

Optima Health Pharmacy Changes

Effective July 1, 2018

(For plans with pharmacy benefits administered by Optima Health)

DRUG NAME:		INDICATION:
Acthar® Gel (repository corticotropin injection)		nephrotic syndrome; sarcoidosis; dermatomyositis and polymyositis; infantile spasms; multiple sclerosis; rheumatoid arthritis, juvenile rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis; systemic lupus erythematosus; collagen diseases; allergic states; ophthalmic diseases; respiratory diseases, or edematous state
DESCRIPTION CHANGE: Update Prior Authorization Criteria		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	No Change	Prior Authorization
STANDARD FORMULARY	No Change	Prior Authorization
EXCHANGE FORMULARY	No Change	Prior Authorization
MEDICAID FORMULARY	No Change	Prior Authorization
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
Admelog® (insulin lispro) injection		type II diabetes mellitus
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	3	Step-Edit
STANDARD FORMULARY	Non-Formulary	
EXCHANGE FORMULARY	3	Step-Edit
MEDICAID FORMULARY	Non-Formulary	
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
Adzenys™ ER (amphetamine) Solution		attention deficit hyperactivity disorder
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	3	Step-Edit, Prior Authorization for age
STANDARD FORMULARY	Non-Formulary	
EXCHANGE FORMULARY	Non-Formulary	
MEDICAID FORMULARY	Non-Formulary	
QUANTITY LIMIT: 18.8 mg/day (15mL/day)		

DRUG NAME:		INDICATION:
Aliqopa® (copanlisib)		follicular lymphoma
DESCRIPTION CHANGE: May Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	Medical Benefit	
STANDARD FORMULARY	Medical Benefit	
EXCHANGE FORMULARY	Medical Benefit	
MEDICAID FORMULARY	Medical Benefit	
QUANTITY LIMIT: 60 mg each vial; 3 doses per 28 day cycle		

Optima Health Pharmacy Changes
Effective July 1, 2018

(For plans with pharmacy benefits administered by Optima Health)

DRUG NAME:		INDICATION:
ArmonAir™ RespiClick® (fluticasone)		asthma
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	3	
STANDARD FORMULARY	Non-Formulary	
EXCHANGE FORMULARY	Non-Formulary	
MEDICAID FORMULARY	No Change	
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
Auryxia® (ferric citrate)		control of serum phosphorus in chronic kidney disease (CKD)
DESCRIPTION CHANGE: Remove Step-Edit criteria		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	3	None – remove Step-Edit criteria
STANDARD FORMULARY	3	None – remove Step-Edit criteria
EXCHANGE FORMULARY	3	None – remove Step-Edit criteria
MEDICAID FORMULARY	No Change	None – remove Step-Edit criteria
QUANTITY LIMIT: No Change		

DRUG NAME:		INDICATION:
Biktarvy® (bictegravir, emtricitabine & tenofovir alafenamide)		HIV-1 infection treatment
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	Specialty	
STANDARD FORMULARY	Specialty	
EXCHANGE FORMULARY	Specialty	
MEDICAID FORMULARY	Formulary	
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
chorionic gonadotropin		hypogonadotropic hypogonadism, spermatogenesis induction in hypogonadotropic hypogonadism, prepubertal cryptorchidism, induction of ovulation
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	Specialty	Prior Authorization
STANDARD FORMULARY	Specialty	Prior Authorization
EXCHANGE FORMULARY	Specialty	Prior Authorization
MEDICAID FORMULARY	No Change	
QUANTITY LIMIT: N/A		

Optima Health Pharmacy Changes
Effective July 1, 2018

(For plans with pharmacy benefits administered by Optima Health)

DRUG NAME:		INDICATION:
Cuprimine® (penicillamine)		treatment of Wilson's disease and cystinuria
DESCRIPTION CHANGE:		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	Specialty	
STANDARD FORMULARY	Specialty	
EXCHANGE FORMULARY	Specialty	
MEDICAID FORMULARY	No Change	
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
diabetic test strips		type II diabetes mellitus
DESCRIPTION CHANGE: update quantity limit		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	No Change	
STANDARD FORMULARY	No Change	
EXCHANGE FORMULARY	No Change	
MEDICAID FORMULARY	No Change	
QUANTITY LIMIT: 1 test strip/day for non-insulin users, and 10 test strips/day for insulin users		

DRUG NAME:		INDICATION:
Estrace® (estradiol) Vaginal Cream		vaginal atrophy
DESCRIPTION CHANGE:		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	2	
STANDARD FORMULARY	2	
EXCHANGE FORMULARY	2	
MEDICAID FORMULARY	Non-Formulary	
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
Evekeo® (amphetamine sulfate)		attention deficit hyperactivity disorder, exogenous obesity
DESCRIPTION CHANGE: Update PA Criteria		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	3	Prior Authorization
STANDARD FORMULARY	Non-Formulary	
EXCHANGE FORMULARY	Non-Formulary	
MEDICAID FORMULARY	Non-Formulary	
QUANTITY LIMIT: No Change		

**Optima Health Pharmacy Changes
Effective July 1, 2018**

(For plans with pharmacy benefits administered by Optima Health)

DRUG NAME:		INDICATION:
Fasenra™ (benralizumab)		severe eosinophilic asthma
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	Medical Benefit	Prior Authorization
STANDARD FORMULARY	Medical Benefit	Prior Authorization
EXCHANGE FORMULARY	Medical Benefit	Prior Authorization
MEDICAID FORMULARY	Medical Benefit	Prior Authorization
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
Fiasp® (insulin aspart) injection		type II diabetes mellitus
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	3	Step-Edit
STANDARD FORMULARY	Non-Formulary	N/A
EXCHANGE FORMULARY	3	Step-Edit
MEDICAID FORMULARY	Non-Formulary	N/A
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
Foli-D™ (folic acid/cholecalciferol)		nutritional deficiency
DESCRIPTION CHANGE: Remove from all formularies		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	Exclude	
STANDARD FORMULARY	Exclude	
EXCHANGE FORMULARY	Exclude	
MEDICAID FORMULARY	Exclude	
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
Fosrenol® (lanthanum carbonate) chewable tablets		control of serum phosphorus in chronic kidney disease
DESCRIPTION CHANGE: Remove Step-Edit criteria		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	3	None – remove Step-Edit criteria
STANDARD FORMULARY	3	None – remove Step-Edit criteria
EXCHANGE FORMULARY	3	None – remove Step-Edit criteria
MEDICAID FORMULARY	No Change	None – remove Step-Edit criteria
QUANTITY LIMIT: No Change		

Optima Health Pharmacy Changes

Effective July 1, 2018

(For plans with pharmacy benefits administered by Optima Health)

DRUG NAME:		INDICATION:
Gocovri™ (amantadine)		dyskinesia with Parkinson's disease
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	3	Prior Authorization
STANDARD FORMULARY	Non-Formulary	N/A
EXCHANGE FORMULARY	Non-Formulary	N/A
MEDICAID FORMULARY	Non-Formulary	N/A
QUANTITY LIMIT: 1 capsule/day for the 68.5mg and 2 capsules/day for the 137mg.		

DRUG NAME:		INDICATION:
Impoyz™ (clobetasol propionate) Cream		plaque psoriasis
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	3	Step-Edit
STANDARD FORMULARY	Non-Formulary	N/A
EXCHANGE FORMULARY	Non-Formulary	N/A
MEDICAID FORMULARY	Non-Formulary	N/A
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
Juluca® (dolutegravir and rilpivirine)		human immunodeficiency virus-1 infection treatment
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	Specialty	
STANDARD FORMULARY	Specialty	
EXCHANGE FORMULARY	Specialty	
MEDICAID FORMULARY	Formulary	
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
Luxturna™ (voretigene neparvovec-rzyl)		treatment of patients with CONFIRMED biallelic RPE65 mutation-associated retinal dystrophy
DESCRIPTION CHANGE: Exclude from all formularies		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	Excluded	
STANDARD FORMULARY	Excluded	
EXCHANGE FORMULARY	Excluded	
MEDICAID FORMULARY	Excluded	
QUANTITY LIMIT: 1 injection per eye only		

Optima Health Pharmacy Changes

Effective July 1, 2018

(For plans with pharmacy benefits administered by Optima Health)

DRUG NAME:		INDICATION:
Mepsevii™(vestronidase alpha-vjbk) injection		treatment of mucopolysaccharidosis VII (or Sly Syndrome)
DESCRIPTION CHANGE: May Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	Medical Benefit	
STANDARD FORMULARY	Medical Benefit	
EXCHANGE FORMULARY	Medical Benefit	
MEDICAID FORMULARY	Medical Benefit	
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
memantine ER		moderate to severe Alzheimer's disease
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	2	
STANDARD FORMULARY	2	
EXCHANGE FORMULARY	2	
MEDICAID FORMULARY	No Change	
QUANTITY LIMIT: 1 capsule/day		

DRUG NAME:		INDICATION:
methylphenidate ER 72mg		attention deficit hyperactivity disorder
DESCRIPTION CHANGE: Add to all formularies with Prior Authorization criteria		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	2	Prior Authorization for age
STANDARD FORMULARY	2	Prior Authorization for age
EXCHANGE FORMULARY	2	Prior Authorization for age
MEDICAID FORMULARY	Formulary	Prior Authorization for age
QUANTITY LIMIT: 72mg/day		

DRUG NAME:		INDICATION:
metformin ER osmotic 500mg, 1000mg tablets		type II diabetes mellitus
DESCRIPTION CHANGE: Remove from all formularies		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	Excluded	
STANDARD FORMULARY	Excluded	
EXCHANGE FORMULARY	Excluded	
MEDICAID FORMULARY	Excluded	
QUANTITY LIMIT: N/A		

Optima Health Pharmacy Changes
Effective July 1, 2018
(For plans with pharmacy benefits administered by Optima Health)

DRUG NAME:		INDICATION:
minocycline ER		acne vulgaris
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	2	Step-Edit (add to Solodyn Step-Edit form)
STANDARD FORMULARY	2	Step-Edit (add to Solodyn Step-Edit form)
EXCHANGE FORMULARY	2	Step-Edit (add to Solodyn Step-Edit form)
MEDICAID FORMULARY	Formulary	Step-Edit (add to Solodyn Step-Edit form)
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
Namenda® XR (memantine ER) Titration Pack		moderate to severe Alzheimer's disease
DESCRIPTION CHANGE: Update Tier		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	3	
STANDARD FORMULARY	3	
EXCHANGE FORMULARY	3	None – remove Step-Edit criteria
MEDICAID FORMULARY	No Change	
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
Namenda® XR (memantine ER)		moderate to severe Alzheimer's disease
DESCRIPTION CHANGE: Update Tier		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	3	
STANDARD FORMULARY	Non-Formulary	
EXCHANGE FORMULARY	Non-Formulary	
MEDICAID FORMULARY	No Change	
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
Natacyn® (natamycin)		fungal blepharitis, conjunctivitis, keratitis caused by susceptible organisms including fusarium solani
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	2	
STANDARD FORMULARY	2	
EXCHANGE FORMULARY	No Change	
MEDICAID FORMULARY	No Change	
QUANTITY LIMIT: N/A		

Optima Health Pharmacy Changes

Effective July 1, 2018

(For plans with pharmacy benefits administered by Optima Health)

DRUG NAME:		INDICATION:
Novarel® (chorionic gonadotropin)		hypogonadotropic hypogonadism, spermatogenesis induction in hypogonadotropic hypogonadism, prepubertal cryptorchidism, induction of ovulation
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	Specialty	Prior Authorization
STANDARD FORMULARY	Specialty	Prior Authorization
EXCHANGE FORMULARY	Specialty	Prior Authorization
MEDICAID FORMULARY	No Change	No Change
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
Nucala® (mepolizumab) SQ		eosinophilic granulomatosis with polyangiitis
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	Medical Benefit	Prior Authorization
STANDARD FORMULARY	Medical Benefit	Prior Authorization
EXCHANGE FORMULARY	Medical Benefit	Prior Authorization
MEDICAID FORMULARY	Medical Benefit	Prior Authorization
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
Ocaliva® (obeticholic acid)		primary biliary cholangitis
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	Specialty	
STANDARD FORMULARY	Specialty	
EXCHANGE FORMULARY	Specialty	
MEDICAID FORMULARY	No Change	
QUANTITY LIMIT: 1 tablet/day		

DRUG NAME:		INDICATION:
Odactra™ House Dust Mite (dermatophagoides farina and dermatophagoides pteronyssinus) Allergen Extract		house dust mite-induced allergic rhinitis, with or without conjunctivitis
DESCRIPTION CHANGE: May Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	3	Prior Authorization
STANDARD FORMULARY	3	Prior Authorization
EXCHANGE FORMULARY	3	Prior Authorization
MEDICAID FORMULARY	Formulary	Prior Authorization
QUANTITY LIMIT: 30 tablets/30 days		

**Optima Health Pharmacy Changes
Effective July 1, 2018**

(For plans with pharmacy benefits administered by Optima Health)

DRUG NAME:		INDICATION:
Otezla® (apremilast)		moderate to severe plaque psoriasis, active psoriatic arthritis
DESCRIPTION CHANGE: Update Prior Authorization criteria		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	Specialty	Prior Authorization
STANDARD FORMULARY	Specialty	Prior Authorization
EXCHANGE FORMULARY	Specialty	Prior Authorization
MEDICAID FORMULARY	No Change	Prior Authorization
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
Ovidrel® (choriogonadotropin alfa injection)		induction of ovulation in conjunction with antiretroviral therapy (ART) regimen, induction of ovulation in women with functional infertility diagnoses
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	Specialty	Prior Authorization
STANDARD FORMULARY	Specialty	Prior Authorization
EXCHANGE FORMULARY	Specialty	Prior Authorization
MEDICAID FORMULARY	No Change	N/A
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
Ozempic® (semaglutide) injection		type II diabetes mellitus
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	3	Step-Edit
STANDARD FORMULARY	Non-Formulary	N/A
EXCHANGE FORMULARY	3	Step-Edit
MEDICAID FORMULARY	Non-Formulary	N/A
QUANTITY LIMIT: 3ml (2 – 1.5mL pens)/month		

DRUG NAME:		INDICATION:
Praluent® (alirocumab)		hyperlipidemia
DESCRIPTION CHANGE: Update Prior Authorization criteria		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	Specialty	Prior Authorization
STANDARD FORMULARY	Specialty	Prior Authorization
EXCHANGE FORMULARY	Specialty	Prior Authorization
MEDICAID FORMULARY	No Change	Prior Authorization
QUANTITY LIMIT: N/A		

Optima Health Pharmacy Changes

Effective July 1, 2018

(For plans with pharmacy benefits administered by Optima Health)

DRUG NAME:		INDICATION:
Pregnyl® (chorionic gonadotropin for injection)		hypogonadotropic hypogonadism, spermatogenesis induction in hypogonadotropic hypogonadism, prepubertal cryptorchidism, induction of ovulation
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	Specialty	Prior Authorization
STANDARD FORMULARY	Specialty	Prior Authorization
EXCHANGE FORMULARY	Specialty	Prior Authorization
MEDICAID FORMULARY	No Change	N/A
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
Prevymis™ (letermovir) Tablets		cytomegalovirus infection prophylaxis
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	Specialty	Prior Authorization
STANDARD FORMULARY	Specialty	Prior Authorization
EXCHANGE FORMULARY	Specialty	Prior Authorization
MEDICAID FORMULARY	No Change	Prior Authorization
QUANTITY LIMIT: 100 days of therapy (30 tablets/30 days)		

DRUG NAME:		INDICATION:
Prevymis™ (letermovir) Solution for Injection		cytomegalovirus infection prophylaxis
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	Medical Benefit	Prior Authorization
STANDARD FORMULARY	Medical Benefit	Prior Authorization
EXCHANGE FORMULARY	Medical Benefit	Prior Authorization
MEDICAID FORMULARY	Medical Benefit	Prior Authorization
QUANTITY LIMIT: 100 days of therapy (30 x 12mL vials or 24mL vials)		

DRUG NAME:		INDICATION:
Qtern® (dapagliflozin/saxagliptin)		type II diabetes mellitus
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	3	Step-Edit
STANDARD FORMULARY	Non-Formulary	N/A
EXCHANGE FORMULARY	3	Step-Edit
MEDICAID FORMULARY	Non-Formulary	N/A
QUANTITY LIMIT: N/A		

Optima Health Pharmacy Changes
Effective July 1, 2018

(For plans with pharmacy benefits administered by Optima Health)

DRUG NAME:		INDICATION:
QVAR® Redihaler™ (beclomethasone dipropionate HFA) inhalation aerosol		asthma
DESCRIPTION CHANGE: May Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	2	
STANDARD FORMULARY	2	
EXCHANGE FORMULARY	2	
MEDICAID FORMULARY	Non-Formulary	
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
Rayaldee® (calcifediol) ER		secondary hyperparathyroidism (in adults with stage 3 or 4 chronic kidney disease)
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	3	Prior Authorization
STANDARD FORMULARY	Non-Formulary	N/A
EXCHANGE FORMULARY	Non-Formulary	N/A
MEDICAID FORMULARY	Non-Formulary	N/A
QUANTITY LIMIT: 30 capsules per 30 days (initiation); 60 capsules per 30 days (continuation)		

DRUG NAME:		INDICATION:
Regranex® (becaplermin) Gel		treatment of lower extremity diabetic neuropathic ulcers that extend into the subcutaneous tissue
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	2	
STANDARD FORMULARY	2	
EXCHANGE FORMULARY	No Change	
MEDICAID FORMULARY	No Change	
QUANTITY LIMIT: 3 tubes/lifetime for Open and Standard formularies		

DRUG NAME:		INDICATION:
Renvela® (sevelamer carbonate) 800 mg tablets		control of serum phosphorus in chronic kidney disease
DESCRIPTION CHANGE: Tier update		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	3	
STANDARD FORMULARY	3	
EXCHANGE FORMULARY	3	
MEDICAID FORMULARY	No Change	
QUANTITY LIMIT: No Change		

Optima Health Pharmacy Changes

Effective July 1, 2018

(For plans with pharmacy benefits administered by Optima Health)

DRUG NAME:		INDICATION:
Renvela® (sevelamer carbonate) 2.4gm packets		control of serum phosphorus in chronic kidney disease
DESCRIPTION CHANGE: Tier update		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	3	
STANDARD FORMULARY	3	
EXCHANGE FORMULARY	3	
MEDICAID FORMULARY	No Change	
QUANTITY LIMIT: No Change		

DRUG NAME:		INDICATION:
Renvela® (sevelamer carbonate) 0.8gm packets		control of serum phosphorus in chronic kidney disease
DESCRIPTION CHANGE: Tier update		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	3	
STANDARD FORMULARY	3	
EXCHANGE FORMULARY	3	
MEDICAID FORMULARY	No Change	
QUANTITY LIMIT: No Change		

DRUG NAME:		INDICATION:
Repatha® (evolocumab) injection		hyperlipidemia
DESCRIPTION CHANGE: Update Prior Authorization criteria		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	Specialty	Prior Authorization
STANDARD FORMULARY	Specialty	Prior Authorization
EXCHANGE FORMULARY	Specialty	Prior Authorization
MEDICAID FORMULARY	No Change	Prior Authorization
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
Santyl® (collagenase)		Debridement of severe burns and chronic skin ulcers
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	2	
STANDARD FORMULARY	2	
EXCHANGE FORMULARY	No Change	
MEDICAID FORMULARY	No Change	
QUANTITY LIMIT: N/A		

Optima Health Pharmacy Changes

Effective July 1, 2018

(For plans with pharmacy benefits administered by Optima Health)

DRUG NAME:		INDICATION:
Segluromet™ (ertugliflozin and metformin HCl) tablets		type II diabetes mellitus
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	3	Step-Edit
STANDARD FORMULARY	Non-Formulary	N/A
EXCHANGE FORMULARY	3	Step-Edit
MEDICAID FORMULARY	Non-Formulary	N/A
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
sevelamer carbonate 800mg tablets		control of serum phosphorus in chronic kidney disease (CKD)
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	1	
STANDARD FORMULARY	1	
EXCHANGE FORMULARY	1	
MEDICAID FORMULARY	No Change	
QUANTITY LIMIT: No Change		

DRUG NAME:		INDICATION:
sevelamer carbonate 2.4mg packets		control of serum phosphorus in chronic kidney disease
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	1	
STANDARD FORMULARY	1	
EXCHANGE FORMULARY	1	
MEDICAID FORMULARY	No Change	
QUANTITY LIMIT: 5 packets/day		

DRUG NAME:		INDICATION:
sevelamer carbonate 0.8gm packets		control of serum phosphorus in chronic kidney disease
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	1	
STANDARD FORMULARY	1	
EXCHANGE FORMULARY	1	
MEDICAID FORMULARY	No Change	
QUANTITY LIMIT: 17 packets/day		

Optima Health Pharmacy Changes
Effective July 1, 2018

(For plans with pharmacy benefits administered by Optima Health)

DRUG NAME:		INDICATION:
sildenafil citrate 25mg, 50mg, 100mg tablets		erectile dysfunction
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	1	
STANDARD FORMULARY	1	
EXCHANGE FORMULARY	No Change	
MEDICAID FORMULARY	No Change	
QUANTITY LIMIT: 4 tablets for 30 days		

DRUG NAME:		INDICATION:
Soliris® (eculizumab) injection		generalized myasthenia gravis, atypical hemolytic uremic syndrome, paroxysmal nocturnal hemoglobinuria
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	Medical Benefit	Prior Authorization
STANDARD FORMULARY	Medical Benefit	Prior Authorization
EXCHANGE FORMULARY	Medical Benefit	Prior Authorization
MEDICAID FORMULARY	Medical Benefit	Prior Authorization
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
Soliqua® (insulin glargine & lixisenatide inj)		type II diabetes mellitus
DESCRIPTION CHANGE: Update Step-Edit criteria		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	Tier 2	No Change
STANDARD FORMULARY	Tier 2	No Change
EXCHANGE FORMULARY	Tier 2	No Change
MEDICAID FORMULARY	Formulary	Remove Tanzeum from Step-Edit criteria
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
Solodyn® (minocycline ER)		acne vulgaris
DESCRIPTION CHANGE: Update Step-Edit criteria		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	3	Step-Edit
STANDARD FORMULARY	Non-Formulary	N/A
EXCHANGE FORMULARY	Non-Formulary	N/A
MEDICAID FORMULARY	Non-Formulary	N/A
QUANTITY LIMIT: N/A		

Optima Health Pharmacy Changes

Effective July 1, 2018

(For plans with pharmacy benefits administered by Optima Health)

DRUG NAME:		INDICATION:
Sonafine™ (wound dressing emulsion)		wound dressing for burns, pressure sores, etc.
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	2	
STANDARD FORMULARY	2	
EXCHANGE FORMULARY	No Change	
MEDICAID FORMULARY	No Change	
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
Steglatro™ (ertugliflozin) tablets		type II diabetes mellitus
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	3	Step-Edit
STANDARD FORMULARY	Non-Formulary	N/A
EXCHANGE FORMULARY	3	Step-Edit
MEDICAID FORMULARY	Non-Formulary	N/A
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
Steglujan™ (ertugliflozin and sitagliptin) tablets		type II diabetes mellitus
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	3	Step-Edit
STANDARD FORMULARY	Non-Formulary	N/A
EXCHANGE FORMULARY	3	Step-Edit
MEDICAID FORMULARY	Non-Formulary	N/A
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
Sutent® (sunitinib malate)		treatment for gastrointestinal stromal tumor, advanced renal cell carcinoma, adjuvant treatment of renal cell carcinoma, advanced pancreatic neuroendocrine tumors
DESCRIPTION CHANGE: Remove Prior Authorization criteria		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	No Change	None – Remove Prior Authorization criteria
STANDARD FORMULARY	No Change	None – Remove Prior Authorization criteria
EXCHANGE FORMULARY	No Change	None – Remove Prior Authorization criteria
MEDICAID FORMULARY	No Change	N/A
QUANTITY LIMIT: N/A		

Optima Health Pharmacy Changes
Effective July 1, 2018

(For plans with pharmacy benefits administered by Optima Health)

DRUG NAME:		INDICATION:
Symdeko™ (tezacaftor/ivacaftor and ivacaftor)		cystic fibrosis
DESCRIPTION CHANGE: May Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	Specialty	Prior Authorization
STANDARD FORMULARY	Specialty	Prior Authorization
EXCHANGE FORMULARY	Specialty	Prior Authorization
MEDICAID FORMULARY	No Change	Prior Authorization
QUANTITY LIMIT: 1 tezacaftor 100mg/ivacaftor 150mg in the morning and 1 ivacaftor 150mg in the evening (fixed dose in combination)		

DRUG NAME:		INDICATION:
Taltz® (ixekizumab)		plaque psoriasis and psoriatic arthritis
DESCRIPTION CHANGE: Update Prior Authorization criteria		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	No Change	Prior Authorization
STANDARD FORMULARY	No Change	Prior Authorization
EXCHANGE FORMULARY	No Change	Prior Authorization
MEDICAID FORMULARY	No Change	Prior Authorization
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
topical corticosteroids (non-preferred)		dermatoses
DESCRIPTION CHANGE: Update Step-Edit criteria		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	No Change	Step-Edit
STANDARD FORMULARY	No Change	Step-Edit
EXCHANGE FORMULARY	No Change	Step-Edit
MEDICAID FORMULARY	No Change	Step-Edit
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
Trelegy® Ellipta® (Fluticasonefuroate/umeclidinium/vilanterol)		chronic obstructive pulmonary disease (COPD)
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	3	Prior Authorization
STANDARD FORMULARY	Non-Formulary	N/A
EXCHANGE FORMULARY	3	Prior Authorization
MEDICAID FORMULARY	Non-Formulary	N/A
QUANTITY LIMIT: N/A		

Optima Health Pharmacy Changes

Effective July 1, 2018

(For plans with pharmacy benefits administered by Optima Health)

DRUG NAME:		INDICATION:
Varubi® (rolapitant) tablets		prophylaxis for chemotherapy-induced nausea and vomiting
DESCRIPTION CHANGE: Update Maximum Allowable Daily Dosage (MADD)		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	No Change	
STANDARD FORMULARY	No Change	
EXCHANGE FORMULARY	No Change	
MEDICAID FORMULARY	No Change	
QUANTITY LIMIT: Maximum of 4 tablets per 28 days		

DRUG NAME:		INDICATION:
Velphoro® (sucroferic oxyhydroxide) tablets		control of serum phosphorus in chronic kidney disease
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	3	None – remove Step-Edit criteria
STANDARD FORMULARY	3	None – remove Step-Edit criteria
EXCHANGE FORMULARY	3	None – remove Step-Edit criteria
MEDICAID FORMULARY	No Change	None – remove Step-Edit criteria
QUANTITY LIMIT: No Change		

DRUG NAME:		INDICATION:
Verzenio™ (abemaciclib)		advanced or metastatic breast cancer
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	Specialty	Prior Authorization
STANDARD FORMULARY	Specialty	Prior Authorization
EXCHANGE FORMULARY	Specialty	Prior Authorization
MEDICAID FORMULARY	Formulary	Prior Authorization
QUANTITY LIMIT: 30 tablets per 30 days		

DRUG NAME:		INDICATION:
Viagra® (sildenafil citrate) tablets		erectile dysfunction
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	3	
STANDARD FORMULARY	Non-Formulary	
EXCHANGE FORMULARY	No Change	
MEDICAID FORMULARY	No Change	
QUANTITY LIMIT: No Change		

Optima Health Pharmacy Changes

Effective July 1, 2018

(For plans with pharmacy benefits administered by Optima Health)

DRUG NAME:		INDICATION:
Vyzulta™ (latanoprostene bunod ophthalmic solution), 0.024%		reduction of intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	3	Step-Edit
STANDARD FORMULARY	3	Step-Edit
EXCHANGE FORMULARY	3	Step-Edit
MEDICAID FORMULARY	Non-Formulary	N/A
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
Vyvanse® (lisdexamfetamine dimesylate)		attention deficit hyperactivity disorder, binge eating disorder
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	2	No Change
STANDARD FORMULARY	2	No Change
EXCHANGE FORMULARY	2	No Change
MEDICAID FORMULARY	No Change	No Change
QUANTITY LIMIT: No Change		

DRUG NAME:		INDICATION:
Ximino™ (minocycline hydrochloride ER)		moderate to severe acne vulgaris in patients 12 years of age and older
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
COMM - OPEN	3	Step-Edit (add to Solodyn Step-Edit form with updated criteria)
COMM - CLOSED	Non-Formulary	N/A
QHP – CLOSED	Non-Formulary	N/A
MCAID – CLOSED	Non-Formulary	N/A
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
Xultophy® (insulin degludec 100U/mL & liraglutide 3.6mg/mL inj)		type II diabetes mellitus
DESCRIPTION CHANGE: Update Step-Edit criteria		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	Tier 3	No Change
STANDARD FORMULARY	Excluded	No Change
EXCHANGE FORMULARY	Excluded	No Change
MEDICAID FORMULARY	Non-Formulary	Remove Tanzeum from Step-Edit Criteria
QUANTITY LIMIT: N/A		

Optima Health Pharmacy Changes
Effective July 1, 2018
(For plans with pharmacy benefits administered by Optima Health)

DRUG NAME:		INDICATION:
Zelboraf® (vemurafenib)		unresectable or metastatic melanoma; Erdheim-Chester Disease
DESCRIPTION CHANGE: Update Prior Authorization criteria		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	No Change	Prior Authorization
STANDARD FORMULARY	No Change	Prior Authorization
EXCHANGE FORMULARY	No Change	Prior Authorization
MEDICAID FORMULARY	No Change	Prior Authorization
QUANTITY LIMIT: N/A		

DRUG NAME:		INDICATION:
Zirgan® (ganciclovir)		cytomegalovirus retinitis, herpes simplex keratitis
DESCRIPTION CHANGE: Add		
FORMULARY	TIER	CRITERIA
OPEN FORMULARY	2	
STANDARD FORMULARY	2	
EXCHANGE FORMULARY	No Change	
MEDICAID FORMULARY	No Change	
QUANTITY LIMIT: N/A		