

**Optima Health Pharmacy Changes
Effective October 1, 2016**

(For plans with pharmacy benefits administered by Optima Health)

Drug Name	Indication	Description of Change (by Formulary Type)
Acthar® Gel (repository corticotropin)	symptomatic sarcoidosis	Added Prior Authorization Criteria
Allzital (butalbital and acetaminophen)	tension headaches	Added Step-Edit Criteria
Amrix® (cyclobenzaprine HCl extended-release capsules)	muscle spasms	Added Medication with Step-Edit Criteria
Aubagio® (teriflunomide)	multiple sclerosis	Removed Step-Edit Requirements
Betaseron® (interferon beta-1b)	multiple sclerosis	Updated Step-Edit Criteria – Non-Preferred
Botox® (onabotulinumtoxinA)	neuromuscular blocking agent	Updated Prior Authorization Criteria
Briviact® (brivaracetam)	partial-onset seizures	Added Step-Edit Criteria
Cinqair® (reslizumab)	severe asthma	Medical Benefit - Added Prior Authorization Criteria
Descovy® (emtricitabine and tenofovir alafenamide)	HIV	Added Medication
Enstilar® Foam (calcipotriene and betamethasone dipropionate)	plaque psoriasis	Added Step-Edit Criteria
Epclusa® (sofosbuvir and velpatasvir)	hepatitis-C	Added Medication with Prior Authorization Criteria
Extavia® (interferon beta-1b)	multiple sclerosis	Updated Step-Edit Criteria – Non-Preferred
Genvoya® (elvitegravir, cobicistat, emtricitabine, and tenofovir alafenamide)	HIV	Added Medication
Gilenya® (fingolimod)	muscular sclerosis	Removed Step-Edit Requirements

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Glatopa™ (glatiramer acetate)	multiple sclerosis	Updated Step-Edit Criteria – Non-Preferred
Hymovis® (high molecular weight viscoelastic hyaluronan)	osteoarthritis-knee	Medical Benefit - Added Prior Authorization Criteria
Iressa® (gefitinib)	metastatic cancer	Added Medication with Prior Authorization Criteria
Immune Globulin Intravenous (IVIG) (Chronic Inflammatory Demyelinating Polyneuropathy)	immunodeficiency syndrome	Added Prior Authorization Criteria
Lonsurf® (trifluridine and tipiracil)	colorectal cancer	Added Medication
Odefsey® (emtricitabine, rilpivirine, & tenofovir alafenamide)	HIV	Added Medication
Onivyde® Injection (irinotecan liposome)	pancreatic cancer	Added Medication
Plegridy® (peginterferon beta-1a)	multiple sclerosis	Removed Step-Edit Requirements
Rebif® (interferon beta-1b)	multiple sclerosis	Added Step-Edit Requirements
Rexulti® (brexpiprazole)	antipsychotic	Added Step-Edit Criteria – MADD Quantity Limit: 4mg/day
Rituxan® (rituximab)	rheumatoid arthritis	Updated Prior Authorization Criteria
Sernivo™ Spray (betamethasone dipropionate)	dermatology	Added Step-Edit Criteria
Spritam® (levetiracetam)	partial-onset seizures	Added Step-Edit Criteria
Taltz® SQ (ixekizumab)	plaque psoriasis	Added Prior Authorization Criteria
Tresiba® (insulin degludec injection)	diabetes	Added Step Edit Criteria

7/27/2016 (Oct - Dec 2016)

Should changes to this list occur, a new document will be posted with the date above modified.

Please continue to visit our website for the most current version.

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Trianex® (triamcinolone acetonide)	dermatology	Added Step-Edit Criteria
Tysabri® (natalizumab)	multiple sclerosis/ Crohn's indication	Updated Prior Authorization Criteria
Ultravate® Lotion (halobetasol propionate)	dermatology/plaque psoriasis	Added Step-Edit Criteria
Vanos® Cream (fluocinonide)	dermatology	Added Step-Edit Criteria
Vraylar® (cariprazine)	antipsychotic	Added Step-Edit Criteria – MADD Quantity Limit: 6mg/day
Xalkori® (crizotinib)	cancer	Updated Prior Authorization Criteria
Xeomin® (onabotulinumtoxinA)	neuromuscular blocking agent	Updated Prior Authorization
Xtampza™ ER (oxycodone)	severe pain	Added Prior Authorization Criteria
Yondelis® (trabectedin)	unresectable or metastatic liposarcoma or leiomyosarcoma	Added Medication
Zarxio® (filgrastim-sndz)	cancer	Added Medication with Prior Authorization Criteria
Zembrace™ SymTouch (sumatriptan injection)	severe migraine headaches	Added Step-Edit Criteria
Zinbryta™ (daclizumab)	relapsing multiple sclerosis	Added Step-Edit Criteria