QL, AL	NEW DRUG: ADD to formulary at Tier 4 with Prior Authorization Requirements (oncology policy), and Quantity Limit with Max 14-day supply per fill, and Age Limitation of Minimum 18 years-old.		
			Medicaid	Rx: Medical:	Rx: Covered Medical:	RX: NEW DRUG: ADD to the formulary.		
	150mg Capsules		Medicare	Part D: Part B:	Part D: T5, PA, QL Part B:	Part D: NEW DRUG: ADD to formulary at Tier 5 with Prior Authorization Requirements, and Quantity Limit of 60 Tablets/30 days. Part B:		
Pharmacy	Rinvoq (Upadacitinib)	Inflammatory conditions	Traditional					2/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	15mg, 30mg, and 45mg Extended Release Tablets		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATE Prior Authorization requirements to remove azathioprine as a trial/failure drug for the indication of Psoriatic Arthritis. Part B:		
Pharmacy	Roflumilast (Geq for Darliresp)	Chronic obstructive pulmonary disease (COPD)	Traditional	T3, PA, QL	T1, QL	DECREASE Tier: from Tier 3 to Tier 1, REMOVE Prior Authorization Requirements, and UPDATE Quantity Limit to 30 Tablets/30 days.		COMM 5/1/2023 CARE (Part D) 2/1/2023
			EG-Optimized	T3, PA, QL	T1b, QL	DECREASE Tier: from Tier 3 to Tier 1b, REMOVE Prior Authorization Requirements, and UPDATE Quantity Limit to 30 Tablets/30 days.		
			PPACA-Optimized	T3, PA, QL	T1b, QL	DECREASE Tier: from Tier 3 to Tier 1b, REMOVE Prior Authorization Requirements, and UPDATE Quantity Limit to 30 Tablets/30 days.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	250mcg Tablets ONLY		Medicare	Part D: NF Part B:	Part D: T4, PA, QL Part B:	Part D: ADD to formulary at Tier 4 with Prior Authorization Requirements and UPDATE Quantity Limit of 30 tablets/30 days. Part B:		

PA - Prior Authorization
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Pharmacy Department
 Pending Changes to the
 Approved Drug List
 March 2023 (continued)



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Roflumilast (geq for Darliresp)	Chronic obstructive pulmonary disease (COPD)	Traditional	T3, PA	T1, QL	DECREASE Tier: from Tier 3 to Tier 1, REMOVE Prior Authorization Requirements, and ADD Quantity Limit to 30 Tablets/30 days.		COMM 5/1/2023 CARE (Part D) 2/1/2023
			EG-Optimized	T3, PA	T1b, QL	DECREASE Tier: from Tier 3 to Tier 1b, REMOVE Prior Authorization Requirements, and ADD Quantity Limit to 30 Tablets/30 days.		
			PPACA-Optimized	T3, PA	T1b, QL	DECREASE Tier: from Tier 3 to Tier 1b, REMOVE Prior Authorization Requirements, and ADD Quantity Limit to 30 Tablets/30 days.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Medicare		Part D: NF Part B:	Part D: T4, PA, QL Part B:	Part D: ADD to formulary at Tier 4 with Prior Authorization Requirements and ADD Quantity Limit of 30 tablets/30 days. Part B:			
500mcg Tablets ONLY								
Pharmacy	Rotarix Vaccine (Rotavirus vac, Live ATT, 89-12)	Rotavirus Gastroenteritis Vaccine	Traditional		Vaccine Preventive	NEW FORMULATION: ADD to preventive vaccine coverage.		COMM 2/24/2023 CAID 2/6/2023 CARE (Part D) 4/1/2023
			EG-Optimized		Vaccine Preventive	NEW FORMULATION: ADD to preventive vaccine coverage.		
			PPACA-Optimized		Vaccine Preventive	NEW FORMULATION: ADD to preventive vaccine coverage.		
			Medicaid	Rx: Medical:	Rx:NF Medical: Covered, PA	Rx: NEW FORMULATION: not added to formulary. Medical: NEW FORMULATION: ADD to the medical benefits.		
	Medicare		Part D: Part B:	Part D: T3 Part B: N/A	Part D: NEW FORMULATION: ADD to formulary at Tier 3. Part B: N/A			
Vaccine								
Pharmacy	Rukobia (Fostemsavir)	HIV	Traditional	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria to require Step Therapy through Sunlenca.		5/1/2023
			EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria to require Step Therapy through Sunlenca.		
			PPACA-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria to require Step Therapy through Sunlenca.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Medicare		Part D: Part B:	Part D: Part B:	Part D: Part B:			
600mg Extended-Release Tablet								

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Siliq (Brodalumab)	Plaque Psoriasis	Traditional	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		4/1/2023
			EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			PPACA-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Silodosin (geq for Rapaflo)	Enlargement of Prostate (Benign prostatic hyperplasia - BPH)	Traditional	T2, ST	T1, QL	DECREASE Tier: from Tier 2 to Tier 1 and ADD Quantity Limit of 30 tablets/30 days.		5/1/2023
			EG-Optimized	NF	T1b, QL	ADD to formulary at Tier 1b with Quantity Limit of 30 tablets/30 days.		
			PPACA-Optimized	NF	T1b, QL	ADD to formulary at Tier 1b with Quantity Limit of 30 tablets/30 days.		
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Medical	Simponi Aria (Golimumab)	Inflammatory conditions	Traditional	NPS (T8), PA	NPS (T8), PA	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		4/1/2023
			EG-Optimized	NPS (T8), PA	NPS (T8), PA	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			PPACA-Optimized	NPS (T8), PA	NPS (T8), PA	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

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Pharmacy Department
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 Approved Drug List
 March 2023 (continued)



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Simponi (Golimumab) 50mg/0.5ml and 100mg/ml Auto-Injector and Pre-filled Syringe	Inflammatory conditions	Traditional	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		4/1/2023
			EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			PPACA-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Skyrizi (Risankizumab-rzaa) 150mg Dose Pack	Inflammatory conditions	Traditional					2/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: T5 Part B:	Part D: NF Part B:	Part D: REMOVED from formulary - no longer on CMS Formulary Reference File. Part B:		

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Skyrizi (Risankizumab-rzaa)	Crohn's disease	Traditional		T4, PA, QL	NEW FORMULATION: ADD to formulary at Tier 4 with Prior Authorization Requirements, and Quantity Limit of 1 Kit per 8 weeks.		COMM 1/4/2023 CAID 1/4/2023 CARE (Part D) 1/1/2023
			EG-Optimized		T4, PA, QL	NEW FORMULATION: ADD to formulary at Tier 4 with Prior Authorization Requirements, and Quantity Limit of 1 Kit per 8 weeks.		
			PPACA-Optimized		T4, PA, QL	NEW FORMULATION: ADD to formulary at Tier 4 with Prior Authorization Requirements, and Quantity Limit of 1 Kit per 8 weeks.		
			Medicaid	Rx: Medical:	Rx: Covered, PA Medical:	RX: NEW FORMULATION: ADD to formulary as Non-Preferred with Prior Authoroizaion Requirements.		
	180mg/1.2 ml ON-BODY		Medicare	Part D: Part B:	Part D: T5, PA, QL Part B:	Part D: NEW FORMULATION: ADD to formulary at Tier 5 with Prior Authorization Requirements, and Quantity Limit of 1.2m/56 days and UPDATE Prior Authorization requirements to remove azathioprine as a trial/failure drug for the indication of Psoriatic Arthritis. Part B: N/A		
Pharmacy	Skyrizi (Risankizumab-rzaa)	Crohn's disease	Traditional				CARE (Part D) 1/1/2023	
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	150mg/ml Auto-injector, 150mg/ml Pre-filled syringe, 180mg/1.2ml and 360mg/2.4ml Cartridge		Medicare	Part D: Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATE Prior Authorization requirements to remove azathioprine as a trial/failure drug for the indication of Psoriatic Arthritis. Part B: N/A		
Pharmacy	Sodium Oxybate (geq for Xyrem)	Narcolepsy	Traditional		T5, PA, QL	NEW GENERIC: ADD to formulary at Tier 5 with Prior Authorization Requirement (mirror Xyrem) and Quantity Limit of 540ml/30 days.		COMM 12/27/2022 CAID 1/12/2023 CARE (Part D) 3/1/2023
			EG-Optimized		T5, PA, QL	NEW GENERIC: ADD to formulary at Tier 5 with Prior Authorization Requirement (mirror Xyrem) and Quantity Limit of 540ml/30 days.		
			PPACA-Optimized		T5, PA, QL	NEW GENERIC: ADD to formulary at Tier 5 with Prior Authorization Requirement (mirror Xyrem) and Quantity Limit of 540ml/30 days.		
			Medicaid	Rx: Medical:	Rx: Covered, PA Medical:	Rx: NEW GENERIC: ADD to Common formulary with Prior Authorization Requirements.		
	0.5mg/ml Oral Solution		Medicare	Part D: Part B:	Part D: T5, PA, QL Part B: N/A	Part D: NEW GENERIC: ADD to formulary at Tier 5 with Prior Authorization Requirements (mirror Xyrem) and Quantity Limit of 540ml/30 days. Part B: N/A		

PA - Prior Authorization
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 ST- Step Therapy

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Solifenacin (geq for Vesicare)	Overactive Bladder	Traditional	T2, ST, QL	T1, QL	DECREASE Tier: from Tier 2 to Tier 1 and REMOVE Step Therapy.		5/1/2023
			EG-Optimized	T2, ST, QL	T1b, QL	DECREASE Tier: from Tier 2 to Tier 1b and REMOVE Step Therapy.		
			PPACA-Optimized	T2, ST, QL	T1b, QL	DECREASE Tier: from Tier 2 to Tier 1b and REMOVE Step Therapy.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:				
	5mg and 10mg Tablets							
Pharmacy	Sotyktu (Deucravacitinib)	Plaque Psoriasis	Traditional	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		4/1/2023
			EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			PPACA-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:				
	6mg Tablet							
Medical/Pharmacy	Stelara (Ustekinumab)	Inflammatory conditions	Traditional	Rx: T4, PA Medical: Pref Spec (T7), PA	Rx: T4, PA Medical: Pref Spec (T7), PA	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		4/1/2023
			EG-Optimized	Rx: T4, PA Medical: Pref Spec (T7), PA	Rx: T4, PA Medical: Pref Spec (T7), PA	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			PPACA-Optimized	Rx: T4, PA Medical: Pref Spec (T7), PA	Rx: T4, PA Medical: Pref Spec (T7), PA	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:				
	Rx: 45mg/0.5ml Subcutaneous Solution and 45/0.5ml and 90mg/ml Pre-filled syringe. Medical: J3358 130mg/26ml IV Vial							

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical/Pharmacy	Stimufend (Pegfilgrastim-fpgk)	Fever from low white blood count	Traditional		Rx: NF Medical: Not Covered	NEW DRUG: not added to the formulary or coverage under the medical benefit.	Neulasta, Fulphila, and Nyvepria	Medical: 4/1/2023 Pharmacy: 5/1/2023
			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		
	J3590 and C9399 6mg/0.6ml Single Dose Syringe	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: ADD to coverage under Part B with Step Therapy through Neulasta, Fulphila, AND Nyvepria			
Medical	Sublocade (Buprenorphine ER Injection)	Opioid use disorder	Traditional	Pref Spec	Pref Spec	REMOVE DATA 2000 prescriber requirements.		4/1/2023
			EG-Optimized	Pref Spec	Pref Spec	REMOVE DATA 2000 prescriber requirements.		
			PPACA-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	REMOVE DATA 2000 prescriber requirements.		
			Medicaid	Rx: Medical:	Rx: Medical:			
Q9991, Q9992 100mg/0.5ml and 300mg/1.5ml Solution for injection Extended Release	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:				
Pharmacy	Sunlenca (Lenacapavir)	HIV	Traditional		T5, PA, QL	NEW DRUG: ADD to formulary at Tier 5 with Prior Authorization requirements and Quantity Limit of 1 Pouch (Either FOUR 300mg tablets or FIVE 300mg tablets)/365 days.		COMM 5/1/2023 CARE (Part D) 4/1/2023
			EG-Optimized		T5, PA, QL	NEW DRUG: ADD to formulary at Tier 5 with Prior Authorization requirements and Quantity Limit of 1 Pouch (Either FOUR 300mg tablets or FIVE 300mg tablets)/365 days.		
			PPACA-Optimized		T5, PA, QL	NEW DRUG: ADD to formulary at Tier 5 with Prior Authorization requirements and Quantity Limit of 1 Pouch (Either FOUR 300mg tablets or FIVE 300mg tablets)/365 days.		
			Medicaid	Rx: Medical:	Rx: Carve-out Medical:	Rx: NEW DRUG: Carve-Out (BOTH tablets and injectable kit)		
	4-300mg and 5-300mg Tablet ONLY	Medicare	Part D: Part B:	Part D: T5, QL Part B: N/A	Part D: NEW DRUG: ADD to coverage at Tier 5 with Quantity Limit of 2 Pouch's (Either EIGHT 300mg tablets or TEN 300mg tablets)/365 days. Part B: N/A			

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical	Sunlenca (Lenacapavir)	HIV	Traditional		Pref Spec (T7), PA	NEW DRUG: ADD to coverage under the Medical Benefit as a Preferred Specialty (T7) with Prior Authorization Requirements.		COMM 4/1/2023 CARE (Part D) 5/1/2023
			EG-Optimized		Pref Spec (T7), PA	NEW DRUG: ADD to coverage under the Medical Benefit as a Preferred Specialty (T7) with Prior Authorization Requirements.		
			PPACA-Optimized		Pref Spec (T7), PA	NEW DRUG: ADD to coverage under the Medical Benefit as a Preferred Specialty (T7) with Prior Authorization Requirements.		
			Medicaid	Rx: Medical:	Rx: Carve-out Medical:	NEW DRUG: Carve-out.		
	J3490 463.5mg/15ml vial ONLY	Medicare	Part D: Part B:	Part D: T5, QL Part B: Pref Spec (T7), PA	Part D: NEW DRUG: ADD to coverage at Tier 5 with Quantity Limit of 1 kit (2 vials or 3 mls)/180 days. Part B: NEW DRUG: ADD to coverage under Part B as Preferred Specialty (T7), with Prior Authorization Requirements (MAI).			
Pharmacy	Sunosi (Solriamfetol)	Narcolepsy and Obstructive Sleep Apnea	Traditional	T3, SmartPA, ST, QL	T3, SmartPA, ST, QL	UPDATE Step Therapy from trial of BOTH Modafinil AND Armodafinil to trial of EITHER Modafinil OR Armodafinil.	Modafinil and Armodafinil.	5/1/2023
			EG-Optimized	T3, ST, QL	T3, SmartPA, ST, QL	ADD Smart PA of narcolepsy and obstructive sleep apnea (ICD 10 G47.33, G47.411 to G47.419, and G47.421 to G47.429) AND UPDATE Step Therapy from trial of BOTH Modafinil AND Armodafinil to trial of EITHER Modafinil OR Armodafinil.		
			PPACA-Optimized	T3, ST, QL	T3, SmartPA, ST, QL	ADD Smart PA of narcolepsy and obstructive sleep apnea (ICD 10 G47.33, G47.411 to G47.419, and G47.421 to G47.429) AND UPDATE Step Therapy from trial of BOTH Modafinil AND Armodafinil to trial of EITHER Modafinil OR Armodafinil.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	75mg and 150mg Tablets	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
Pharmacy	Takhzyro (Lanadelumab-flyo)	Hereditary Angioedema	Traditional		T4, PA, QL	NEW FORMULATION: ADD to the formulary as Tier 4 with Prior Authorization Requirement and Quantity Limit of 2 pens every 4 weeks.		COMM 3/3/2023 CAID 3/1/2023 CARE (Part D) 4/1/2023
			EG-Optimized		T4, PA, QL	NEW FORMULATION: ADD to the formulary as Tier 4 with Prior Authorization Requirement and Quantity Limit of 2 pens every 4 weeks.		
			PPACA-Optimized		T4, PA, QL	NEW FORMULATION: ADD to the formulary as Tier 4 with Prior Authorization Requirement and Quantity Limit of 2 pens every 4 weeks.		
			Medicaid	Rx: Medical:	Rx: Carve-out Medical:	Rx: NEW FORMULATION: Carve-out		
	150mg/ml Syringe ONLY		Medicare	Part D: Part B:	Part D: T5, PA, QL Part B: N/A	Part D: Part D: NEW FORMULATION: ADD to the formulary at Tier 5 with Prior Authorization Requirement and Quantity Limit of 2 pens/28 days. Part B: N/A		
Pharmacy	Taltz (Ixekizumab)	Inflammatory conditions	Traditional	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		4/1/2023
			EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			PPACA-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
	80mg/ml Auto-injector and Pre-filled Syringe							
Pharmacy	Tasimelteon (geq for Hetlioz)	Sleep-Wake Disorder	Traditional		T5, PA	NEW GENERIC: ADD to the formulary at Tier 5 with Prior Authorization Requirements.		COMM 1/20/2023 CAID 1/20/2023 CARE (Part D) 2/1/2023
			EG-Optimized		T5, PA	NEW GENERIC: ADD to the formulary at Tier 5 with Prior Authorization Requirements.		
			PPACA-Optimized		T5, PA	NEW GENERIC: ADD to the formulary at Tier 5 with Prior Authorization Requirements.		
			Medicaid	Rx: Medical:	Rx: Carve-out Medical:	NEW GENERIC: Carve-out.		
			Medicare	Part D: Part B:	Part D: T5, PA, QL Part B: N/A	Part D: NEW GENERIC: ADD to the formulary at Tier 5 with Prior Authorization Requirements and Quantity Limit of 30 capsules/30 days. Part B: N/A		
	20mg Capsules							

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 March 2023 (continued)



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Temazepam (geq for Restoril)	Insomnia	Traditional	T1 (Pref Geq), QL, AL	T1 (Pref Geq), QL, AL	REMOVE combination therapy restriction with other sedative hypnotics		5/1/2023
			EG-Optimized	T1a, QL, AL	T1a, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics		
			PPACA-Optimized	T1a, QL, AL	T1a, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:				
	15mg and 30mg Capsules ONLY							
Pharmacy	Tempo	Diabetic Supply	Traditional		NF	NEW DEVICE: not added to formulary		COMM 1/20/2023 CAID 1/20/2023
			EG-Optimized		NF	NEW DEVICE: not added to formulary		
			PPACA-Optimized		NF	NEW DEVICE: not added to formulary		
			Medicaid	Rx: Medical:	Rx: Medical:	Rx: NEW DEVICE: not added to formulary Medical: NEW DEVICE: managed by medical pre-service UM team		
	Medicare	Part D: Part B:	Part D: Part B:	Part D: N/A Part B:				
	Welcome Kit, Smart Button, and Refill kit							
Pharmacy	Teriparatide (geq for Forteo)	Osteoporosis	Traditional	T4, PA	T4, PA	UPDATE Prior Authorization criteria to require Step Therapy through Tymlos for all listed indications.		5/1/2023
			EG-Optimized	T4, PA	T4, PA	UPDATE Prior Authorization criteria to require Step Therapy through Tymlos for all listed indications.		
			PPACA-Optimized	T4, PA	T4, PA	UPDATE Prior Authorization criteria to require Step Therapy through Tymlos for all listed indications.		
			Medicaid	Rx: Medical:	Rx: Medical:			
	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:				
	20mcg/dose Solution for injection							

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical	Testopel Pellet (Testosterone)	Hypogonadism and Gender Dysphoria	Traditional					4/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: N/A Medical: Covered, PA	Rx: N/A Medical: Covered, PA	Rx: N/A Medical: UPDATE Prior Authorization requirements.		
	50189 75mg Pellets Implants		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Topiramate ER (geq for Qudexy XR)	Seizures	Traditional		NF	NEW GENERIC: not added to formulary.		COMM 1/20/2023 CAID 1/20/2023
			EG-Optimized		NF	NEW GENERIC: not added to formulary.		
			PPACA-Optimized		NF	NEW GENERIC: not added to formulary.		
			Medicaid	Rx: Medical:	Rx: Carve-out Medical:	NEW GENERIC: Carve-out.		
	25mg, 50mg, and 100mg Extended Release Capsules ONLY		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW GENERIC: Excluded. Part B: N/A		
Pharmacy	Triazolam (geq for Halcion)	Insomnia	Traditional	Tl, QL, AL	Tl, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics		5/1/2023
			EG-Optimized	Tlb, QL, AL	Tlb, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics		
			PPACA-Optimized	Tlb, QL, AL	Tlb, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics		
			Medicaid	Rx: Medical:	Rx: Medical:			
				0.125mg and 0.25mg Tablets		Medicare	Part D: Part B:	
Medical	Trogarzo (Ibalizumab-uiyk)	HIV	Traditional	Pref Spec (T7), PA	Pref Spec (T7), PA	UPDATE Prior Authorization criteria to require Step Therapy through Sunlenca.		4/1/2023
			EG-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	UPDATE Prior Authorization criteria to require Step Therapy through Sunlenca.		
			PPACA-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	UPDATE Prior Authorization criteria to require Step Therapy through Sunlenca.		
			Medicaid	Rx: Medical:	Rx: Medical:			
				J1746 200mg/1.33ml Single dose vial		Medicare	Part D: Part B:	

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Trulicity (Dulaglutide)	Type II Diabetes	Traditional					3/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	0.75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, and 4mg/0.5ml Solution Injection		Medicare	Part D: T3, QL Part B:	Part D: T3, QL Part B:	Part D: UPDATE Quantity Limit to 2ml/28days. Part B:		
Pharmacy	Turalio (Pexidartinib)	Chemotherapy	Traditional		T5, PA, QL, AL	NEW FORMULATION: ADD to the formulary at Tier 5 with Prior Authorization Requirement, and Quantity Limit of 56 capsules/30 days, with Age Limit restrictions.		COMM 1/20/2023 CAID 1/20/2023 CARE (Part D) 1/5/2023
			EG-Optimized		T5, PA, QL, AL	NEW FORMULATION: ADD to the formulary at Tier 5 with Prior Authorization Requirement, and Quantity Limit of 56 capsules/30 days, with Age Limit restrictions.		
			PPACA-Optimized		T5, PA, QL, AL	NEW FORMULATION: ADD to the formulary at Tier 5 with Prior Authorization Requirement, and Quantity Limit of 56 capsules/30 days, with Age Limit restrictions.		
			Medicaid	Rx: Medical:	Rx: Carve-out Medical:	Rx: NEW FORMULATION: Carve-out		
			Medicare	Part D: Part B:	Part D: T5, PA, QL Part B: N/A	Part D: NEW FORMULATION: ADD to the formulary at Tier 5 with Prior Authorization Requirements and Quantity Limit of 120 capsules/30 days. Part B: N/A		
	125mg Capsules ONLY							
Pharmacy	Tymlos (Abaloparotide)	Osteoporosis	Traditional	T4, PA	T4, PA	UPDATE Prior Authorizaion criteria to add coverage for males.		5/1/2023
			EG-Optimized	T4, PA	T4, PA	UPDATE Prior Authorizaion criteria to add coverage for males.		
			PPACA-Optimized	T4, PA	T4, PA	UPDATE Prior Authorizaion criteria to add coverage for males.		
			Medicaid	Rx: Covered, PA Medical:	Rx: Covered, PA Medical:	Rx: UPDATE PDL criteria to add coverage for males.		
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
	80mcg per Pen-injector							

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical	Tysabri (Natalizumab) J2323 300mg/15ml Solution for injection	Multiple Sclerosis and Crohn's Disease	Traditional	NPS (T8), PA	NPS (T8), PA	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		4/1/2023
			EG-Optimized	NPS (T8), PA	NPS (T8), PA	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			PPACA-Optimized	NPS (T8), PA	NPS (T8), PA	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Ubrelvy (Ubrogepant) 50mg and 100mg Tablets	Migraine	Traditional	T4, PA, QL	T4, PA, QL	REMOVE Quantity Limit of 40 Tablets per year and UPDATE Prior Authorization duration from four months to six months (Initial), and 12 months (continuation).		4/1/2023
			EG-Optimized	T4, PA, QL	T4, PA, QL	REMOVE Quantity Limit of 40 Tablets per year and UPDATE Prior Authorization duration from four months to six months (Initial), and 12 months (continuation).		
			PPACA-Optimized	T4, PA, QL	T4, PA, QL	REMOVE Quantity Limit of 40 Tablets per year and UPDATE Prior Authorization duration from four months to six months (Initial), and 12 months (continuation).		
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Vancomycin (geq for Vancocin) 125mg Capsule ONLY	Antimicrobial	Traditional	NF	T3, ST, QL	ADD to the formulary at Tier 3 with Step Therapy Requirement - Must try TWO courses of Firvanq OR generic Vancomycin Oral Solution and a Quantity Limit of 56 capsules per 14 days.	Firvanq Vancomycin Oral Solution	5/1/2023
			EG-Optimized	NF	T3, ST, QL	ADD to the formulary at Tier 3 with Step Therapy Requirement - Must try TWO Firvanq AND/OR generic Vancomycin Oral Solution and a Quantity Limit of 56 capsules per 14 days.		
			PPACA-Optimized	NF	T3, ST, QL	ADD to the formulary at Tier 3 with Step Therapy Requirement - Must try TWO Firvanq AND/OR generic Vancomycin Oral Solution and a Quantity Limit of 56 capsules per 14 days.		
			Medicaid	Rx: Medical:	Rx: Medical:			
			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
Pharmacy	Vancomycin (geq for Firvanq)	Antimicrobial	Traditional	NF	T2	ADD to the formulary at Tier 2.		5/1/2023
			EG-Optimized	NF	T2	ADD to the formulary at Tier 2.		
	PPACA-Optimized		NF	T2	ADD to the formulary at Tier 2.			
	Medicaid		Rx: Medical:	Rx: Medical:				
	25mg/ml and 50mg/ml Solution Kit	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Pharmacy	Vascepa (Icosapent ethyl)	Hypertriglyceridemia	Traditional					2/1/2023
			EG-Optimized					
	PPACA-Optimized							
	Medicaid		Rx: Medical:	Rx: Medical:				
	500mg Capsules	Medicare	Part D: T4 Part B:	Part D: NF Part B:	Part D: REMOVE brand; generic added Part B:			
Pharmacy	Viibryd (Vilazodone)	Depression	Traditional	T3, ST, QL	T3, QL	REMOVE Step Therapy.		5/1/2023
			EG-Optimized	T3, ST, QL	T3, QL	REMOVE Step Therapy.		
	PPACA-Optimized		T3, ST, QL	T3, QL	REMOVE Step Therapy.			
	Medicaid		Rx: Medical:	Rx: Medical:				
	10mg, 20mg, 40mg tablets, and Starter Pack Kit (10mg and 20mg).	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
Pharmacy	Vibrant (Device)	Constipation	Traditional		NF	NEW DEVICE: not added to formulary.		COMM 1/26/2023 CAID 1/25/2023
			EG-Optimized		NF	NEW DEVICE: not added to formulary.		
	PPACA-Optimized			NF	NEW DEVICE: not added to formulary.			
	Medicaid		Rx: Medical:	Rx: NF Medical:	Rx: NEW DEVICE: not added to formulary.			
	Medical Capsule Device	Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW DEVICE: excluded. Part B: N/A			
Pharmacy	Vilazodone (geq for Viibryd)	Depression	Traditional	T2, QL	T1, QL	DECREASE Tier: from Tier 2 to Tier 1.		5/1/2023
			EG-Optimized	T2, QL	T1b, QL	DECREASE Tier: from Tier 2 to Tier 1b.		
	PPACA-Optimized		T2, QL	T1b, QL	DECREASE Tier: from Tier 2 to Tier 1b.			
	Medicaid		Rx: Medical:	Rx: Medical:				
	10mg, 20mg, and 40mg 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	Vivimusta (Bendamustine HCl)	Chemotherapy	Traditional		Not Covered	NEW DRUG: not added to coverage under the medical benefit.		4/1/2023
			EG-Optimized		Not Covered	NEW DRUG: not added to coverage under the medical benefit.		
			PPACA-Optimized		Not Covered	NEW DRUG: not added to coverage under the medical benefit.		
			Medicaid	Rx: Medical:	Rx: NF Medical: Covered	Rx: NEW DRUG: not added to formulary Medical: NEW DRUG: ADD to coverage under the medical benefit.		
	J9999 100mg/4ml Single Dose Vial		Medicare	Part D: Part B:	Part D: NF Part B: Medicare Chemo, PA	Part D: NEW DRUG: not added to formulary. Part B: NEW DRUG: ADD to coverage under Part B with Prior Authorization (Oncology PA form) and Step Therapy of TWO of either injectable Belrapzo (J9036), injectable Bendeka (J9034), or injectable Treanda (J9033).		
Pharmacy	Voriconazole (geq for Vfend)	Antimicrobial	Traditional					2/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
	200mg Single Dose Vial		Medicare	Part D: T4, PA (B vs D) Part B:	Part D: T4 Part B:	Part D: REMOVE the B vs. D Prior Authorization Requirement. Part B:		
Medical	Vueway (Gadopiclenol)	Medical diagnostic	Traditional		Non-Specialty (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		COMM 1/1/2023 CAID 12/29/2022 CARE (Part D) 4/1/2023
			EG-Optimized		Non-Specialty (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		
			PPACA-Optimized		Non-Specialty (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		
			Medicaid	Rx: Medical:	Rx: NF Medical:	Rx: NEW FORMULATION: not added to formulary. Medical: NEW FORMULATION: not added to coverage under the medical benefit.		
	1.5 mmol/3 ml, 3.75 mmol/7.5ml, 5 mmol/10 ml, 15 mmol/30ml Single Dose Vial		Medicare	Part D: Part B:	Part D: NF Part B: Covered	Part D: NEW FORMULATION: excluded. Part B: NEW FORMULATION: ADD to coverage under Part B.		

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical	Vyvgart (Efgartigimod alfa-fcab)	Generalized Myasthenia Gravis (gMG)	Traditional	Pref Spec (T7), PA	Pref Spec (T7), PA	UPDATE from ONE cycle of 4 doses to TWO cycles of four doses.		4/1/2023
			EG-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	UPDATE from ONE cycle of 4 doses to TWO cycles of four doses.		
			PPACA-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	UPDATE from ONE cycle of 4 doses to TWO cycles of four doses.		
			Medicaid	Rx: N/A Medical: Covered, PA	Rx: N/A Medical: Covered, PA	Rx: N/A Medical: UPDATE Prior Authorization requirements.		
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Wegovy (Semaglutide)	Obesity	Traditional					5/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Covered Medical:	Rx: Covered Medical:	Rx: UPDATE PDL criteria to DECREASE age to 12 years.		
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Xaciato (Clindamycin)	Indicated to treat bacterial infections	Traditional		T3, ST	NEW FORMULATION: ADD to the formulary at Tier 3 with Step Therapy of Clindamycin 2% vaginal cream.		COMM 2/21/2023 CAID 2/15/2023 CARE (Part D) 4/1/2023
			EG-Optimized		T3, ST	NEW FORMULATION: ADD to the formulary at Tier 3 with Step Therapy of Clindamycin 2% vaginal cream.		
			PPACA-Optimized		T3, ST	NEW FORMULATION: ADD to the formulary at Tier 3 with Step Therapy of Clindamycin 2% vaginal cream.		
			Medicaid	Rx: Medical:	Rx: NF Medical:	Rx: NEW FORMULATION: not added to formulary.		
			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	Xeljanz (Tofacitinib)	Inflammatory conditions	Traditional					3/1/2023
			EG-Optimized					
			PPACA-Optimized					
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATE Prior Authorization requirements to remove azathioprine as a trial/failure drug for the indication of Psoriatic Arthritis. Part B:		

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

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Xeljanz Oral Solution (Tofacitinib)	Inflammatory conditions	Traditional					3/1/2023
			EG-Optimized					
	PPACA-Optimized							
	Medicaid		Rx: Medical:	Rx: Medical:				
	1mg/ml oral solution		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATE Prior Authorization requirements to remove azathioprine as a trial/failure drug for the indication of Psoriatic Arthritis. Part B:		
Pharmacy	Xeljanz XR (Tofacitinib)	Inflammatory conditions	Traditional					3/1/2023
			EG-Optimized					
	PPACA-Optimized							
	Medicaid		Rx: Medical:	Rx: Medical:				
	11mg Extended-Release Tablet		Medicare	Part D: T5, PA, QL Part B:	Part D: T5, PA, QL Part B:	Part D: UPDATE Prior Authorization requirements to remove azathioprine as a trial/failure drug for the indication of Psoriatic Arthritis. Part B:		
Medical	Xeomin (IncobotulinumtoxinA)	Chronic Migraine	Traditional	Pref Spec (T7), PA	Pref Spec (T7), PA	REMOVE Prior Authorizaion combination therapy restriction with CGRP preventative drugs (e.g. Aimovig, Emgality, Ajovy).		4/1/2023
			EG-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	REMOVE Prior Authorizaion combination therapy restriction with CGRP preventative drugs (e.g. Aimovig, Emgality, Ajovy).		
			PPACA-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	REMOVE Prior Authorizaion combination therapy restriction with CGRP preventative drugs (e.g. Aimovig, Emgality, Ajovy).		
			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered, PA	REMOVE Prior Authorizaion combination therapy restriction with CGRP preventative drugs Aimovig, Emgality, and Ajovy.		
			J0588 50u, 100u, and 200u Single Dose Vial		Medicare	Part D: Part B: Pref Spec (T7), PA, ST	Part D: Part B: Pref Spec (T7), PA, ST	

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Medical	Xiaflex (Collagenase Clostridium histolyticum)	Peyronie's Disease	Traditional	Pref Spec (T7), PA	Pref Spec (T7), PA	REMOVE Step Therapy requirement for Peyronie's disease.		4/1/2023
			EG-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	REMOVE Step Therapy requirement for Peyronie's disease.		
			PPACA-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	REMOVE Step Therapy requirement for Peyronie's disease.		
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Zaleplon (geq for Sonata)	Insomnia	Traditional	Ti, QL, AL	Ti, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.		5/1/2023
			EG-Optimized	Tib, QL, AL	Tib, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.		
			PPACA-Optimized	Tib, QL, AL	Tib, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.		
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
Pharmacy	Zeposia (Ozanimod)	Multiple Sclerosis and Ulcerative Colitis	Traditional	T4, PA, ST, QL	T4, PA, ST, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		4/1/2023
			EG-Optimized	T4, PA, ST, QL	T4, PA, ST, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			PPACA-Optimized	T4, PA, ST, QL	T4, PA, ST, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
			Medicaid	Rx: Medical:	Rx: Medical:			
			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
	7-Day Starter Pack (0.23mg & 3 X 0.46mg), Starter Kit Therapy Pack (0.23mg & 0.46mg & 0.92mg), and 0.92mg Capsules							

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Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacy	Zolpidem (geq for Ambien)	Insomnia	Traditional	T1 (Pref Geq), QL, AL	T1 (Pref Geq), QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.		5/1/2023
			EG-Optimized	T1a, QL, AL	T1a, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.		
	PPACA-Optimized		T1a, QL, AL	T1a, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.			
	Medicaid		Rx: Medical:	Rx: Medical:				
	Medicare		Part D: Part B:	Part D: Part B:	Part D: Part B:			
5mg and 10mg tablet								
Pharmacy	Zolpidem ER (geq for Ambien CR)	Insomnia	Traditional	T1, QL, AL	T1, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.		5/1/2023
			EG-Optimized	T1b, QL, AL	T1b, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.		
	PPACA-Optimized		T1b, QL, AL	T1b, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.			
	Medicaid		Rx:	Rx:				
	Medicare		Part D: Part B:	Part D: Part B:	Part D: Part B:			
6.25mg and 12.5mg Extended Release tablet								