

Optima Health Pharmacy Changes Effective January 1, 2018

(For plans with pharmacy benefits administered by Optima Health)

Drug Name	Indication	Description Change (Closed Formularies)	Description Change (Open Formularies)	Description Change (OHCC Formulary)
Actonel® (risedronate)	bone health	Remove Step-Edit criteria for all formularies	Remove Step-Edit criteria	
Abilify® (aripiprazole)	antipsychotics	Remove Step-Edit criteria for all formularies	Remove Step-Edit criteria	
Adempas® (riociguat)	pulmonary arterial hypertension	Remove Prior Authorization criteria for all formularies, Add MADD limit	Remove Prior Authorization criteria, Add MADD limit	
Ampyra® (dalfampridine)	multiple sclerosis	Remove Prior Authorization criteria, Add to all formularies	Remove Prior Authorization criteria	
Androderm® (testosterone)	testosterone replacement	Move to Preferred Brand status for all formularies	Move to Preferred Brand status	
Androgel® 1% (testosterone)	testosterone replacement	Move to Non-Preferred Brand status for all formularies	Move to Non-Preferred Brand status	
Apriso® (mesalamine)	Crohn's disease, ulcerative colitis	Move to Preferred Brand status for all formularies	Move to Preferred Brand status	
Asacol® HD (mesalamine)	Crohn's disease, ulcerative colitis	Add Step-Edit criteria for all formularies	Add Step-Edit criteria	
Atelvia® (risedronate)	bone health	Remove Step-Edit criteria for all formularies	Remove Step-Edit criteria	
Austedo™ (deutetrabenazine)	Huntington chorea, tardive dyskinesia, tourette syndrome	MAY ADD with Prior Authorization for all formularies	MAY ADD with Prior Authorization	
Axiron® (testosterone)	testosterone replacement	Move to Non-Preferred Brand status for all formularies	Move to Non-Preferred Brand status	
Bavencio® (avelumab)	oncology	MAY ADD Medical Benefit for all formularies	MAY ADD Medical Benefit	
Benlysta® (belimumab)	systemic lupus erythematosus	Updated Prior Authorization criteria	Updated Prior Authorization criteria	
Binosto® (alendronate sodium)	bone health	Remove Step-Edit criteria, Add to all formularies	Remove Step-Edit criteria	
Botox® (onabotulinumtoxinA)	upper & lower limb spasticity	Updated Prior Authorization criteria, Medical Benefit	Updated Prior Authorization criteria, Medical Benefit	

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Canasa® (mesalamine)	Crohn's disease, ulcerative colitis	Move to Preferred Brand for all formularies	Move to Preferred Brand status	
Cimzia® (certolizumab pegol)	ankylosing spondylitis, Crohn's disease, psoriatic arthritis, rheumatoid arthritis	Move to Preferred Brand status for all formularies	Move to Preferred Brand status	
Colazal® (balsalazide)	Crohn's disease, ulcerative colitis	Add Step-Edit criteria for all formularies	Add Step-Edit criteria	
Crestor® (rosuvastatin)	hyperlipidemia	Remove Step-Edit criteria for all formularies	Remove Step-Edit criteria	
Delzicol® (mesalamine)	Crohn's disease, ulcerative colitis	Add Step-Edit criteria for all formularies	Add Step-Edit criteria	
Dipentum® (olsalazine)	Crohn's disease, ulcerative colitis	Add Step-Edit criteria for all formularies	Add Step-Edit criteria	
Duavee® (conjugated estrogens/bazedoxifene)	women's health	Remove Prior Authorization criteria, Add to all formularies	Remove Prior Authorization criteria	
Duexis® (ibuprofen/famotidine)	pain	Update Step-Edit criteria for all formularies	Update Step-Edit criteria	
Dulera® (mometasone/formoterol)	asthma	Move to Non-Preferred Brand status for all formularies, Add Step-Edit criteria for all formularies	Add Step-Edit criteria	
Dysport® (abobotulinumtoxinA)	lower limb spasticity	Updated Prior Authorization criteria and dosing for all formularies, Medical Benefit	Updated Prior Authorization criteria and dosing, Medical Benefit	
Eliquis® (apixaban)	anticoagulant	Remove Prior Authorization criteria, Add to all formularies	Remove Prior Authorization criteria	
Enbrel® (etanercept)	ankylosing spondylitis, plaque psoriasis, psoriatic arthritis	Move to Non-Preferred Brand status for all formularies	Move to Non-Preferred Brand status	
Epclusa® (sofosbuvir/velpatasvir)	hepatitis-C	Updated Prior Authorization criteria for all formularies	Updated Prior Authorization criteria	
Evzio® (naloxone)	opioid overdose	Removed Step-Edit; added Prior Authorization criteria; changed MADD Limit		
Exondys 51™ (eteplirsen)	Duchenne muscular dystrophy	MAY ADD Medical Benefit with Prior Authorization for Medicaid only		

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Flector® (diclofenac)	pain	Add Step-Edit criteria for all formularies, Remove Prior Authorization criteria	Add Step-Edit criteria, Remove Prior Authorization criteria	
Forteo® (teriparatide)	osteoporosis	Add MADD limit and lifetime max for all formularies	Add MADD limit and lifetime max	
Gelclair® (mucosal coating agent)	saliva substitutes	May Add with MADD Limit and Step-Edit required for most formularies Non-formulary for Medicaid	May Add with MADD Limit and Step-Edit required	
Glatiramer acetate 20mg and 40mg	multiple sclerosis	Exclude from all formularies	Exclude from formulary	
Harvoni® (ledipasvir/sofosbuvir)	hepatitis-C	Updated Prior Authorization criteria for all formularies	Updated Prior Authorization criteria	
Humira® (adalimumab)	moderate to severe plaque psoriasis, arthritis	Updated Prior Authorization criteria for all formularies	Updated Prior Authorization criteria	
Ingrezza™ (valbenazine)	antipsychotics	MAY ADD with Prior Authorization	MAY ADD with Prior Authorization	
Intuniv® (guanfacine ER)	attention deficit hyperactivity disorder	Remove Step-Edit criteria for all formularies	Remove Step-Edit criteria	
Kevzara® (sarilumab)	rheumatoid arthritis	MAY ADD with Step-Edit required	MAY ADD with Step-Edit required	
Kymriah™ (tisagenlecleucel)	oncology	MAY ADD Medical Benefit for all formularies	MAY ADD Medical Benefit	
Lialda® (mesalamine)	Crohn's disease, ulcerative colitis	Add Step-Edit criteria for all formularies	Add Step-Edit criteria	
Mavyret™ (glecaprevir/pibrentasvir)	hepatitis-C	MAY ADD with Prior Authorization for all formularies	May Add with Prior Authorization	
Mesalamine DR 800mg	Crohn's disease, ulcerative colitis	Add Step-Edit criteria for all formularies	Add Step-Edit criteria	
Mirvaso® (brimonidine)	rosacea	Remove Prior Authorization criteria, Add to all formularies	Remove Prior Authorization criteria	
Norditropin® (somatropin)	growth hormone	Updated Prior Authorization criteria for all formularies	Updated Prior Authorization criteria	
Nutropin AQ® (somatropin)	growth hormone	Updated Prior Authorization criteria for all formularies	Updated Prior Authorization criteria	

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Orencia® SQ (abatacept)	psoriatic arthritis	Updated Prior Authorization criteria for all formularies	Updated Prior Authorization criteria	
Otezla® (apremilast)	plaque psoriasis	Move to Preferred Brand status with Step-Edit criteria for all formularies	Move to Preferred Brand status with Step-Edit criteria	
Pancreaze® (pancrelipase)	pancreatic enzymes	Move to Non-Preferred Brand status, Add Step-Edit criteria for all formularies	Move to Non-Preferred Brand status, Add Step-Edit criteria	
Pegasys® (peginterferon alfa-2a)	hepatitis-C	Remove Step-Edit criteria for all formularies	Remove Step-Edit criteria	
Pennsaid® 1.5%	pain	Remove Prior Authorization criteria, Add generic to all formularies	Remove Prior Authorization criteria	
Pennsaid® 2%	pain	Add Step-Edit criteria for all formularies, Remove Prior Authorization criteria	Add Step-Edit criteria, Remove Prior Authorization criteria	
Pentasa® (mesalamine)	Crohn's disease, ulcerative colitis	Move to Preferred Brand status for all formularies	Move to Preferred Brand status	
Pertzye® (pancrelipase)	pancreatic enzymes	Move to Non-Preferred Brand status, Add Step-Edit criteria for all formularies	Move to Non-Preferred Brand status, Add Step-Edit criteria	
Pradaxa® (dabigatran)	anticoagulant	Update Prior Authorization criteria for all formularies	Update Prior Authorization criteria	
Radicava™ (edaravone)	amyotrophic lateral sclerosis (ALS)	MAY ADD Medical Benefit with Prior Authorization	MAY ADD Medical Benefit with Prior Authorization	
Restasis® (cyclosporine)	keratoconjunctivitis sicca	Move to Preferred Brand status for all formularies	Move to Preferred Brand status	
Revatio® (sildenafil)	pulmonary arterial hypertension	Add MADD limit for all formularies	Add MADD limit	
Rhofade® (oxymetazoline)	rosacea	MAY ADD for all formularies		
Rubraca® (rucaparib)	ovarian cancer	MAY ADD with Prior Authorization for all formularies	MAY ADD with Prior Authorization	
Siliq™ (brodalumab)	moderate to severe plaque psoriasis	MAY ADD with Step-Edit required for all formularies	MAY ADD with Step-Edit required	

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Simponi® (golimumab)	ankylosing spondylitis, psoriatic arthritis, rheumatoid arthritis, ulcerative colitis	Move to Preferred Brand status for all formularies	Move to Preferred Brand status	
Skelid® (tiludronate)	bone health	Remove Step-Edit criteria for all formularies	Remove Step-Edit criteria	
Stelara® (ustekinumab)	Crohn's disease, plaque psoriasis, psoriatic arthritis	Move to Preferred Brand status for all formularies	Move to Preferred Brand status	
Symbicort® (budesonide/formoterol)	asthma, chronic obstructive pulmonary disease (COPD)	Remove Prior Authorization criteria, Add to all formularies, Move to Preferred Brand status	Remove Prior Authorization criteria, Move to Preferred Brand status	
TOBI® Podhaler® (tobramycin)	cystic fibrosis	Add Step-Edit criteria for all formularies, Remove Prior Authorization criteria	Add Step-Edit criteria, Remove Prior Authorization criteria	
TOBI® Inhalation Solution (Tobramycin)	cystic fibrosis	Remove Prior Authorization criteria	Remove Prior Authorization criteria	
Tremfya™ (guselkumab)	moderate to severe plaque psoriasis	MAY ADD with Prior Authorization for all formularies	MAY ADD with Prior Authorization	
Trulance™ (plecanatide)	chronic idiopathic constipation	MAY ADD with Step-Edit criteria for all formularies	MAY ADD with Step-Edit criteria	
Tymlos™ (abaloparatide)	osteoporosis	MAY ADD with MADD limit and lifetime maximum	MAY ADD with MADD limit and lifetime maximum	
Uceris® Foam (budesonide)	Crohn's disease, ulcerative colitis	Add Step-Edit criteria for all formularies	Add Step-Edit criteria	
Ultresa™ (pancrelipase)	pancreatic enzymes	Move to Non-Preferred Brand status, Add Step-Edit criteria for all formularies	Move to Non-Preferred Brand status, Add Step-Edit criteria	
Valcyte® (valganciclovir)	HIV	Changed quantity limit	Changed quantity limit	
Vimovo® (naproxen/esomeprazole)	pain	Update Step-Edit criteria for all formularies	Update Step-Edit criteria	
Viokace™ (pancrelipase)	pancreatic enzymes	Move to Non-Preferred Brand status, Add Step-Edit criteria for all formularies	Move to Non-Preferred Brand status, Add Step-Edit criteria	

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Vivlodex® (meloxicam)	pain	Add with Step-Edit required	Add with Step-Edit required, Remove Prior Authorization criteria	
Vosevi® (sofosbuvir/velpatasvir/voxilaprevir)	hepatitis-C	MAY ADD with Prior Authorization for all formularies	May Add with Prior Authorization	
Xadago® (safinamide)	Parkinson's disease	MAY ADD with Step-Edit	MAY ADD with Step-Edit	
Xarelto® (rivaroxaban)	anticoagulant	Remove Prior Authorization criteria for all formularies	Remove Prior Authorization criteria	
Xeljanz®/Xeljanz® XR (tofacitinib citrate)	rheumatoid arthritis	Move to Non-Preferred Brand status for all formularies	Move to Non-Preferred Brand status	
Xiidra® (lifitegrast)	dry eye disease	MAY ADD to Preferred Brand status for all formularies	Move to Preferred Brand status	
Zejula® (niraparib)	cancer	MAY ADD with Step-Edit criteria for all formularies	MAY ADD with Step-Edit criteria	MAY ADD
Zorvolex® (diclofenac)	pain	Update Step-Edit criteria for all formularies	Update Step-Edit criteria	
Zykadia® (ceritinib)	lung cancer	Updated Prior Authorization criteria for most formularies	Updated Prior Authorization criteria	