

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

(For plans with pharmacy benefits administered by Optima Health)

Drug Name	Indication	Description Change (for Closed Formularies)	Description Change (for Open Formularies)
Alecensa® (alectinib)	anaplastic lymphoma kinase, non-small cell lung cancer	<u>May Add with MADD Limit for most formularies</u> Medicaid – Formulary with MADD Limit	<u>May Add with MADD Limit</u>
Arymo™ ER (morphine sulfate extended-release)	severe pain	<u>May Add with Prior Authorization Criteria; MADD Limit</u>	<u>May Add with Prior Authorization Criteria; MADD Limit</u>
Aubagio® (teriflunomide)	relapsing multiple sclerosis	<u>Added Step-Edit Criteria</u> – no change in formularies	<u>Added Step-Edit Criteria</u> – no change in formulary status
Auvi-Q® (epinephrine injection, USP)	allergic reactions	<u>Change in Criteria to Prior Authorization</u> – no change in formularies	<u>Change in Criteria to Prior Authorization</u> – no change in formulary status
Basaglar® (insulin glargine injection)	diabetes	<u>May Add with Step-Edit Criteria</u>	<u>May Add with Step-Edit Criteria</u>
Betaseron® (interferon beta-1b)	relapsing multiple sclerosis	<u>Remove Step-Edit Criteria</u> – no change in formularies	<u>Remove Step-Edit Criteria</u> – no change in formulary status
Bydureon® (exenatide)	diabetes	<u>Change Formulary Tier Status</u> all closed formularies <u>except</u> Medicaid	<u>Change Formulary Tier Status</u>
Byetta® (exenatide)	diabetes	<u>Change Formulary Tier Status</u> all closed formularies <u>except</u> Medicaid	<u>Change Formulary Tier Status</u>
Cabometyx™ (cabozantinib)	cancer	<u>May Add with MADD Limit for most formularies</u> Medicaid – Formulary with MADD Limit	<u>May Add with MADD Limit</u>
Emflaza™ (deflazacort)	Duchenne muscular dystrophy	<u>May Add with Prior Authorization Criteria</u> – all formularies	<u>May Add with Prior Authorization Criteria</u>
Farxiga®	diabetes	<u>Change Formulary Tier Status</u> all closed formularies <u>except</u> Medicaid	<u>Change Prior Authorization Criteria to Step-Edit Criteria</u>
Gilenya® (fingolimod)	relapsing multiple sclerosis	<u>Added Step-Edit Criteria</u> – no change in formularies	<u>Added Step-Edit Criteria</u> – no change in formulary status

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Glyxambi®	diabetes	<u>Change Formulary Tier Status</u> all closed formularies except Medicaid	<u>Change Prior Authorization Criteria to Step-Edit Criteria</u>
Imbruvica® (ibrutinib)	leukemia/lymphocytic lymphoma	<u>May Add with MADD Limit for most formularies</u> Medicaid – Formulary with MADD Limit	<u>May Add with MADD Limit</u>
Invokamet/XR®	diabetes	<u>Remove Prior Authorization Criteria and Change Formulary Tier Status</u> – all closed formularies <u>except</u> Medicaid	<u>Remove Prior Authorization Criteria and Change Formulary Tier Status</u>
Invokana®	diabetes	<u>Remove Prior Authorization Criteria and Change Formulary Tier Status</u> – all closed formularies <u>except</u> Medicaid	<u>Remove Prior Authorization Criteria and Change Formulary Tier Status</u>
Jardiance®	diabetes	<u>Remove Prior Authorization Criteria and Change Formulary Tier Status</u> – all closed formularies <u>except</u> Medicaid	<u>Remove Prior Authorization Criteria and Change Formulary Tier Status</u>
Lartruvo™ (olaratumab)	cancer	<u>Medical Benefit</u> – all formularies	<u>Medical Benefit</u>
Lemtrada® (alemtuzumab)	relapsing multiple sclerosis	<u>Updated Prior Authorization Criteria</u> – no change in Medical Benefit	<u>Updated Prior Authorization Criteria</u> – no change in Medical Benefit
Ocrevus™ (ocrelizumab)	multiple sclerosis	<u>Medical Benefit - Added Prior Authorization Criteria</u> – all formularies	<u>Medical Benefit - Added Prior Authorization Criteria</u>
Plegridy® (peginterferon beta-1a)	relapsing multiple sclerosis	<u>Added Step-Edit Criteria</u> – no change in formularies	<u>Added Step-Edit Criteria</u> – no change in formulary status
Signifor® (pasireotide)	Cushing's disease	<u>May Add with Prior Authorization Criteria</u> – no change in formularies	<u>May Add with Prior Authorization Criteria</u> – no change in formulary status
Spinraza™ (nusinersen)	spinal muscular dystrophy	<u>Medical Benefit with Prior Authorization</u> – Medicaid Only Commercial – excluded both Medical and Pharmacy	<u>Excluded – both Medical and Pharmacy Benefits</u>

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Symbicort® (budesonide/formoterol fumarate dehydrate)	asthma	<u>Updated Prior Authorization Criteria</u> – no change in formularies	<u>Updated Prior Authorization Criteria</u> – no change in formulary status
Synjardy/XR®	diabetes	<u>Remove Prior Authorization Criteria and Change Formulary Tier Status</u> – all closed formularies <u>except</u> Medicaid	<u>Remove Prior Authorization Criteria and Change Formulary Tier Status</u>
Tamiflu® (oseltamivir phosphate) 30mg & suspension	influenza	<u>Updated Quantity Limits</u> – no change in formularies	<u>Updated Quantity Limits</u> – no change in formulary status
Tanzeum® (albiglutide)	diabetes	<u>Change Formulary Tier Status</u> – all closed formularies <u>except</u> Medicaid	<u>Updated Step-Edit Criteria</u> – no change in formulary status
Trulicity® (dulaglutide)	diabetes	<u>Change Formulary Tier Status</u> – all closed formularies <u>except</u> Medicaid	<u>Change Formulary Tier Status</u>
Vemlidy® (tenofovir alafenamide)	hepatitis-B	<u>May Add</u>	<u>May Add</u>
Venclexta™ (venetoclax)	chronic lymphocytic leukemia	<u>May Add with Prior Authorization Criteria; MADD Limit</u> – for all formularies	<u>May Add with Prior Authorization Criteria; MADD Limit</u>
Victoza® (liraglutide)	diabetes	<u>Remove Step-Edit Criteria and Change Formulary Tier Status</u> – all closed formularies <u>except</u> Medicaid	<u>Remove Step-Edit Criteria and Change Formulary Tier Status</u>
Xigduo XR®	diabetes	<u>Change Formulary Tier Status</u> – all closed formularies <u>except</u> Medicaid	<u>Change Prior Authorization Criteria to Step-Edit Criteria</u>
Xolair® (omalizumab)	respiratory	<u>Medical Benefit – Updated Prior Authorization Criteria</u> - for all formularies	<u>Medical Benefit – Updated Prior Authorization Criteria</u>