

**Optima Health Pharmacy Changes
Effective April 1, 2017**

(For plans with pharmacy benefits administered by Optima Health)

Drug Name	Indication	Description Change (for Closed Formularies)	Description Change (for Open Formularies)
antipsychotics in children	antipsychotic	<u>Updated Prior Authorization Criteria to Medicaid Formulary</u>	no change
Belviq XR® (lorcaserin HCl)	weight loss	<u>Added Prior Authorization Criteria</u> – no change in formularies	<u>Added Prior Authorization Criteria</u> – no change in formularies
Berinet® (C1 Esterase Inhibitor Human)	hereditary angioedema	<u>Medical Benefit - Added Prior Authorization Criteria</u> – all formularies	<u>Medical Benefit - Added Prior Authorization Criteria</u> – all formularies
budesonide nasal spray 32mcg/actuation (OTC)	seasonal allergic rhinitis	<u>Added Medication</u> QHP 4-Tier Closed – Tier 1 Medicaid – Formulary	<u>Added Medication</u> Commercial 4-Tier Open – Tier 1
Cimzia™ (certolizumab)	autoimmune disorders	<u>Updated Prior Authorization Criteria</u> – no change in formularies	<u>Updated Prior Authorization Criteria</u> – no change in formularies
Cinryze® (C1 Esterase Inhibitor Human)	hereditary angioedema	<u>Medical Benefit - Added Prior Authorization Criteria</u> – all formularies	<u>Medical Benefit - Added Prior Authorization Criteria</u> – all formularies
Cuvitru™ (immune globulin subcutaneous [human])	immunodeficiency syndrome	<u>Medical Benefit - Added Prior Authorization Criteria</u> – all formularies	<u>Medical Benefit - Added Prior Authorization Criteria</u> – all formularies
Darzalex® (daratumumab)	multiple myeloma	<u>Added Medication – Medical Benefit</u>	<u>Added Medication – Medical Benefit</u>
Eliquis® (apixaban)	anticoagulant	<u>Updated Prior Authorization Criteria</u> – no change in formularies	<u>Updated Prior Authorization Criteria</u> – no change in formularies
Empliciti™ (elotuzumab)	multiple myeloma	<u>Added Medication – Medical Benefit</u>	<u>Added Medication – Medical Benefit</u>
Entyvio® (vedolizumab)	ulcerative colitis & Crohn's disease	<u>Added Prior Authorization Criteria</u> – no change in formularies	<u>Added Prior Authorization Criteria</u> – no change in formularies
Firazyr® (icatibant)	hereditary angioedema	<u>Medical Benefit - Added Prior Authorization Criteria</u> – all formularies	<u>Medical Benefit - Added Prior Authorization Criteria</u> – all formularies
Ilaris® (canakinumab)	rare genetic auto-inflammatory disease	<u>Medical Benefit - Added Prior Authorization Criteria</u> – all formularies	<u>Medical Benefit - Added Prior Authorization Criteria</u> – all formularies

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Inflectra® (infliximab-dyyb)	immunomodulatory	<u>Medical Benefit - Added Prior Authorization Criteria</u> – all formularies	<u>Medical Benefit - Added Prior Authorization Criteria</u> – all formularies
Invokamet XR® (canagliflozin/metformin)	diabetes	<u>Added Prior Authorization Criteria</u> – no change in formularies	<u>Added Prior Authorization Criteria</u> – no change in formularies
Kalbitor® (ecallantide)	hereditary angioedema	<u>Medical Benefit - Added Prior Authorization Criteria</u> – all formularies	<u>Medical Benefit - Added Prior Authorization Criteria</u> – all formularies
Keytruda™ (pembrolizumab)	oncology	<u>Medical Benefit - Added Prior Authorization Criteria</u> – all formularies	<u>Medical Benefit - Added Prior Authorization Criteria</u> – all formularies
Kyleena™ (levonorgestrel)	contraceptive (intrauterine device)	<u>Medical Benefit</u> – all formularies	<u>Medical Benefit</u> – all formularies
Ninlaro® (ixazomib)	multiple myeloma	<u>Added Medication</u> QHP 4-Tier Closed – Specialty Medicaid - Formulary	<u>Added Medication</u> Commercial 4-Tier Open – Specialty
Northera® (droxidopa)	orthostatic hypotension	<u>Added Prior Authorization Criteria</u> – no change in formularies	<u>Added Prior Authorization Criteria</u> – no change in formularies
Nuplazid™ (pimavanserin)	Parkinson's disease psychosis	<u>Added Medication - Added Prior Authorization Criteria and MADD Limits</u> QHP 4-Tier Closed – Tier 3 Medicaid – Formulary	<u>Added Medication - Added Prior Authorization Criteria and MADD Limits</u> Commercial 4-Tier Open – Tier 3
Portrazza™ (necitumamab)	non-small cell lung cancer	<u>Added Medication – Medical Benefit</u>	<u>Added Medication – Medical Benefit</u>
Ruconest® (C1 Esterase Recombinant)	hereditary angioedema	<u>Medical Benefit - Added Prior Authorization Criteria</u> – all formularies	<u>Medical Benefit - Added Prior Authorization Criteria</u> – all formularies
Tagrisso® (osimertinib)	non-small cell lung cancer	<u>Added Prior Authorization Criteria</u> – no change in formularies	<u>Added Prior Authorization Criteria</u> – no change in formularies

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Tecentriq® (atezolizumab)	non-small cell lung cancer, urothelial cancer	<u>Medical Benefit - Added Prior Authorization Criteria</u> – all formularies	<u>Medical Benefit - Added Prior Authorization Criteria</u> – all formularies
Uptravi® (selexipag)	pulmonary arterial hypertension	<u>Added Medication - Added Prior Authorization Criteria</u> QHP 4-Tier Closed – Tier 4 Medicaid – Formulary	<u>Added Medication - Added Prior Authorization Criteria</u> Commercial 4-Tier Open – Specialty
Vanato™ LQ (acetaminophen/ butalbital/caffeine solution)	pain management	<u>Added Medication - Added MADD Limits</u> QHP 4-Tier Closed – Tier 3 Medicaid – Formulary	<u>Added Medication - Added MADD Limits</u> Commercial 4-Tier Open – Tier 3
Veltassa® (patiromer)	chronic hyperkalemia	<u>Added Medication</u> Medicaid – Formulary QHP 4-Tier Closed – Tier 3	<u>Added Medication</u> Commercial 4-Tier Open – Tier 3