SP- Specialty Pharmacy

QL- Quantity Limit

Approved Drug List AL-Age Limits March 2023 ST- Step Therapy



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
		chemotherapy Chemotherapy Ing Tablet Inflammatory conditions Rx: Auto-injector and sed Syringe edical: 3362 g/lom, 400mg/20ml ion Vials	Traditional	T4, PA	П, SmartPA	DECREASE Tier: from Tier 4 to Tier 1 and REMOVE Prior Authorization and ADD SMART Prior Authorization (ICD- 10 code C61).		
acy	Abiraterone		EG-Optimized	T4, PA	Пb, SmartPA	DECREASE Tier: from Tier 4 to Tier 1 and REMOVE Prior Authorization and ADD SMART Prior Authorization (ICD- 10 code C61).		
Pharmacy	(geq for zytiga)	Chemotherapy	PPACA- Optimized	T4, PA	Пb, SmartPA	DECREASE Tier: from Tier 4 to Tier 1 and REMOVE Prior Authorization and ADD SMART Prior Authorization (ICD- 10 code C61).		
	250mg Tablet		Medicaid	Rx: Medical:	Rx: Medical:			
	250mg Tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			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).		
acy	Actemra (Tocilizumab)		EG-Optimized	Rx: T4, PA, QL Medical: Pref Spec (T7), PA	Medical: Pref	Rx and Medical: UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
Medical/Pharmacy	(Tocilizumab) Inflammatory	,	PPACA- Optimized	Rx: T4, PA, QL Medical: Pref Spec (T7), PA	Medical: Pref	Rx and Medical: UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		4/1/2023
Ž			Medicaid	Rx: Medical:	Rx: Medical:			
	Rx: 162mg/0.9ml Auto-injector and Prefilled Syringe Medical: 13262 80mg/4ml, 200mg/10ml, 400mg/20ml Solution Vials		Medicare	Part D: T5, PA, QL Part B: Covered, PA, ST	Part D: T5, PA, QL Part B: Covered, PA, ST	Part D: No Changes Part B: UPDATE Prior Authorization requirements to NOT require Step Therapy for new indication (Hospitalized COVID-19 in adults).		
			Traditional					
cal	Rx: 162mg/0.9ml Auto-injector and Prefilled Syringe Medical: 33262 80mg/4ml, 200mg/0ml, 400mg/20ml Solution Vials Adakveo	Sickle Cell	PPACA- Optimized					
Medical			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.		4/1/2023
	J0791 100mg/10ml Solution	N	JO791 Part D: Part D: Part D:	Part D:				

Pharmacy Department

Pending Changes to the

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional	T4, PA, QL, AL	T4, PA, QL, AL	REMOVE Prior Authorization combination therapy restriction with botulinum toxin agents.		
λo	Aimovig		EG-Optimized	T4, PA, QL, AL	T4, PA, QL, AL	REMOVE Prior Authorization combination therapy restriction with botulinum toxin agents.		
Pharmacy	(Erenumab-aooe)	Migraine	PPACA- Optimized	T4, PA, QL, AL	, , , , ,	REMOVE Prior Authorization combination therapy restriction with botulinum toxin agents.		5/1/2023
Δ.			Medicaid	Rx: Medical:	Rx: Medical:			
	70mg/ml and 140mg/ml Auto-injector	•	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional	T4, PA, QL, AL	T4, PA, QL, AL	REMOVE Prior Authorization combination therapy restriction with botulinum toxin agents.		
>	Ajovy		EG-Optimized	T4, PA, QL, AL	T4, PA, QL, AL	REMOVE Prior Authorization combination therapy restriction with botulinum toxin agents.		
Pharmacy	(Fremanezumab-vfrm)	Migraine	PPACA- Optimized	T4, PA, QL, AL	T4, PA, QL, AL	REMOVE Prior Authorization combination therapy restriction with botulinum toxin agents.		5/1/2023
₫			Medicaid	Rx: Medical:	Rx: Medical:			
	225MG/1.5mg Auto-injector and Prefilled Syringe		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:	-	
			Traditional	T5	T5, PA	ADD Prior Authorization requirements.		
			EG-Optimized	T5	T5, PA	ADD Prior Authorization requirements.		
nacy	Alprolix (Factor IX, Fc fusion protien)		PPACA- Optimized	T5	T5, PA	ADD Prior Authorization requirements.		5/1/2023
Pharmacy		Hemophilia	Medicaid	Rx: Medical:	Rx: Medical:			
	250, 500, 1000, 2000, 3000, and 4000 units for Reconstituted Solution		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



_	iviaren 2020 (continued)									
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date		
			Traditional	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorizaion criteria for all medications/indications requiring Humira as Step Therapy to include Amjevita (both are preferred adalimumab products).				
>	Amjevita (Adalimumab-atto)		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).				
Pharmacy	,	Inflammatory conditions	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).		3/1/2023		
			Medicaid	Rx: Medical:	Rx: Medical:					
	20mg/0.4ml Pre-filled Syringe		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:				
			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).				
	Amjevita (Adalimumab-atto)		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).				
Pharmacy		Inflammatory conditions	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).		3/1/2023		
			Medicaid	Rx: Medical:	Rx: Medical:					
	40mg Auto-injector and syringe		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:				

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional				covered alternatives Impleme Dat 3/1/20	
	•		EG-Optimized					
>	Amlodipine/ Hydrochlorothiazide/ Valsartan (geq for Exforge) 5-160-12.5mg, 5-160-25mg, 10-160- 12.5mg, 10-160-25mg, 10-325-25mg Tablets Aponvie (Aprepitant) Aponvie (Aprepitant) Atter April 1st, 2023 New HCPCS: C9145 32 MG/4.4 ML VIAL Auvelity (Dextromethorphan / Bupropion) Depression 45mg-105mg Extended-Release Tablet Bendamustine (Geq for Treanda) Chemotherap		PPACA-					
mac		Hyportonsion	Optimized	Rx:	Rx:			マ/1/202 マ
Pharmacy	(geq for Exforge)	Hypertension	Medicaid	Medical:	Medical:			3/1/2023
	12.5mg, 10-160-25mg, 10-325-25mg		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:		
			Traditional		Pref Spec (T7)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Preferred Specialty (T7).		
			EG-Optimized		Pref Spec (T7)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Preferred Specialty (T7).		
le	(Aprepitant) Nausea &	Naugaa 9	PPACA- Optimized		Pref Spec (T7)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Preferred Specialty (77).		
Medical			Medicaid	Rx: Medical:	Rx: NF Medical: Covered	NEW FORMULATION: ADD to coverage under the Medical Benefit as Covered.		4/1/2023
	After April 1st, 2023 New HCPCS: C9145		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)		
			Traditional					
	Auvelity		EG-Optimized					
	(Dextromethorphan /		PPACA- Optimized					
Pharmacy	Bupropion)	Depression	Medicaid	Rx: Medical:	Rx: Medical:			3/1/2023
Ph	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:		
			Traditional		Non-Spec (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (T6).		
			EG-Optimized		Non-Spec (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (T6).		
ical	Bupropion) Depres 45mg-105mg Extended-Release Tablet Bendamustine	Ch a march a m	PPACA- Optimized		Non-Spec (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (T6).		(1/2027
Medical		Cnemotherapy	Medicaid	Rx: Medical:	Rx: NF Medical: Covered	NEW FORMULATION: ADD to coverage under the Medical Benefit as Covered.		4/1/2025
	J9033 25mg and 100mg/vial		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
Pharmacv	Blephamide S.O.P (Sulfacetamide/Prednisolone)	Ocular Inflammation	Traditional EG-Optimized PPACA- Optimized	Rx:	Rx:			2/1/2023
Phar	10-0.2% Ophthalmic Ointment	Conditions	Medicaid Medicare	Medical: Part D: T3 Part B:	Medical: Part D: NF Part B:	Part D: REMOVED from formulary - no longer on CMS Formulary Reference File. Part B:		
			Traditional	Pref Spec (T7), PA	Pref Spec (T7), PA	REMOVE Prior Authorizaion combination therapy restriction with CGRP preventative drugs (e.g. Aimovig, Emgality, Ajovy).		
	Botox		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).		
	(Sulfacetamide/Prednisolone) Ocular Inflammation Conditions 10-0.2% Ophthalmic Ointment		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).		
ical			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered, PA	REMOVE Prior Authorizaion combination therapy restriction with CGRP preventative drugs Aimovig, Emgality, and Ajovy.		, h (a.a.)
Medical	J0585	Chronic Migraine	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).		4/1/2023

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional	NF	T2, QL	ADD to formulary at Tier 2 with Quantity Limit of 1 inhaler per 30 days.		
_	Breo Ellipta (Fluticasone	Chronic	EG-Optimized	NF	T2, QL	ADD to formulary at Tier 2 with Quantity Limit of 1 inhaler per 30 days.		
Pharmacy	Furoate/Vilanterol)	obstructive pulmonary	PPACA- Optimized	NF	T2, QL	ADD to formulary at Tier 2 with Quantity Limit of 1 inhaler per 30 days.		4/1/2023
P		disease (COPD) and Asthma	Medicaid	Rx: Medical:	Rx: Medical:			
	100 mcg-25 mcg/act and 200 mcg- 25 mcg/act Powder for Inhalation BRAND ONLY		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional		NF	NEW GENERIC: not added to formulary.		
			EG-Optimized		NF	NEW GENERIC: not added to formulary.		
Pharmacy	Brimonidine (geq for Mirvaso)	Acne	PPACA- Optimized		NF	NEW GENERIC: not added to formulary.		1/20/2023
Phan		Acrie	Medicaid	Rx: Medical:	Rx: Medical:			,,,
	0.33% Gel Pump	-	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional		Pref Spec (T7), PA, SOS	NEW DRUG: ADD to coverage under the Medical Benefit as a Preferred Specialty (17) with Prior Authorization and Site of Service Requirements		
	Briumvi		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		
Medical	(ublituximab-xiiy)	Relapsing MS	PPACA- Optimized		Pref Spec (T7), PA, SOS	NEW DRUG: ADD to coverage under the Medical Benefit as a Preferred Specialty (17) with Prior Authorization and Site of Service Requirements	Glatiramer acetate, Dimethyl fumarate,	4/1/2023
			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	Fingolimod	
	J3490, J3590, C9399 150mg/6ml vial		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)		

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



	31- Зер Пегару			iviai C	11 2023 (CC	ontinaca)		
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional		Non- Specialty (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		
	Cardiolite		EG-Optimized		Non- Specialty (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		
Medical	(Technetium tc99m sestamibi)	Diagnostic agent	PPACA- Optimized			NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		COMM 2/10/2023 CAID 2/8/2023
2			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.		CAID 21012023
	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.		
			Traditional		Non- Specialty (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		
	Ceretec		EG-Optimized		Non- Specialty (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		
Medical	(Technetium Tc 99m Exametazime)	Diagnostic agent	PPACA- Optimized		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
2		_	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.		

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization requirements to DECREASE age limit to 12 years.		
	Cibingo		EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization requirements to DECREASE age limit to 12 years.		
Pharmacy	(Abrocitinib)	Atopic Dermatitis	PPACA- Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization requirements to DECREASE age limit to 12 years.		5/1/2023
Ph			Medicaid	Rx: Covered, PA, AL Medical:	Rx: Covered, PA, AL Medical:	Rx: UPDATE Prior Authorization requirements to DECREASE age limit to 12 years.		
	50mg, 100mg, and 200mg Tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			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).		
acy	Cimzia (Certolizumab pegol)		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).		
edical/Pharmacy		Inflammatory conditions	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).		4/1/2023
Σ			Medicaid	Rx: Medical:	Rx: Medical:			
	Rx: 200mg/ml Prefilled Syringe Kit and Starter Kit Medical: J0777 400mg Lyophilized Powder in Single Dose Vial		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional					
>	Cosentyx (Secukinumab)		PPACA- Optimized					
Pharmacy		Inflammatory conditions	Medicaid	Rx: Medical:	Rx: Medical:			2/1/2023
PP	75mg/05ml,150mg/ml Prefilled Syringe	conditions	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		

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits ST- Step Therapy Pending Changes to the Approved Drug List March 2023 (continued)

Pharmacy Department



	March 2023 (continued)										
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date			
sy.	Cosentyx (Secukinumab)		Traditional EG-Optimized PPACA- Optimized								
Pharmacy		Inflammatory conditions	Medicaid	Rx: Medical:	Rx: Medical:			2/1/2023			
	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					
			Traditional	T3, PA, QL	T3, QL	REMOVE Prior Authorization requirement and UPDATE Quantity Limit to 30 tablets/30 days.					
ò	Daliresp	Chronic	EG-Optimized	T3, PA, QL	T3, QL	REMOVE Prior Authorization requirement and UPDATE Quantity Limit to 30 tablets/30 days.					
Pharmacy	(Rolflumilast) obstructi	obstructive pulmonary	PPACA- Optimized	T3, PA, QL	T3, QL	REMOVE Prior Authorization requirement and UPDATE Quantity Limit to 30 tablets/30 days.		5/1/2023			
а		disease (COPD)	Medicaid	Rx: Medical:	Rx: Medical:						
	250mcg Tablets ONLY		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:					
			Traditional	T3, PA	T3, QL	REMOVE Prior Authorization requirement and ADD Quantity Limit of 30 tablets/30 days.					
эсу	Daliresp	Chronic	EG-Optimized	T3, PA	T3, QL	REMOVE Prior Authorization requirement and ADD Quantity Limit of 30 tablets/30 days.					
Pharmacy	pu	obstructive pulmonary	PPACA- Optimized	T3, PA	T3, QL	REMOVE Prior Authorization requirement and ADD Quantity Limit of 30 tablets/30 days.		5/1/2023			
		disease (COPD)	Medicaid	Rx: Medical:	Rx: Medical:						
	500mcg Tablets ONLY		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:					
			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].					
ical	Darzalex (Daratumumab)		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].					
Medical		Chemotherapy	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].		4/1/2023			
			Medicaid	Rx: Medical:	Rx: Medical:						
	J9145 100mg/5ml and 400mg/20ml Solution		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:					

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits ST- Step Therapy



	эт экер тнегару	ontinuea)																			
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date													
			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.)															
Pharmacy	Dexcom G6 (CGM)	Diabetic Supply	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.)		7/1/2023													
Phar		Diabetic Supply	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.)		7,12023													
			Medicaid	Rx: Medical: Part D:	Rx: Medical: Part D:	Dot D.															
	G6 Reader device, G6 senor, and Transmitter device			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:														
			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.)															
Pharmacy	Dexcom G7 (CGM)	Diabetic Supply	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.)		5/l/2023													
Pha		,	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: Rx: Medical: Med	Rx: Medical:]	
	G7 Receiver and G7 Sensor		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:															
			Traditional		NF	NEW FORMULATION: not added to formulary.															
			EG-Optimized		NF	NEW FORMULATION: not added to formulary.															
ς	Dexlansoprazole DR		PPACA- Optimized		NF	NEW FORMULATION: not added to formulary.		Date													
Pharmacy	reflu	Gastroesophageal reflux disease (GERD)	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	(GERD)	Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION: not added to formulary. Part B: N/A															

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional					
			EG-Optimized					
	Dichlorphenamide		PPACA-					
acy	(geq for Keveyis)	Low Potassium	Optimized					
Pharmacy		(Hypokalemia)	Medicaid	Rx: Medical:	Rx: Medical:			3/1/2023
	50mg Tablet		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:		
			Traditional		NF	NEW FORMULATION: not added to formulary.		
			EG-Optimized		NF	NEW FORMULATION: not added to formulary.		
5	Diclofenac Potassium		PPACA- Optimized		NF	NEW FORMULATION: not added to formulary.		
Pharmacy	(geq for Cambia)	Migraine	Medicaid	Rx: Medical:	Rx: NF Medical:	Rx: NEW FORMULATION: not added to formulary. Medical: NEW FORMULATION: not added to coverage under the medical benefit.		COMM 1/20/2023 CAID 1/20/2023
	50mg Powder Packet		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION: not added to formulary. Part B: N/A		
			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.		
nacy	Dificid (Fidaxomacin)	Autorionalial	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 maxaximum of 2 fills per 6 months.		5 h/2027
Pharmacy	,	Antimicrobial	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.		3/1/2023 COMM 1/20/2023
			Medicaid	Rx: Medical:	Rx: Medical:			
	200mg Tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional					
1			EG-Optimized					COMM 1/20/2023 CAID 1/20/2023 5/1/2023
	Digitek		PPACA-					
ласу	(Digoxin)	Chronic Atrial	Optimized					
Pharmacy		Fibrillation	Medicaid	Rx: Medical:	Rx: Medical:			2/1/2023
	125mcg Tablet	1	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:		

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional	T2, ST, QL	T2, ST, QL	REMOVE combination therapy restriction with other sedative hypnotics.		
Pharmacy	Doxepin		EG-Optimized	T2, ST, QL	T2, ST, QL	REMOVE combination therapy restriction with other sedative hypnotics.		
	(geq for Silenor)	Insomnia	PPACA- Optimized	T2, ST, QL	T2, ST, QL	REMOVE combination therapy restriction with other sedative hypnotics.		5/l/2023
			Medicaid	Rx: Medical:	Rx: Medical:			
	3mg and 6mg Tablets ONLY		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional	Pref Spec (T7), PA	Pref Spec (T7), PA	REMOVE Prior Authorizaion combination therapy restriction with CGRP preventative drugs (e.g. Aimovig, Emgality, Ajovy).		
	Dysport		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).		
	(AbobotulinumtoxinA)			Pref Spec (T7), PA	Pref Spec (T7), PA	REMOVE Prior Authorizaion combination therapy restriction with CGRP preventative drugs (e.g. Aimovig, Emgality, Ajovy).		
ical		Charain Minusia	Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered, PA	REMOVE Prior Authorizaion combination therapy restriction with CGRP preventative drugs Aimovig, Emgality, and Ajovy.		(1/2027
Medical	J0586 300 unit and 500 unit Single Dose Vial	Chronic Migraine	Medicare	Part D: Part B: Pref Spec (177), 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 Ajov, 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).		4/1/2025

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



	ivial cit 2023 (continued)											
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date				
			Traditional	T4, PA, QL, AL	T4, PA, QL, AL	REMOVE Prior Authorization combination therapy restriction of preferred agents with botulinum toxin agents.						
acy	Emgality (Galcanezumab-gnlm)		EG-Optimized	T4, PA, QL, AL	T4, PA, QL, AL	REMOVE Prior Authorization combination therapy restriction of preferred agents with botulinum toxin agents.						
Pharmacy	(Galcanezumab-gmin)	Migraine	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:							
	120mg/ml Auto-injector and Prefilled Syringe and 300mg dose Prefilled Syringe		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).						
	Enbrel	Inflammatory conditions	EG-Optimiz	EG-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).					
Pharmacy	(Etanercept)		PPACA- Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		CARE (Part D)				
			Medicaid	Rx: Medical:	Rx: Medical:							
	25mg/0.5ml,50mg/ml Pre-filled Syringe		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:						
			Traditional	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).						
	Enbrel		EG-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).						
Pharmacy	(Etanercept)	Inflammatory conditions	PPACA- Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		CARE (Part D)				
			Medicaid	Rx: Medical:	Rx: Medical:							
	25mg/ml and 50mg/ml 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:						

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
	Enbrel Mini		EG-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		overed Implementation Date
Pharmacy	(Etanercept)	Inflammatory conditions	PPACA- Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
	Enbrel Mini (Etanercept) Inflammator conditions 50mg/ml Solution Cartridge Estazolam (geq for Prosom) Insomnia Img and 2mg Tablets Estradiol (geq for Delestrogen) Hormone		Medicaid	Rx: Medical:	Rx: Medical:		1	
	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		
			Traditional	TI, QL, AL	TI, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.		
>:	Estazolam		EG-Optimized	Пb, QL, AL	Пb, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.		
Pharmacy	(geq for Prosom)	Insomnia	PPACA- Optimized	Tlb, QL, AL	Tlb, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.		COMM 4/l/2023 CARE (Part D) 2/l/2023 5/l/2023 COMM 2/8/2023 CAID 6/8/2022 CARE (Part D)
۵			Medicaid	Rx: Medical:	Rx: Medical:			
	1mg and 2mg Tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			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).		
macy			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).		COMM 2/8/2023
Medical/Pharmacy	(geq for Delestrogen)	Hormone Replacement	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).		CARE (Part D)
			Medicaid	Rx: Medical:	Rx: Covered Medical: Covered	RX: NEW FORMULATION: ADD to formulary. Medical: NEW FORMULATION: ADD to coverage under the Medical Benefit.	r	
	J1380 50mg/5ml Vial ONLY		Medicare	Part D: Part B:	Part D: T2 Part B: N/A	Part D: NEW FORMULATION: ADD to formulary at Tier 2. Part B: N/A		

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional	TI, QL, AL	TI, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.		
>	Eszopiclone		EG-Optimized	Пb, QL, AL	Пb, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.		
Pharmacy	(geq for Lunesta)	Insomnia	PPACA- Optimized	∏b, QL, AL	TIb, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.		5/1/2023
₫			Medicaid	Rx: Medical:	Rx: Medical:			
	1mg, 2mg, and 3mg Tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional					
			EG-Optimized					
acy	Evrysdi (Risdiplam)	Spinal Muscular	PPACA- Optimized					
Pharmacy	Atrophy		Medicaid	Rx:	Rx:			2/1/2023
占		, all oping	modicard	Medical:	Medical:			
	60mg/80ml Powder for Oral Solution		Medicare	Part D: T5,PA,QL	Part D: T5, PA, QL	Part D: UPDATE Prior Authorization criteria to REMOVE		
			Medicare	Part B:	Part B:	Age Restriction. Part B:		
			Traditional	NPS (T8), PA	NPS (T8), PA	UPDATE Prior Authorization requirements to include treatment for retinopathy of prematurity.		
			EG-Optimized	NPS (T8), PA	NPS (T8), PA	UPDATE Prior Authorization requirements to include treatment for retinopathy of prematurity.		
	Eylea (Aflibercept)	New indication of	PPACA- Optimized	NPS (T8), PA	NPS (T8), PA	UPDATE Prior Authorization requirements to include treatment for retinopathy of prematurity.		
Medical		Retinopathy of prematurity.	Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered, PA	Medical: UPDATE Prior Authorization requirements to include treatment for retinopathy of prematurity.		4/1/2023
	J0178 2mg/0.05ml Solution		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).		
			Traditional		NF	NEW FORMULATION: not added to formulary.		
	Ezetimibe -		EG-Optimized		NF	NEW FORMULATION: not added to formulary.		
acy	Atorvastatin		PPACA- Optimized		NF	NEW FORMULATION: not added to formulary.		COMM 1/20/2023 CAID 1/20/2023
Pharmacy	(geq for Liptruzet)	Hypercholesterolemia	Medicaid	Rx: Medical:	Rx: NF Medical: N/A	RX: NEW FORMULATION: not added to formulary.		CARE (Part D) 1/1/2023
	10-10mg, 10-20mg, 10-40mg, and 10- 80mg 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		1,1,2023

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



_	ival cit 2023 (Continued)											
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date				
			Traditional	NF	TI, SmartPA, QL	NEW DRUG: ADD to formulary at Tier 1 with SMART Prior Authorization (ICD-10 G35), and Quantity Limit of one month fill.						
	Fingolimod		EG-Optimized	NF	TIb, SmartPA, QL	NEW DRUG: ADD to formulary at Tier 1 with SMART Prior Authorization (ICD-10 G35), and Quantity Limit of one month fill.						
Pharmacy	(geq for Gilenya)	Multiple Sclerosis	PPACA- Optimized	NF	TIb, SmartPA, QL	NEW DRUG: ADD to formulary at Tier 1 with SMART Prior Authorization (ICD-10 G35), and Quantity Limit of one month fill.						
4			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:						
			Traditional									
1			EG-Optimized									
1	Firdapse		PPACA-					COMM 5/1/2023 CARE (Part D) 2/1/2023 2/1/2023				
acy	(Amifampridine)		Optimized									
Pharmacy	(Armaniphanie)	Lambert- Eaton Syndrome	Medicaid	Rx: Medical:	Rx: Medical:			2/1/2023				
	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:						
			Traditional	Π, QL, AL	Π, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics						
~	Flurazepam		EG-Optimized	Пb, QL, AL	Пb, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics						
Pharmacy	(geq for Dalmane)	Insomnia	PPACA- Optimized	Пb, QL, AL	Пb, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics		5/1/2023				
Ь			Medicaid	Rx: Medical:	Rx: Medical:							
	15mg and 30mg Capsules		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional									
			EG-Optimized									
_	FML		PPACA-									
Pharmacy	(Fluorometholone)	Ocular Inflammation Conditions	Optimized Medicaid	Rx: Medical:	Rx: Medical:		5	2/1/2023				
Д	0.1% Ophthalmic Ointment	Conditions	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:						

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



_	IVIALCE ZUZS (CULTERIADE)																
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date									
			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.)											
	Freestyle Libre (CGM)		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.)											
Pharmacy		Diabetic Supply	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.)		7/1/2023									
			Medicaid	Rx: Medical:	Rx: Medical:												
	Freestyle Libre 14 day Reader device and sensor Freestyle Libre 2 Reader device and sensor Freestyle Libre 3 sensor										Medica	Мес	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:	
			Traditional		NF	NEW DEVICE: not added to formulary.											
			EG-Optimized		NF	NEW DEVICE: not added to formulary.											
	GE333 Blood Glucose		PPACA- Optimized		NF	NEW DEVICE: not added to formulary.											
Pharmacy	System (Blood glucose meter)	Diabetic Supply	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).		COMM 2/21/2023 CAID - 2/15/2023									
	Glucose Monitor		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:											

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



_	ivial cit 2023 (Continued)																									
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date																		
			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.		Date																		
	GE333 Blood Glucose		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.																				
Pharmacy	Test Strips	Diabetic Supply	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.																				
	Diabetic Test Strips			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:	
			Traditional	NF	T4, PA	ADD to formulary at Tier 4 with Prior Authorization Requirements.																				
	Genotropin		EG-Optimized	NF	T4, PA	ADD to formulary at Tier 4 with Prior Authorization Requirements.																				
cy	(Somatropin, rh-GH)		PPACA- Optimized	NF	T4, PA	ADD to formulary at Tier 4 with Prior Authorization Requirements.																				
Pharmacy		Human Growth Hormone	Medicaid	Rx: Medical:	Rx: Medical:			5/1/2023																		
	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 Cartidge.			Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:																			
			Traditional																							
			EG-Optimized																							
nacy	Gilenya (Fingolimod)		PPACA- Optimized					= h /o o o =																		
Pharmacy		Multiple Sclerosis	Medicaid	Rx: Medical:	Rx: Medical:			3/1/2023																		
	0.5mg Capsule	 	Medicare	Part D:T5 Part B:	Part D: NF Part B:	Part D: REMOVE brand, (generic covered). Part B:																				
			Traditional																							
			EG-Optimized																							
Š	Gleostine		PPACA-																							
гВа	(Lomustine)	Chemotherapy	Optimized					3/1/2023																		
Pharmacy	Chemothera	Chemotherapy	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:																				

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date					
			Traditional										
			EG-Optimized										
	Hetlioz	(Tasimelteon) Sleep-Wake Disorder 20mg Capsules ONLY droxychloroquine Same ingredient as Plaquenil) Malaria and Lupus	PPACA-										
acy	(Tasimelteon)	Class Male	Optimized										
Pharmacy		·		Rx:	Rx:			2/1/2023					
Pha		Disorder	Medicaid	Medical:	Medical:								
	20mg Capsules ONLY							Medicare	Part D: T5, PA, QL Part B:	Part D: NF Part B:	Part D: REMOVE brand, (generic covered). Part B:		
			Traditional		NF	NEW FORMULATION: not added to formulary.							
	Hydroxychloroguino		EG-Optimized		NF	NEW FORMULATION: not added to formulary.							
acy	Sleep-Wake Disorder 20mg Capsules ONLY Hydroxychloroquine (Same ingredient as Plaquenil) Malaria and Lupus 100mg, 300mg, and 400mg Tablets	Malaria and	PPACA- Optimized		NF	NEW FORMULATION: not added to formulary.		COMM 1/4/2023					
Pharmacy			Medicaid	Rx: Medical:	Rx: NF Medical:	Rx: NEW FORMULATION: not added to formulary.		CARE (Part D) 1/1/2023					
			Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION: not added to formulary. Part B: N/A							
			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 regirements following Oncology policy) through Kisqali, Kisqali Femera, OR Verzenio.							
Pharmacy	Ibrance (Palbociclib)	Chemotherapy	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 regirements following Oncology policy) through Kisqali, Kisqali Femera, OR Verzenio.	Verzenio and	7,1/2027					
Pharr		Спетноспетару	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 reqirements following Oncology policy) through Kisqali, Kisqali Femera, OR Verzenio.	Kisqali	CAID 1/4/2023 CARE (Part D) 1/1/2023					
			Medicaid	Rx:	Rx:								
				Medical:	Medical:								
	75mg, 100mg, and 125mg	M	Medicare	Part D:	Part D:	Part D:							
	75mg, 100mg, and 125mg Capsules and Tablets		1	Part B:	Part B:	Part B:							

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits ST- Step Therapy



War of 2020 (Gofffinger)								
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional					
			EG-Optimized					
	Icatibant Acetate		PPACA-					2/1/2023 2/1/2023 4/1/2023
>	(geg for Firazvr)		Optimized					
Pharmacy	(3)	Hereditary Angioedema	Medicaid	Rx: Medical:	Rx: Medical:			2/1/2023
Ph	30mg/3ml Syringe Solution	(HAE)	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:		
			T					
			Traditional					
	Icosanent ethyl		EG-Optimized					
>	Icatibant Acetate (geq for Firazyr) Heredit Angioed (HAE 30mg/3ml Syringe Solution Icosapent ethyl (geq for Vascepa) Sever Hypertriglyce 500mg Capsules		PPACA-					
Pharmacy		Severe	Optimized	Rx:	Rx:			2/1/2023
hari		Hypertriglyceridemia	Medicaid	Medical:	Medical:			2/1/2023
ā				Part D: NF	Part D: T4, PA	Part D: ADD to formulary at Tier 4 with Prior		
	500mg Capsules		Medicare	Part B:	Part B:	Authorization Requirements.		
_						Part B:		
			- m- 1	NIDG (TO) DA	NPS (T8), PA	UPDATE Prior Authorization criteria for Step Therapy		
			Traditional	NPS (T8), PA	NPS (18), PA	through covered Adalimumab products (currently		2/1/2023 2/1/2023 4/1/2023
						Humira and Amjevita). UPDATE Prior Authorization criteria for Step Therapy		
			CC Optimized	NPS (T8), PA	NPS (T8), PA			
_	Ilumya		EG-Optimized	NF3 (10), FA	NF3 (10), FA	through covered Adalimumab products (currently Humira and Amjevita).		
Medical	(Tildrakizumab-asmn)	Plaque Psoriasis				UPDATE Prior Authorization criteria for Step Therapy		
Mec		r laque i soriasis	PPACA-	NPS (T8), PA	NPS (T8), PA	through covered Adalimumab products (currently		
			Optimized	5 (15), 171	5 (15), 171	Humira and Amjevita).		
				Rx:	Rx:	Training and 7 angertage		
			Medicaid	Medical:	Medical:			
	J3245			Part D:	Part D:	Part D:		
			Medicare	Part B:	Part B:	Part B:		
			Traditional					
			EG-Optimized					
	Imbruvica		PPACA-					2/I/2023 4/I/2023
	(Ibrutinib)		Optimized					
acy			NA II I - I	Rx:	Rx:			
Pharmacy		Chemotherapy	Medicaid	Medical:	Medical:			2/1/2023
Phí]				Part D: ADD to formulary at Tier 5 with Prior		
				Part D: NF	Part D: T5,	Authorization Requirements (dosing must follow FDA-		
	70mg/ml Suspension ONLY		Medicare	Part B:	PA, QL	approved labeling) and Quantity Limit of 108ml/30		
			Pa	are D.	Part B:	days.		
						Part B:		

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



Water 2023 (continued)																						
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date														
			Traditional																			
			EG-Optimized					The second secon														
	Intron A		PPACA-																			
acy	(Interferon Alfa-2b)		Optimized																			
Pharmacy		Chemotherapy	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:																
			Traditional		T5, PA, QL	NEW DRUG: ADD to coverage at Tier 5 with Prior Authorization Requirements (See Oncology policy) and																
			madiciona.		,, ~-	Quantity Limit of 30 tablets/per 15 days.																
	Jaypirca		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.		COMM 5/1/2023 CARE (Part D) 4/1/2023														
Pharmacy	(Pirtobrutinib)	Chemotherapy	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.		CARE (Part D)														
Δ.		_	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:	
			Traditional	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).																
acy	Kevzara		EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).																
Pharmacy	(Sarilumab)	Inflammatory conditions	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:																	
	150mg/1.14ml and 200mg/1.14ml Auto- injector and Pre-filled Syringe	-	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:																

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits ST- Step Therapy



	S1- Step Therapy								
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date	
			Traditional	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).			
асу	Kineret		EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).			
Pharmacy	(Anakinra)	Inflammatory conditions	PPACA- Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		4/1/2023	
			Medicaid	Rx: Medical:	Rx: Medical:				
	100mg.0.67ml Pre-filled Syringe		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
				Traditional	T4, PA, QL	T4, PA, QL	Reverse previous decision to increase tier from November 2022 P & T Committee decision		
\$	Kisqali		EG-Optimized	T4, PA, QL	T4, PA, QL	Reverse previous decision to increase tier from November 2022 P & T Committee decision			
Pharmacy	(Ribociclib)	Chemotherapy	PPACA- Optimized	T4, PA, QL	T4, PA, QL	Reverse previous decision to increase tier from November 2022 P & T Committee decision		7/1/2023	
P			Medicaid	Rx: Medical:	Rx: Medical:				
	200mg Tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
			Traditional	T4, PA, QL	T4, PA, QL	Reverse previous decision to increase tier from November 2022 P & T Committee decision			
5	Kisqali Femara		EG-Optimized	T4, PA, QL	T4, PA, QL	Reverse previous decision to increase tier from November 2022 P & T Committee decision			
Pharmacy	(Ribociclib and Letrozole)	Chemotherapy	PPACA- Optimized	T4, PA, QL	T4, PA, QL	Reverse previous decision to increase tier from November 2022 P & T Committee decision		7/\/2023 7/\/2023	
P			Medicaid	Rx: Medical:	Rx: Medical:				
	200mg & 2.5mg Tablets (Combo Pack)		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



				a. o	11 2023 (C	orrem radaa)																					
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date																			
			Traditional		T4, PA, QL	NEW DRUG: ADD to coverage at Tier 4 with Prior Authorization Requirements and Quantity Limit of 84 Tablets/14 days.																					
	Krazati (Adografia)		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.																					
Pharmacy	(Adagrasib)	Chemotherapy	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.		COMM 5/1/2023 CARE (Part D) 3/1/2023																			
			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:																					
			Traditional																								
	Lautan		EG-Optimized					Date COMM 5/1/2023 CARE (Part D)																			
acy	Larissa (Dienogest/Estradiol		PPACA- Optimized																								
Pharmacy	Valerate)	Heavy Menstrual Cycle	Medicaid	Rx: Medical:	Rx: Medical:			2/1/2023																			
	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:																					
			Traditional	T2, QL	T3, QL	INCREASE Tier from Tier 2 to Tier 3. (Generic Covered)																					
>	Latuda		EG-Optimized	T2, QL	T3, QL	INCREASE Tier from Tier 2 to Tier 3. (Generic Covered)																					
Pharmacy	(Lurasidone)	Antipsychotic	PPACA- Optimized	T2, QL	T3, QL	INCREASE Tier from Tier 2 to Tier 3. (Generic Covered)		4/1/2023																			
ā			Medicaid	Rx: Medical:	Rx: Medical:																						
	20mg, 40mg, 60mg, 80mg, and 120mg Tablets					-		I			-		_	<u> </u>	-	+ +	-	⊣ ⊦	┥ ト	-		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



					11 2023 (6)	5111111464)		
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional		Not Covered	NEW DRUG: not added to coverage under the medical benefit.		
	Legembi		EG-Optimized		Not Covered	NEW DRUG: not added to coverage under the medical benefit.		
_	(Lecanemab-irmb)		PPACA- Optimized		Not Covered	NEW DRUG: not added to coverage under the medical benefit.		
Medical		Alzheimer's Disease	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.		4/1/2023
	J3590 and C9399 500mg/5ml and 200mg/2ml Single Dose Vial		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.		
			Traditional		T3, ST	NEW FORMULATION: ADD to formulary at Tier 3 with Step Therapy of Lantus.		
	Levemir		EG-Optimized		T3, ST	NEW FORMULATION: ADD to formulary at Tier 3 with Step Therapy of Lantus.		
>>	Levemir		PPACA- Optimized		T3, ST	NEW FORMULATION: ADD to formulary at Tier 3 with Step Therapy of Lantus.		
Pharmacy	(Insulin Detemir)	Diabeties	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.	Lantus (Commercial)	1/4/2023
	100 unit/ml Flexpen 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		
			Traditional EG-Optimized					
Pharmacy	Leuprolide Depot (geq for Lupron Depot)	Benign Prostatic Hyperplasia	PPACA- Optimized					4/1/2023
Phar	Hy	(BPH)	Medicaid	Rx: Medical:	Rx: Medical:			2/1/2023
	22.5mg Vial		Medicare	Part D: NF Part B:	Part D: T5 Part B:	Part D: ADD to formulary at Tier 5. Part B:		

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



Φ				17.0.0	11 2023 (C		Preferred	
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	covered alternatives	Implementation Date
			Traditional					
			EG-Optimized					The second secon
S	Levofloxacin		PPACA-					
Pharmacy	(geq for Iquix)	Antimicrobial	Optimized					
har			Medicaid	Rx:	Rx:			
Δ.			Medicald	Medical:	Medical:			
	1.5% Ophthalmic Solution		Medicare	Part D: NF	Part D: T2	Part D: ADD to formulary at Tier 2.		
				Part B:	Part B:	Part B:		
			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.		
	Lubiprostone		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.		
Pharmacy	(geq for Amitiza)	Constipation	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.		CAID 1/20/2023 CARE (Part D)
			Medicaid	Rx: Medical:	Rx: Covered, PA Medical:	Rx: NEW GENERIC: ADD to formulary as Non-Preferred with Prior Authorization Requirements.		4/1/2023
	8mcg and 24 mcg Capsules		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		
			Traditional		Pref Spec (T7), PA	NEW DRUG: ADD to coverage under the Medical Benefit as a Preferred Specialty (T7) with Prior Authorization Requirements.		2/1/2023 COMM 1/20/2023 CAID 1/20/2023 CARE (Part D) 4/1/2023
	Lunsumio		EG-Optimized		Pref Spec (T7), PA	NEW DRUG: ADD to coverage under the Medical Benefit as a Preferred Specialty (T7) with Prior Authorization Requirements.		
Medical	(mosunetuzumab-axgb)	Chemotherapy	PPACA- Optimized		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
2			Medicaid	Rx: Medical:	Rx: NF Medical: Covered	Rx: NEW DRUG: not added to formulary Medical: NEW DRUG: ADD to coverage under the medical benefit.		
	39999 1mg/ml and 30mg/30ml 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 as Medicare Chemo with Prior Authorization requirements (Oncology criteria)		

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional	T2, QL	TI, QL	DECREASE Tier: from Tier 2 to Tier 1.		
			EG-Optimized	T2, QL	∏b, QL	DECREASE Tier: from Tier 2 to Tier 1b.		
Pharmacy	Lurasidone (geq for Latuda)	Antipsychotic	PPACA- Optimized	T2, QL	TIb, QL	DECREASE Tier: from Tier 2 to Tier 1b.		4/1/2023
Phari		Antipsychotic	Medicaid	Rx: Medical:	Rx: Medical:			4/1/2023
	20mg, 40mg, 60mg, 80mg, and 120mg Tablets	-	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional					
			EG-Optimized					
nacy	Menest (Esterified Estrogens)	Female Hormone	Ontimized					- 6 (
Pharmacy	(Esterified Estrogens) Fem	replacement and prostate cancer	Medicaid	Rx: Medical:	Rx: Medical:			3/1/2023
	2.5mg Tablet ONLY		Medicare	Part D: NF Part B:	Part D: T4 Part B:	Part D: ADD to formulary at Tier 4. Part B:		
			Traditional	П	Π	REMOVE combination therapy restriction with other sedative hypnotics.		
Sy	Midazolam		EG-Optimized	ПЬ	ПЬ	REMOVE combination therapy restriction with other sedative hypnotics.		
Pharmacy	(geq for Versed)	Insomnia	PPACA- Optimized	ПЬ	ПЬ	REMOVE combination therapy restriction with other sedative hypnotics.		5/1/2023
Ā			Medicaid	Rx: Medical:	Rx: Medical:		7	
	2mg/ml Syrup	-	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
		Antimicrobial Antimicrobial Antimicrobial Antimicrobial Antimicrobial Medica Medica Traditic EG-Opt PPACA Optimin Medica Traditic EG-Opt Vaccine Vaccine Prevention Single dose Syringe Medica Traditic EG-Opt Actine Prevention Traditic EG-Opt Medica Traditic EG-Opt Medica Traditic EG-Opt Medica Traditic EG-Opt PPACA Optimi Medica Traditic EG-Opt PPACA Optimi Type II Diabetes	Traditional		NF	NEW FORMULATION: not added to formulary.	arternatives	
			EG-Optimized		NF	NEW FORMULATION: not added to formulary.		
acy	Minocycline ER (geq for Solodyn)		PPACA- Optimized		NF	NEW FORMULATION: not added to formulary.		COMM 1/12/2023
Pharmacy		Antimicrobial	Medicaid	Rx: Medical:	Rx: NF Medical:	Rx: NEW FORMULATION: not added to formulary.		CAID 1/12/2023
	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		
			Traditional		Vaccine Preventive	NEW FORMULATION: ADD to preventive vaccine coverage.		
5	Moderna COVID	COVID 19	EG-Optimized		Vaccine Preventive	NEW FORMULATION: ADD to preventive vaccine coverage.		
Pharmacy	Moderna COVID Vaccine COVID-19 (COVID-19 mRNA) Vaccine	Vaccine	PPACA- Optimized		Vaccine Preventive	NEW FORMULATION: ADD to preventive vaccine coverage.		COMM 1/1/2023 CAID 12/29/2022
ā		Prevention	Medicaid	Rx: Medical:	Rx: Medical:			
	100mcg/0.5 Single dose Syringe		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional					
			EG-Optimized					
>	Mounjaro		PPACA-					
nac	(Tirzepatide)	Town II Diabatas	Optimized	Rx:	Rx:			7.0/2027
Pharmacy		туре п Diapetes	Medicaid	Medical:	Medical:			3/1/2023
	2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml Pre-filled Pen	ı	Medicare	Part D: T3, QL Part B:	Part D: T3, QL Part B:	Part D: UPDATE Quantity Limit to 2ml/28 days. Part B:		

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



	S1-step merapy Wal CTI 2023 (CONTINUED)										
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date			
			Traditional	Pref Spec (T7), PA	Pref Spec (T7), PA	REMOVE Prior Authorizaion combination therapy restriction with CGRP preventative drugs (e.g. Aimovig, Emgality, Ajovy).					
	Myobloc		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).					
	(rimabotulinumtoxinB)		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).					
ical		Chronio Migraino	Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered, PA	REMOVE Prior Authorizaion combination therapy restriction with CGRP preventative drugs Aimovig, Emgality, and Ajovy.		4/1/2023			
Medical	10587 2,500 unit/05ml,5,000 unit/ml,10,000 unit/2ml Single Dose Vial	Chronic Migraine	Medicare	Part D: Part B: Pref Spec (177), 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).		411/2023			
			Traditional								
			EG-Optimized								
	Nonlosumo		PPACA-								
le C	0 ,	Marotoaux Lamy	Optimized								
Medical	(Galsullase)	syndrome	Medicaid	Rx: N/A Medical: Covered, PA	Rx: N/A Medical: Covered, PA	Rx: N/A Medical: UPDATE Prior Authorization requirements for		4/1/2023			
	77.150			Part D:	Part D:	continuation criteria. Part D:					
	Naglazyme 1mg/ml Solution		Medicare	Part B:	Part B:	Part B:					
			Traditional		Non-spec (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).					
	Nouralita Prop Kit	Naglazyme (Galsulfase) J1458 aglazyme Img/ml Solution eurrolite Prep Kit isate Dihydrochloride)	EG-Optimized		Non-spec (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).					
le:	(Bicisate Dihydrochloride)		PPACA- Optimized		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			
Medical		Diagnostic agent	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.		CAID 2/8/2023 CARE (Part D) 4/1/2023			
	Prep Kit		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.					

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional					
			EG-Optimized					
õ	Noxafil		PPACA-					Date
Pharmacy	(Posaconazole)	Antifungal	Optimized					2/1/2023
hai			Medicaid	Rx:	Rx:			
_				Medical: Part D: NF	Medical: Part D: T5	D + D + D D + C + + + T + E		
	300mg Powermix Suspension		Medicare	Part D: NF Part B:	Part D: 15 Part B:	Part D: ADD to formulary at Tier 5.		
-				Part B.	Part B.	Part B: REMOVE Quantity Limit of 32 tablets per YEAR and	4/1/2023	
						UPDATE Prior Authorization duration from four		
			Traditional	T5, PA, QL	T5, PA, QL	months to six months (Initial), and 12 months		
						(continuation).		
						REMOVE Quantity Limit of 32 tablets per YEAR and		
						UPDATE Prior Authorization duration from four		
>	Nurtec		EG-Optimized	T5, PA, QL	T5, PA, QL	months to six months (Initial), and 12 months	covered alternatives 2/l/202 4/l/202	
nac.	(Rimegepant) Migraine					(continuation).		. 6 /
Pharmacy	, , ,	Migraine				REMOVE Quantity Limit of 32 tablets per YEAR and		4/1/2023
효			PPACA-	TE DA OL	TE DA OL	UPDATE Prior Authorization duration from four		
			Optimized	T5, PA, QL	T5, PA, QL	months to six months (Initial), and 12 months		
						(continuation).		
			Medicaid	Rx:	Rx:			
			Medicald	Medical:	Medical:			
	75mg ODT Tablet		Medicare	Part D:	Part D:	Part D:		
				Part B:	Part B:	Part B:		
	Odactra		Traditional	T3, AL	T3, AL	DECREASE minimum age from 18 years to 12 years.		
S	(Dermatophagoides farinae and Dermatophagoides		EG-Optimized	T3, AL	T3, AL	DECREASE minimum age from 18 years to 12 years.		
Pharmacy	pteronyssinus Allergen Extract)	House Dust Mite Allergy	PPACA- Optimized	T3, AL	T3, AL	DECREASE minimum age from 18 years to 12 years.		5/1/2023
۵	Allergeri Extracti		Medicaid	Rx:	Rx:			
			Medicald	Medical:	Medical:			
	12 SQ- HDM Sublingual Tablets		Medicare	Part D:	Part D:	Part D:		
				Part B:	Part B:	Part B:		
						UPDATE Prior Authorization criteria for Step Therapy		
			Traditional	T5, PA, QL	T5, PA, QL	through covered Adalimumab products (currently		
						Humira and Amjevita).		4/l/2023 5/l/2023
						UPDATE Prior Authorization criteria for Step Therapy		
1		EC Optimized	T5, PA, QL	T5, PA, QL				
>:	Olumiant		EG-Optimized	T5, PA, QL	15, PA, QL	through covered Adalimumab products (currently		
тасу	Olumiant (Baricitinib)	Inflammatory		T5, PA, QL	15, PA, QL	Humira and Amjevita).		4/1/2023
harmacy		Inflammatory conditions	EG-Optimized PPACA-			Humira and Amjevita). UPDATE Prior Authorization criteria for Step Therapy		4/1/2023
Pharmacy		-		T5, PA, QL T5, PA, QL	T5, PA, QL	Humira and Amjevita). UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently		4/1/2023
Pharmacy		-	PPACA-	T5, PA, QL	T5, PA, QL	Humira and Amjevita). UPDATE Prior Authorization criteria for Step Therapy		4/1/2023
Pharmacy		-	PPACA-	T5, PA, QL Rx:	T5, PA, QL Rx:	Humira and Amjevita). UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently		4/1/2023
Pharmacy		-	PPACA- Optimized	T5, PA, QL	T5, PA, QL	Humira and Amjevita). UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently		4/1/2023

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits ST- Step Therapy



	ivial cit 2023 (continued)							
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional					
			EG-Optimized					
	Orencia		PPACA-					
	(Abatacept)		Optimized					
>				Rx:	Rx:			
mac		Inflammatory	Medicaid	Medical:	Medical:			2/1/2023
Pharmacy	50mg/ml, 87.5mg/0.7ml, 125mg/ml Pre- filled Syringe and 125mg/ml Clickjet Auto-injector.	conditions	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:		
			Traditional					
			EG-Optimized					
	Orkambi (Lumacaftor/Ivacaftor) Cystic Fibrosis	PPACA-						
acy		Optimized	5	5				
Pharmacy		Cystic Fibrosis	Medicaid	Rx: Medical:	Rx: Medical:			2/\/2023
۵	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:		
		Traditional	П	П	No Change			
			EG-Optimized	∏b, ST	∏b	REMOVE Step Therapy		
Pharmacy	Orphenadrine (geq for Norflex)	Muscle Relaxer	PPACA- Optimized	∏b, ST	Πb	REMOVE Step Therapy		4/1/2023
har		Musele Relaxer	Medicaid	Rx:	Rx:			4/1/2023
ш			- Todiodia	Medical:	Medical:			
	100mg Extended-Release Tablet		Medicare	Part D:	Part D:	Part D:		
			Traditional	Part B:	Part B: T5, PA, QL	Part B: Part D: NEW DRUG: ADD to formulary at Tier 5 with		
			Haditional		13, FA, QL	Prior Authorization Requirements (Oncology policy) and Quantity Limit of 15 Tablets/15 days.		
	Orserdu		EG-Optimized		T5, PA, QL	Part D: NEW DRUG: ADD to formulary at Tier 5 with Prior Authorization Requirements (Oncology policy)		
	(Elacestrant		optimized		, , -,-	and Quantity Limit of 15 Tablets/15 days.		
>	Dihydrochloride)		PPACA-			Part D: NEW DRUG: ADD to formulary at Tier 5 with		
mac		Chemotherapy	Optimized		T5, PA, QL	Prior Authorization Requirements (Oncology policy)		5/1/2023
Pharmacy		Спетнопнетару	Spennized			and Quantity Limit of 15 Tablets/15 days.		3/1/2023
a			Medicaid	Rx: Medical:	Rx: Covered Medical:	Rx: NEW DRUG: ADD to the formulary.		
	86mg and 345mg Tablet	1	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:		

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



overage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered	Implementation Date
ŏ			Traditional	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).	alternatives	
acy	Otezla (Apremilast)	Psoriatic Arthritis, Plaque Psoriasis and Oral ulcers	EG-Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
Pharmacy		and Oral ulcers associated with Behcet's Syndrome	PPACA- Optimized	T4, PA, QL	T4, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		4/1/2023
			Medicaid	Rx: Medical:	Rx: Medical:			
	30mg Tablets and Oral Therapy Pack (10mg & 20mg & 30mg)		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional		NF	NEW DRUG: not added to formulary.		
	Oxbryta (Voxelotor)	Sickle Cell Disease	EG-Optimized		NF	NEW DRUG: not added to formulary.		COMM 1/20/2023 CAID 1/20/2023
Pharmacy			PPACA- Optimized		NF	NEW DRUG: not added to formulary.		
Pharr			Medicaid	Rx: Medical:	Rx: Covered Medical: N/A	Rx: NEW DRUG: ADD to common formulary with Prior Authorization Requirements.		
	300mg Tablet ONLY		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		
			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.		
	Ozempic		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.		
Pharmacy	(Semaglutide)	Type II Diabetes	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.		COMM 2/8/2023 CAID 2/6/2023 CARE (Part D)
Ph			Medicaid	Rx: Medical:	Rx: Covered, PA Medical: N/A	NEW FORMULATION: ADD to common formulary with Prior Authorization Requirements.		3/1/2023
	0.25 - 0.5mg Dose Pen		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		

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



	S1- Step Therapy							
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional	T2, ST, QL	T2, QL	REMOVE Step Therapy		
			EG-Optimized	T2, ST, QL	T2, QL	REMOVE Step Therapy		
acy	Paroxetine ER (geq for Paxil CR)		PPACA- Optimized	T2, ST, QL	T2, QL	REMOVE Step Therapy		
Pharmacy	(ged for t dail ett)	Depression	Medicaid	Rx: Medical:	Rx: Medical:			5/1/2023
	12.5mg, 25mg, and 37.5mg Extended Release Tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional					
			EG-Optimized					
	Paser Packet		PPACA-					
acy	(Aminosalicylate Sodium/		Optimized					S/I/2023 3/I/2023 COMM 1/I/2023 CAID 12/29/2022 COMM 1/26/2023 CAID 1/25/2023
Pharmacy	Aminosalicylic Acid)	Tuberculosis	Medicaid	Rx: Medical:	Rx: Medical:			3/1/2023
	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:		
			Traditional		Vaccine Preventive	NEW FORMULATION: ADD to preventive vaccine coverage		
>	Pfizer COVID Vaccine (COVID-19 mRNA)	COVID-19 Vaccine Prevention	EG-Optimized		Vaccine Preventive	NEW FORMULATION: ADD to preventive vaccine coverage		
Pharmacy			PPACA- Optimized		Vaccine Preventive	NEW FORMULATION: ADD to preventive vaccine coverage		
4			Medicaid	Rx: Medical:	Rx: Medical:			
	3mcg/0.2ml Vaccine		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional		NF	NEW FORMULATION: not added to formulary.		
			EG-Optimized		NF	NEW FORMULATION: not added to formulary.		
∂:	Pirfenidone (geq for Esbriet)	Idiopathic	PPACA- Optimized		NF	NEW FORMULATION: not added to formulary.		COMM 1/26/2023
Pharmacy		Pulmonary	Medicaid	Rx: Medical:	Rx: NF Medical:	Rx: NEW FORMULATION: not added to formulary.		CAID 1/25/2023 CARE (Part D)
ď	267mg Capsule ONLY	- Fibrosis	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		1/11/2023
1			Traditional					
I		Venous	EG-Optimized					
c	Pradaxa (Dabigatran)	Thromboembolism (VTE), Deep Venous	PPACA- Optimized					
Pharmacy		Thrombosis (DVT), Pulmonary	Medicaid	Rx: Medical:	Rx: Medical:			2/1/2023
	75mg and 150mg Capsules ONLY	Embolism (PE), Cerebral	Medicare	Part D: T4 Part B:	Part D: NF Part B:	Part D: REMOVE brand, (generic covered). Part B:		

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits ST- Step Therapy Pending Changes to the Approved Drug List March 2023 (continued)

Pharmacy Department



				iviaio	112020 (60	errinaea)		
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional					3/1/2023
			EG-Optimized					
	Pred-G S.O.P		PPACA-					covered alternatives 2 alternatives 3 /1/2023 2 coledronic Acid and 4 /1/2023 3 isphosphonate
acy	(Gentamicin/Prednisolone)	Inflammatory	Optimized					
Pharmacy		eye Conditions	Medicaid	Rx:	Rx:			3/1/2023
Ph		eye coriditions	Medicald	Medical:	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.	Part B.	Part B:		
			Traditional					
			EG-Optimized					
_	Prolia		PPACA-					3/1/2023 4/1/2023 4/1/2023 CAID 1/12/2023
nacy	(Denosumab)		Optimized					
narm			Medicaid	Rx:	Rx:		Zoledronic Acid	
I/Pł	Osteoporosis		Medical:	Medical:			4/1/2023	
dica				Part D: T4,	Part D: T4,		Bisphosphonate	
Me	30897			PA, QL	PA, QL	Part D: No Change		
	60mg/ml Single Dose Syringe		Medicare	Part B: Pref	Part B: Pref	Part B: UPDATE Prior Authorization and Step Therapy		
				Spec (T7), PA,		requirements to be less restrictive.		
				ST	ST			
			Traditional	T3	П	DECREASE Tier: from Tier 3 to Tier 1.		•
			EG-Optimized	T3	Πb	DECREASE Tier: from Tier 3 to Tier 1b.		
Pharmacy	Propafenone ER (geq for Rythmol SR)	Antiarrhythmic	PPACA- Optimized	ТЗ	ПЬ	DECREASE Tier: from Tier 3 to Tier 1b.		4/1/2023
har			Medicaid	Rx:	Rx:			
ш.				Medical:	Medical:		4	
	225mg, 325mg, and 425mg		Medicare	Part D:	Part D:	Part D:		
	Extended Release Capsules			Part B:	Part B:	Part B:		
			Traditional		Non-spec (T6)	NEW FORMULATION: ADD to coverage under the		
					Non-spec	Medical Benefit as Non-Specialty (Tier 6). NEW FORMULATION: ADD to coverage under the		
			EG-Optimized		(T6)	Medical Benefit as Non-Specialty (Tier 6).		
	Pylarify		PPACA-		Non-spec	NEW FORMULATION: ADD to coverage under the		
ical	(Piflufolastat F 18)		Optimized		(T6)	Medical Benefit as Non-Specialty (Tier 6).		COMM 1/12/2023
Medical		Diagnostic agent		_		Rx: NEW FORMULATION: not added to formulary.		CAID 1/12/2023
_			Medicaid	Rx:	Rx: NF	Medical: NEW FORMULATION: not added to coverage		
				Medical:	Medical:	under the medical benefit.		
	40505			Part D:	Part D: N/A	Part D: N/A		
	A9595 333 MBQ (9 MCI) Injection		Medicare	Part B:	Part B:	Part B: NEW FORMULATION: ADD to coverage under		
					Covered	Part B.		
			Traditional	T4	T4, PA	ADD Prior Authorization Criteria.		
		1	EG-Optimized	T4	T4, PA	ADD Prior Authorization Criteria.		
Pharmacy	Pyrimethamine (geq for Daraprim)	Antimicrobial	PPACA- Optimized	T4	T4, PA	ADD Prior Authorization Criteria.		5/1/2023
har		, a learner oblidi	Medicaid	Rx:	Rx:			
а			cuicaiu	Medical:	Medical:			
	25mg Tablet		Medicare	Part D:	Part D:	Part D:		
	25/11g Tablet	Me	i-iculcare	Part B:	Part B:	Part B:		

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional	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).		
armacy	Radicava (Endaravone)	Amyotrophic	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).		Medical: 4/1/2023
Medical/Pharmacy		Lateral Sclerosis (ALS)	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).		Medical: 4/1/2023 Rx: 5/1/2023
		-	Medicaid	Rx: Medical:	Rx: Medical:			
	Rx: 105mg/5ml Oral Suspension Medical: J1301 30mg/100ml IV Solution		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
	105mg/5ml Oral Suspension Medical: 13501 30mg/100ml IV Solution RameIteon (reg for Pozeron)		Traditional	TI, AL	TI, AL	REMOVE combination therapy restriction with other sedative hypnotics.		
			EG-Optimized	TIb, QL, AL	TIb, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.		
Pharmacy	(geq for Rozerem)	Insomnia	PPACA- Optimized	TIb, QL, AL	TIb, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.		5/1/2023
Ph			Medicaid	Rx: Medical:	Rx: Medical:	sedative ity prioritis.		
	8mg Tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional					
			EG-Optimized					
	Reblozyl		PPACA- Optimized					
Medical	Reblozyl (Luspatercept-aamt)	Anemia due to beta-thalassemia	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		4/1/2023
	J0896 25mg and 75mg Powder for Injection		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date	
			Traditional		Not Covered	NEW DRUG: not added to the formulary or coverage under the medical benefit.			
	Debyete		EG-Optimized		Not Covered	NEW DRUG: not added to the formulary or coverage under the medical benefit.			
	Rebyota (fecal microbiota live-jslm)		PPACA- Optimized		Not Covered	NEW DRUG: not added to the formulary or coverage under the medical benefit.			
Medical		C.Difficile Infection	Medicaid	Rx: Medical:	Rx: NF Medical: Not Covered	NEW DRUG: not added to the formulary or coverage under the medical benefit.	Vancomycin and Fidaxomicin (Dificid)	5/1/2023	
	C9399 and 33590 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 (Dificid)) and Quantity Limit of 150 ml as a Single Dose.	(Direid)		
			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).			
nacy	Reyvow (Lasmiditan)	Missaina	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).		(h/2027	
Pharmacy		Migraine	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).		44 11 2025	
			Medicaid	Rx: Medical:	Rx: Medical:				
	50mg and 100mg Tablets		F	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



	Septimonal Indiana (Continued) Professed										
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date			
			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.					
	Rezlidhia (Olutasidenib)		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.					
Pharmacy	(5.55.55.55.	Chemotherapy	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.		COMM 5/1/2023 CARE (Part D) 2/1/2023			
			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:					
			Traditional								
	Rinvoq		EG-Optimized								
acy	(Upadacitinib)		PPACA- Optimized								
Pharmacy	Inflammatory conditions	Medicaid	Rx: Medical:	Rx: Medical:			2/1/2023				
	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:					
			Traditional	T3, PA, QL	Π, QL	DECREASE Tier: from Tier 3 to Tier 1, REMOVE Prior Authorization Requirements, and UPDATE Quantity Limit to 30 Tablets/30 days.					
	Roflumilast	Chronic	EG-Optimized	T3, PA, QL	Пb, QL	DECREASE Tier. from Tier 3 to Tier 1b, REMOVE Prior Authorization Requirements, and UPDATE Quantity Limit to 30 Tablets/30 days.		COMM 5 h/2027			
Pharmacy	(Geq for Darliresp)	obstructive pulmonary	PPACA- Optimized	T3, PA, QL	Пb, QL	DECREASE Tier: from Tier 3 to Tier 1b, REMOVE Prior Authorization Requirements, and UPDATE Quantity Limit to 30 Tablets/30 days.		COMM 5/1/2023 CARE (Part D)			
		disease (COPD)	Medicaid	Rx: Medical:	Rx: Medical:			2/1/2023			
	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:					

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits ST- Step Therapy



	ivial ct i zoza (continued)										
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date			
			Traditional	T3, PA	Π, QL	DECREASE Tier: from Tier 3 to Tier 1, REMOVE Prior Authorization Requirements, and ADD Quantity Limit to 30 Tablets/30 days.					
	Roflumilast	Chronic	EG-Optimized	T3, PA	∏b, QL	DECREASE Tier: from Tier 3 to Tier 1b, REMOVE Prior Authorization Requirements, and ADD Quantity Limit to 30 Tablets/30 days.		CO. 11 5 h/2007			
Pharmacy	(geq for Darliresp)	obstructive pulmonary disease (COPD)	PPACA- Optimized	T3, PA	∏b, QL	DECREASE Tier: from Tier 3 to Tier 1b, REMOVE Prior Authorization Requirements, and ADD Quantity Limit to 30 Tablets/30 days.		CARE (Part D)			
		disease (COFD)	Medicaid	Rx: Medical:	Rx: Medical:			4,4====			
	500mcg 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 ADD Quantity Limit of 30 tablets/30 days. Part B:				
			Traditional		Vaccine Preventive	NEW FORMULATION: ADD to preventive vaccine coverage.					
	Rotarix Vaccine		EG-Optimized		Vaccine Preventive	NEW FORMULATION: ADD to preventive vaccine coverage.	Ī	COMM 2/24/2023 CAID 2/6/2023 CARE (Part D) 4/1/2023			
Jacy	(Rotavirus vac, Live ATT, 89-12)	Rotavirus	PPACA- Optimized		Vaccine Preventive	NEW FORMULATION: ADD to preventive vaccine coverage.					
Pharmacy	,,,,,	Gastroenteritis Vaccine	Medicaid	Rx: Medical:	Rx:NF Medical: Covered, PA	Rx: NEW FORMULATION: not added to formulary. Medical: NEW FORMULATION: ADD to the medical benefits.					
	Vaccine		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					
			Traditional	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria to require Step Therapy through Sunlenca.					
.∻	Rukobia		EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria to require Step Therapy through Sunlenca.		COMM 5/1/2023 CARE (Part D) 2/1/2023 COMM 2/24/2023 CAID 2/6/2023 CARE (Part D)			
Pharmacy	(Fostemsavir)	HIV	PPACA- Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria to require Step Therapy through Sunlenca.		5/1/2023			
۵			Medicaid	Rx: Medical:	Rx: Medical:						
	600mg Extended-Release Tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:					

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date		
			Traditional	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).				
acy	Siliq (Brodalumab)		EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).				
Pharmacy	(Brodalumab)	Plaque Psoriasis	PPACA- Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		4/1/2023		
			Medicaid	Rx: Medical:	Rx: Medical:					
	210mg/1.5ml Pre-filled Syringe		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:				
			Traditional	T2, ST	Π, QL	DECREASE Tier: from Tier 2 to Tier 1 and ADD Quantity Limit of 30 tablets/30 days.				
>>	Silodosin	Enlargement of Prostate (Benign	EG-Optimized	NF	Пb, QL	ADD to formulary at Tier 1b with Quantity Limit of 30 tablets/30 days.				
Pharmacy	(geq for Rapaflo)	prostatic	PPACA- Optimized	NF	Пb, QL	ADD to formulary at Tier 1b with Quantity Limit of 30 tablets/30 days.		5/1/2023		
۵	hyperplasi BPH)		Medicaid	Rx: Medical:	Rx: Medical:					
	4mg and 8mg Capsules		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:				
			Traditional	NPS (T8), PA	NPS (T8), PA	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).				
al	Simponi Aria		EG-Optimized	NPS (T8), PA	NPS (T8), PA	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).				
Medical	(Golimumab)	Inflammatory conditions	PPACA- Optimized	NPS (T8), PA	NPS (T8), PA	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		4/1/2023		
			Medicaid	Rx: Medical:	Rx: Medical:					
	J1602 50mg/4ml Pre-filled Syringe	-	-	-	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
acy	Simponi		EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
Pharmacy	(Golimumab)	Inflammatory conditions	PPACA- Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		4/1/2023
			Medicaid	Rx: Medical:	Rx: Medical:			
	50mg/0.5ml and 100mg/ml Auto- injector and Pre-filled Syringe		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional EG-Optimized					
асу	Skyrizi (Risankizumab-rzaa)		PPACA- Optimized					2/1/2023
Pharmacy		Inflammatory conditions	Medicaid	Rx: Medical:	Rx: Medical:			2/1/2023
	150mg Dose Pack		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:		

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



\vdash	ivial cit 2023 (continued)									
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date		
			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.				
	Skyrizi		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.				
acy	(Risankizumab-rzaa)		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.		COMM 1/4/2023		
Pharmacy		Crohn's disease	Medicaid	Rx: Medical:	Rx: Covered, PA Medical:	RX: NEW FORMULATION: ADD to formulary as Non- Preferred with Prior Authoroizaion Regirements.		CAID 1/4/2023 CARE (Part D) 1/1/2023		
	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 1.2ml/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				
			Traditional							
			EG-Optimized							
			PPACA-							
	Skyrizi		Optimized					COMM 1/4/2023 CAID 1/4/2023 CARE (Part D)		
Pharmacy	(Risankizumab-rzaa)	Crohn's disease	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				
			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.				
	Sodium Oxybate		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.		COMM 12/27/2022		
Pharmacy	(geq for Xyrem)	Narcolepsy	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.		CARE (Part D)		
			Medicaid	Rx: Medical:	PA Medical:	Rx: NEW GENERIC: ADD to Common formulary with Prior Authorization Requirements.				
	0.5mg/ml Oral Solution	١	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				

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



_								
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional	T2, ST, QL	Π, QL	DECREASE Tier: from Tier 2 to Tier 1 and REMOVE Step Therapy.		
>	Solifenacin		EG-Optimized	T2, ST, QL	Пb, QL	DECREASE Tier: from Tier 2 to Tier 1b and REMOVE Step Therapy.		
Pharmacy	(geq for Vesicare)	Overactive Bladder	PPACA- Optimized	T2, ST, QL	∏b, QL	DECREASE Tier: from Tier 2 to Tier 1b and REMOVE Step Therapy.		5/1/2023
۵	Solifenacin (geq for Vesicare) Smg and 10mg Tablets Sotyktu (Deucravacitinib) Flaque Psol Gmg Tablet Stelara (Ustekinumab) Inflammat		Medicaid	Rx: Medical:	Rx: Medical:			
	5mg and 10mg Tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
acy	_		EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		
Pharmacy	(Dedcravacitiiis)	Plaque Psoriasis	PPACA- Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		4/1/2023
			Medicaid	Rx: Medical:	Rx: Medical:			
	6mg Tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			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).		
acy			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).		
edical/Pharm		Inflammatory conditions	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).		4/1/2023
Σ			Medicaid	Rx: Medical:	Rx: Medical:			
	Rx: 45mg/0.5ml Subcutaneous Solution and 45/0.5ml and 90mg/ml Pre-filled syringe. Medical: J33588 130mg/26ml IV Vial		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



41	9 Preferred									
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date		
			Traditional		Rx: NF Medical: Not Covered	NEW DRUG: not added to the formulary or coverage under the medical benefit.				
loy	Stimufend		EG-Optimized		Rx: NF Medical: Not Covered	NEW DRUG: not added to the formulary or coverage under the medical benefit.				
cal/Pharma	(Pegfilgrastim-fpgk)	Fever from low white blood count	PPACA- Optimized		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		
Medic	Stimufend (Pegfilgrastim-fpgk) Fever from Ic		Medicaid	Rx: Medical:	Rx: Pending Medical: Not Covered	Rx: NEW DRUG: Pending MDHHS review Medical: NEW DRUG: not covered under the medical benefit				
			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				
			Traditional	Pref Spec	Pref Spec	REMOVE DATA 2000 prescriber requirements.				
			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.				
			Optimized	(17), FA	(17), FA					
Medical	injection		Medicaid	Rx: Medical:	Rx: Medical:			4/1/2023		
	100mg/0.5ml and 300mg/1.5ml Solution for injection Extended		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:				
			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.				
			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.				
Pharmacy	(Lenacapavir)	HIV	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.		4/1/2023 COMM 5/1/2023 CARE (Part D) 4/1/2023		
			Medicaid	Rx: Medical:	Rx: Carve-out Medical:	Rx: NEW DRUG: Carve-Out (BOTH tablets and injectable kit)				
	4-300mg and 5-300mg Tablet ONLY	1	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				

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional		Pref Spec (T7), PA	NEW DRUG: ADD to coverage under the Medical Benefit as a Preferred Specialty (T7) with Prior Authorization Requirements.		
	Sunlenca		EG-Optimized		Pref Spec (T7), PA	NEW DRUG: ADD to coverage under the Medical Benefit as a Preferred Specialty (T7) with Prior Authorization Requirements.		
Medical	(Lenacapavir)	HIV	PPACA- Optimized		Pref Spec (T7), PA	NEW DRUG: ADD to coverage under the Medical Benefit as a Preferred Specialty (T7) with Prior Authorization Requirements.		CARE (Part D)
Σ	33490 463.5mg/l.5ml vial ONLY		Medicaid	Rx: Medical:	Rx: Carve-out Medical:	NEW DRUG: Carve-out.		5/1/2023
			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 (I'7), with Prior Authorization Requirements (MAI).		
			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.		
Ŕ	Sunosi	Narcolepsy and	EG-Optimized	T3, ST, QL	T3, SmartPA, ST, QL	ADD Smart PA of narcolepsy and obstructive sleep apena (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.		
Pharmacy	(Solriamfetol) Obstructive	Obstructive Sleep Apnea	PPACA- Optimized	T3, ST, QL	T3, SmartPA, ST, QL	ADD Smart PA of narcolepsy and obstructive sleep apena (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.	Modafinil and Armodafinil.	5/1/2023
			Medicaid	Rx: Medical:	Rx: Medical:			
	75mg and 150mg Tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



	ivial cit 2023 (continued)											
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date				
			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.						
	Takhzyro		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.						
Pharmacy	(Lanadelumab-flyo)	Hereditary Angioedema	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.		COMM 3/3/2023 CAID 3/1/2023 CARE (Part D)				
Ph		Angioedema	Medicaid	Rx: Medical:	Rx: Carve-out Medical:	Rx: NEW FORMULATION: Carve-out		4/1/2023				
	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						
			Traditional	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).						
λc	Taltz		EG-Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).						
Pharmacy	(Ixekizumab)	Inflammatory conditions	PPACA- Optimized	T5, PA, QL	T5, PA, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		4/1/2023				
			Medicaid	Rx: Medical:	Rx: Medical:							
	80mg/ml Auto-injector and Pre-filled Syringe		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			Traditional		T5, PA	NEW GENERIC: ADD to the formulary at Tier 5 with Prior Authorization Requirements.						
	Tasimelteon		EG-Optimized		T5, PA	NEW GENERIC: ADD to the formulary at Tier 5 with Prior Authorization Requirements.						
Pharmacy	(geq for Hetlioz)	Sleep-Wake	PPACA- Optimized		T5, PA	NEW GENERIC: ADD to the formulary at Tier 5 with Prior Authorization Requirements.		COMM 1/20/2023 CAID 1/20/2023				
Pha		Disorder	Medicaid	Rx: Medical:	Rx: Carve-out Medical:	NEW GENERIC: Carve-out.		CARE (Part D) 2/1/2023				
	20mg Capsules	1	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						

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



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

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



		January Comments of the Commen						
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
_	Testopel Pellet	Hypogonadism	Traditional EG-Optimized PPACA- Optimized					
Medical	(Testosterone)	and Gender Dysphoria	Medicaid	Rx: N/A Medical: Covered, PA	Rx: N/A Medical: Covered, PA	Rx: N/A Medical: UPDATE Prior Authorization requirements.		4/1/2023
	S0189 75mg Pellets Implants		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			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.		
nacy	Topiramate ER (geg for Qudexy XR)		PPACA- Optimized		NF	NEW GENERIC: not added to formulary.		COMM 1/20/2023
Pharmacy	(3-4 2 3 7	Seizures	Medicaid	Rx: Medical:	Rx: Carve-out Medical:	NEW GENERIC: Carve-out.		CAID 1/20/2023
	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		
			Traditional	Π, QL, AL	TI, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics		
>:	Triazolam		EG-Optimized	∏b, QL, AL	∏b, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics		
Pharmacy	(geq for Halcion)	Insomnia	PPACA- Optimized	Пb, QL, AL	Пb, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics		5/1/2023
à			Medicaid	Rx: Medical:	Rx: Medical:			
	0.125mg and 0.25mg Tablets		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional	Pref Spec (T7), PA	Pref Spec (T7), PA	UPDATE Prior Authorization criteria to require Step Therapy through Sunlenca.		
	Trogarzo		EG-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	UPDATE Prior Authorization criteria to require Step Therapy through Sunlenca.		
	(Ibalizumab-uiyk)		PPACA-	Pref Spec	Pref Spec	UPDATE Prior Authorization criteria to require Step		
ical	(.23.2332 3.3.1)	HIV	Optimized	(T7), PA	(T7), PA	Therapy through Sunlenca.		/ h/2027
Medical		HIV	Medicaid	Rx: Medical:	Rx: Medical:	0		4/1/2023
	J1746 200mg/1.33ml Single dose vial	1	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits ST- Step Therapy



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional					
			EG-Optimized					
	Trulicity		PPACA-					
acy	(Dulaglutide)		Optimized					
Pharmacy	(Ediagramas)	Type II Diabetes	Medicaid	Rx: Medical:	Rx: Medical:			3/1/2023
	0.75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, and 4.mg/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:		
			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.		
	Turalio		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.		
Pharmacy	(Pexidartinib)	Chemotherapy	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.		CAID 1/20/2023 CARE (Part D)
			Medicaid	Rx: Medical:	Rx: Carve-out Medical:	Rx: NEW FORMULATION: Carve-out		
	125mg Capsules ONLY		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		
			Traditional	T4, PA	T4, PA	UPDATE Prior Authorizaion criteria to add coverage for males.		
	Tymlos		EG-Optimized	T4, PA	T4, PA	UPDATE Prior Authorizaion criteria to add coverage for males.		
Pharmacy	(Abaloparatide)	Osteoporosis	PPACA- Optimized	T4, PA	T4, PA	UPDATE Prior Authorizaion criteria to add coverage for males.		5/1/2023
Pha	Oster	Cateoporosis	Medicaid	Rx: Covered, PA Medical:	Rx: Covered, PA Medical:	Rx: UPDATE PDL criteria to add coverage for males.		
	80mcg per Pen-injector		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



	Si-step inerapy March 2023 (Continued)											
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date				
			Traditional	NPS (T8), PA	NPS (T8), PA	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).						
le.	Tysabri	Multiple Sclerosis	EG-Optimized	NPS (T8), PA	NPS (T8), PA	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).						
Medical	(Natalizumab)	and Crohn's Disease	PPACA- Optimized	NPS (T8), PA	NPS (T8), PA	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).		4/1/2023 4/1/2023				
			Medicaid	Rx: Medical:	Rx: Medical:							
	J2323 300mg/15ml Solution for injection		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			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).						
acy	Ubrelvy		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).						
Pharmacy	(Ubrogepant)	Migraine	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).		4/1/2023				
			Medicaid	Rx: Medical:	Rx: Medical:]					
	50mg and 100mg Tablets	-	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						
			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.						
nacy	Vancomycin (geq for Vancocin)		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.	Firvanq	5 h/2027				
Pharmacy		Antimicrobial	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.	Vancomycin Oral Solution	5/1/2023				
		Mei	Medicaid	Rx: Medical:	Rx: Medical:							
	125mg Capsule ONLY		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:						

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date					
			Traditional	NF	T2	ADD to the formulary at Tier 2.		5/1/2023					
			EG-Optimized	NF	T2	ADD to the formulary at Tier 2.							
Pharmacy	Vancomycin (geq for Firvanq)	Antimicrobial	PPACA- Optimized	NF	T2	ADD to the formulary at Tier 2.	1						
Phari		Antimicrobial	Medicaid	Rx: Medical:	Rx: Medical:			3/1/2023					
	25mg/ml and 50mg/ml Solution Kit		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							
			Traditional										
			EG-Optimized										
>	Vascepa		PPACA-										
nac	(Icosapent ethyl)	Hypertriglyceride	Optimized					0.0000					
Pharmacy	(reosapeni ethyr)	mia	Medicaid	Rx: Medical:	Rx: Medical:			2/1/2023					
	500mg Capsules		Medicare	Part D: T4 Part B:	Part D: NF Part B:	Part D: REMOVE brand; generic added Part B:							
	Viibryd (Vilazodone) Dep	Depression	Traditional	T3, ST, QL	T3, QL	REMOVE Step Therapy.		5/1/2023					
			EG-Optimized	T3, ST, QL	T3, QL	REMOVE Step Therapy.							
nacy			PPACA- Optimized	T3, ST, QL	T3, QL	REMOVE Step Therapy.							
Pharmacy			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:	1						
			Traditional		NF	NEW DEVICE: not added to formulary.							
			EG-Optimized		NF	NEW DEVICE: not added to formulary.		COMM 1/26/2023					
nacy	Vibrant (Device)		PPACA- Optimized		NF	NEW DEVICE: not added to formulary.							
Pharmacy	Constip	Constipation	Medicaid	Rx: Medical:	Rx: NF Medical:	Rx: NEW DEVICE: not added to formulary.		CAID 1/25/2023					
	Medical Capsule Device	_						Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW DEVICE: excluded. Part B: N/A		
			Traditional	T2, QL	TI, QL	DECREASE Tier: from Tier 2 to Tier 1.							
	Vilazodone (geq for Viibryd) De		EG-Optimized	T2, QL	∏b, QL	DECREASE Tier: from Tier 2 to Tier 1b.							
nacy			PPACA- Optimized	T2, QL	∏b, QL	DECREASE Tier: from Tier 2 to Tier 1b.		5 h /2027					
Pharmacy		Depression	Medicaid	Rx: Medical:	Rx: Medical:			5/1/2023					
	10mg, 20mg, and 40mg Tablet	1	Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:							

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional		Not Covered	NEW DRUG: not added to coverage under the medical benefit.		
			EG-Optimized		Not Covered	NEW DRUG: not added to coverage under the medical benefit.		
	Vivimusta (Bendamustine HCl)		PPACA- Optimized		Not Covered	NEW DRUG: not added to coverage under the medical benefit.		
Medical		Chemotherapy	Medicaid	Rx: Medical:	Rx: NF Medical: Covered	Rx: NEW DRUG: not added to formulary Medical: NEW DRUG: ADD to coverage under the medical benefit.		4/1/2023
	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).		
	Voriconazole (geq for Vfend) Antimicro		Traditional					
λ:			EG-Optimized					
Pharmacy		Antimicrobial	PPACA- Optimized					2/1/2023
			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:		
			Traditional		Non- Specialty (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		
			EG-Optimized		Non- Specialty (T6)	NEW FORMULATION: ADD to coverage under the Medical Benefit as Non-Specialty (Tier 6).		
Medical		Medical	PPACA- Optimized		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
Med		diagnostic	Medicaid	Rx: Medical:	Rx: NF Medical:	Rx: NEW FORMULATION: not added to formulary. Medical: NEW FORMULATION: not added to coverage under the medical benefit.		CARE (Part D) 4/1/2023
	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.		

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date
			Traditional	Pref Spec (T7), PA	Pref Spec (T7), PA	UPDATE from ONE cycle of 4 doses to TWO cycles of four doses.		
	Vyvgart		EG-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	UPDATE from ONE cycle of 4 doses to TWO cycles of four doses.		
Medical	(Efgartigimod alfa-fcab)	Generalized Myasthenia	PPACA- Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	UPDATE from ONE cycle of 4 doses to TWO cycles of four doses.		4/1/2023
Σ		Gravis (gMG)	Medicaid	Rx: N/A Medical: Covered, PA	Rx: N/A Medical: Covered, PA	Rx: N/A Medical: UPDATE Prior Authorization requirements.		
	J9332 400mg/20ml Solution for injection		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
			Traditional					
acy	Wegovy (Somoglutida)		PPACA- Optimized					5/1/2023
Pharmacy	(Semaglutide)	Obesity	Medicaid	Rx: Covered Medical:	Rx: Covered Medical:	Rx: UPDATE PDL criteria to DECREASE age to 12 years.		
	0.25mg/dose, 0.5/dose, 1.7mg/dose, 1mg/dose, 2.4mg/dose Pre-filled Pen Solution		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:		
	Xaciato (Clindamycin) Indicated to tr 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
8			EG-Optimized		T3, ST	NEW FORMULATION: ADD to the formulary at Tier 3 with Step Therapy of Clindamycin 2% vaginal cream.		
Pharmacy		bacterial	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.		
	2% Vaginal Gel		Medicare	Part D: Part B:	Part D: NF Part B: N/A	Part D: NEW FORMULATION: not added to formulary. Part B: N/A		
			Traditional					
			EG-Optimized					
	Xeljanz (Tofacitinib)		PPACA- Optimized					
Pharmacy	(Totacitinib)	Inflammatory conditions	Medicaid	Rx: Medical:	Rx: Medical:		-	3/1/2023
Ph	5mg, and 10mg 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:		

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



	Walch 2025 (Continued)								
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date	
Pharmacy	Xeljanz Oral Solution (Tofacitinib)	Inflammatory conditions	Traditional EG-Optimized PPACA- Optimized Medicaid	Rx:	Rx:			3/1/2023	
bha	1mg/ml oral solution		Medicare	Medical: Part D: T5, PA, QL Part B:	Medical: 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 EG-Optimized PPACA- Optimized Medicaid	Rx: Medical:	Rx: Medical:			3/1/2023	
Д	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:			
	Xeomin (IncobotulinumtoxinA)		Traditional EG-Optimized	Pref Spec (T7), PA Pref Spec (T7), PA	Pref Spec (T7), PA Pref Spec (T7), PA	REMOVE Prior Authorizaion combination therapy restriction with CGRP preventative drugs (e.g. Aimovig, Emgality, Ajovy). REMOVE Prior Authorizaion combination therapy restriction with CGRP preventative drugs (e.g. Aimovig,			
			PPACA- Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	Emgality, Ajovy). REMOVE Prior Authorizaion combination therapy restriction with CGRP preventative drugs (e.g. Aimovig, Emgality, Ajovy).			
cal			Medicaid	Rx: Medical: Covered, PA	Rx: Medical: Covered, PA	REMOVE Prior Authorizaion combination therapy restriction with CGRP preventative drugs Aimovig, Emgality, and Ajovy.			
Medical	J0588 50u, 100u, and 200u Single Dose Vial	Chronic Migraine	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).		4/1/2023	

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



_	Waret 2023 (Continued)									
Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date		
			Traditional	Pref Spec (T7), PA	Pref Spec (T7), PA	REMOVE Step Therapy requirement for Peyronie's disease.				
_	Xiaflex (Collagenase Clostirdium		EG-Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	REMOVE Step Therapy requirement for Peyronie's disease.				
Medical	histolyticum)	Peyronie's Disease	PPACA- Optimized	Pref Spec (T7), PA	Pref Spec (T7), PA	REMOVE Step Therapy requirement for Peyronie's disease.		4/1/2023		
-			Medicaid	Rx: Medical:	Rx: Medical:					
	J0775 0.9mg Powder for Injection		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:				
			Traditional	TI, QL, AL	Π, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.		5/1/2023		
λ:	Zaleplon (geq for Sonata)	Insomnia	EG-Optimized	TIb, QL, AL	Пb, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.				
Pharmacy			PPACA- Optimized	∏b, QL, AL	∏b, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.				
			Medicaid	Rx: Medical:	Rx: Medical:					
	5mg and 10mg Capsules		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:				
	l ·		Traditional	T4, PA, ST, QL	T4, PA, ST, QL	UPDATE Prior Authorization criteria for Step Therapy through covered Adalimumab products (currently Humira and Amjevita).				
			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).				
Pharmacy		Multiple Sclerosis and Ulcerative Colitis	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).		4/1/2023		
			Medicaid	Rx: Medical:	Rx: Medical:					
	7-Day Starter Pack (0.23mg & 3 X 0.46mg), Starter Kit Therapy Pack (0.23mg & 0.46mg & 0.92mg), and 0.92mg Capsules		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:				

SP- Specialty Pharmacy

QL- Quantity Limit

AL-Age Limits

ST- Step Therapy



Coverage	Drug	Common use	Formulary	Current Coverage	Future Coverage	Comment	Preferred covered alternatives	Implementation Date	
			Traditional		TI (Pref Geq), QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.			
cy	Zolpidem (geq for Ambien) Ins		EG-Optimized	Tla, QL, AL	∏a, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.			
harmacy		Insomnia Or	insomnia	PPACA- Optimized	Tla, QL, AL	∏a, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.		5/1/2023
Ф			Medicaid	Rx: Medical:	Rx: Medical:				
	5mg and 10mg tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			
		<u>-</u>	Traditional	TI, QL, AL	TI, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.	-		
acy	Zolpidem ER (geq for Ambien CR) Insomn		EG-Optimized	Tlb, QL, AL	∏b, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.			
Pharmacy		Insomnia	PPACA- Optimized	Tlb, QL, AL	Tlb, QL, AL	REMOVE combination therapy restriction with other sedative hypnotics.		5/1/223	
			Medicaid	Rx:	Rx:				
	6.25mg and 12.5mg Extended Release tablet		Medicare	Part D: Part B:	Part D: Part B:	Part D: Part B:			