

Optima Health Pharmacy Changes Effective October 1, 2017

(For plans with pharmacy benefits administered by Optima Health)

Drug Name	Indication	Description Change (Closed Formularies)	Description Change (Open Formularies)	Description Change (OHCC Formulary)
Actemra® (tocilizumab)	giant cell arteritis	Updated Prior Authorization Criteria; no change in formularies		
adapalene 0.1% gel	acne	Remove from all formularies	Remove from formulary	
Adlyxin® (lixisenatide)	diabetes	May Add with Step-Edit	May Add with Step-Edit	
Austedo™ (deutetrabenazine)	chorea associated with Huntington's disease	May Add with Prior Authorization	May Add with Prior Authorization	
Brineura™ injection (cerliponase alfa)	ceroid lipofuscinosis type 2 (CLN2)	Medical Benefit	Medical Benefit	Medical Benefit
Differin® OTC gel (adapalene 0.1%)	acne	Add to all formularies	Add	
Dupixent® (dupilumab)	atopic dermatitis	May Add with Prior Authorization	May Add with Prior Authorization	
Elidel® (pimecrolimus) cream	atopic dermatitis, eczema	Add to all formularies	No change	
Eucrisa™ (crisaborole)	atopic dermatitis	May Add with Step-Edit for most formularies	May Add with Step-Edit	
fluticasone-salmeterol (Generic Airduo™)	asthma	May Add to all formularies	May Add to formulary	
Glumetza® (metformin hydrochloride)	diabetes	May Add ; MADD Limit for all formularies	May Add ; MADD Limit	
Humira® (adalimumab)	moderate to severe fingernail psoriasis	Updated Prior Authorization Criteria	Updated Prior Authorization Criteria	
Ibrance® (palbociclib)	breast cancer	Updated Prior Authorization Criteria, no change in formularies		
Inflectra® injection (infliximab-dyyb)	gastrointestinal	Medical Benefit – May Add with Prior Authorization	Medical Benefit – May Add with Prior Authorization	Medical Benefit – May Add with Prior Authorization
Ingrezza™ (valbenazine)	antipsychotics	May Add with Prior Authorization	May Add with Prior Authorization	
Kalydeco® (ivacaftor)	cystic fibrosis	Updated Prior Authorization Criteria	Updated Prior Authorization Criteria	

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Keytruda® (pembrolizumab)	cancer	Updated Prior Authorization Criteria; no change in formularies	Updated Prior Authorization Criteria; no change in formulary	Updated Prior Authorization Criteria
Kisqali® (ribociclib)	breast cancer	May Add with Prior Authorization	May Add with Prior Authorization	May Add with Prior Authorization
Korlym™ (mifepristone)	hyperglycemia/ hypercortisolism	May Add with Prior Authorization; no change in formularies	May Add with Prior Authorization; no change in formulary	
Morphabond™ ER (morphine sulfate extended-release)	opioid	May Add with MADD Limit and Prior Authorization required	May Add with MADD Limit and Prior Authorization required	
Radicava™ (edaravone)	Lou Gehrig's disease	Medical Benefit with Prior Authorization	Medical Benefit with Prior Authorization	Medical Benefit with Prior Authorization
Rubraca® (rucaparib)	ovarian cancer	May Add with Prior Authorization	May Add with Prior Authorization	May Add with Prior Authorization
Revlimid®	multiple myeloma	Updated Prior Authorization Criteria	Updated Prior Authorization Criteria	Updated Prior Authorization Criteria
Siliq™ injection (brodalumab)	plaque psoriasis	May Add with Prior Authorization	May Add with Prior Authorization	
Stivarga® (regorafenib)	metastatic cancer	Updated Prior Authorization Criteria	Updated Prior Authorization Criteria	Updated Prior Authorization Criteria
Soliqua® 100/33 injection (insulin glargine & lixisenatide)	diabetes	May Add with Step-Edit and Quantity Limits	May Add with Step-Edit and Quantity Limits	
Trulance™ (plecanatide)	gastrointestinal	May Add with Prior Authorization	May Add with Prior Authorization	
Xadago® (safinamide)	Parkinson's disease	May Add	May Add	
Xultophy® 100/3.6 injection (insulin degludec/liraglutide)	diabetes	May Add with Step-Edit and Quantity Limits	May Add with Step-Edit and Quantity Limits	
Zejula™ (niraparib)	cancer	May Add	May Add	May Add