



Formulary Changes- February 2020

Drug Name	Dosage Form	Strength	Therapeutic Category	Alternative Medicine	Formulary Status of Alternative Medication	Formulary Change and Reason	Update Tier Status	PA/QL/ST	Date Changed
Brukinsa	Capsule	80mg	Antineoplastic s/Molecular Target Inhibitors			ADD	4	PA/QL	2/01/2020
EluRyng	Ring	0.12-0.15mg/24HR	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)			ADD	3		2/01/2020
Etonogestrel-Ethinyl Estradiol	Ring	0.12-0.15mg/24HR	Hormonal Agents, Stimulant/Replacement/Modifying (Sex				3		2/01/2020

			Hormones/Mo difiers)			ADD			
Everolimus	Tablet	2.5mg	Antineoplastic s/Molecular Target Inhibitors			ADD	4	PA	2/01/2020
Everolimus	Tablet	5mg	Antineoplastic s/Molecular Target Inhibitors			ADD	4	PA	2/01/2020
Everolimus	Tablet	7.5mg	Antineoplastic s/ Molecular Target Inhibitors			ADD	4	PA	2/01/2020
Mesalamine ER	Capsule Extende d Release 24 Hour	0.375gm	Inflammatory Bowel Disease Agents			ADD	3		2/01/2020
Pentamidine Isethionate	Solution Reconsti tuted for Inhalatio n	300mg	Antiparasitics/ Antiprotozoals			ADD	3	PA	2/01/2020
Pentamidine Isethionate	Solution Reconsti tuted for Injection	300mg	Antiparasitics/ Antiprotozoals			ADD	3		2/01/2020

For information on obtaining an updated coverage determination or an exception to a coverage determination please contact Optimum HealthCare Member Services at 1-866-245-5360 for additional information. TTY users should call 711. From October 1 to March 31 from 8 a.m. to 8 p.m. 7 days a week and April 1 to September 30 from 8 a.m. to 8 p.m. Monday through Friday. Member Services also provides free language interpreter services for non-English speakers or visit www.youroptimumhealthcare.com .