

OPTIMUM HEALTHCARE

Formulary Changes- March 2023

The table below outlines formulary changes for the AFC Diabetes Formulary.

Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
3/1/2023	AUVELITY 45-105 MG TAB ER	Formulary Addition		Tier 3	PA; QL (60 per 30 days)
3/1/2023	CALQUENCE 100 MG TAB	Formulary Addition		Tier 4	PA
3/1/2023	GLEOSTINE 10 MG CAP	Formulary Addition		Tier 3	PA
3/1/2023	GLEOSTINE 100 MG CAP	Formulary Addition		Tier 3	PA
3/1/2023	GLEOSTINE 40 MG CAP	Formulary Addition		Tier 3	PA
3/1/2023	MENEST 2.5 MG TAB	Formulary Addition		Tier 3	PA
3/1/2023	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	Formulary Addition		Tier 2	
3/1/2023	REVLIMID 10 MG CAP	Formulary Addition		Tier 4	PA; QL (60 per 30 days)
3/1/2023	REVLIMID 15 MG CAP	Formulary Addition		Tier 4	PA; QL (30 per 30 days)
3/1/2023	REVLIMID 25 MG CAP	Formulary Addition		Tier 4	PA; QL (30 per 30 days)
3/1/2023	REVLIMID 5 MG CAP	Formulary Addition		Tier 4	PA; QL (150 per 30 days)
3/1/2023	SKYRIZI 180 MG/1.2ML SOLN CART	Formulary Addition		Tier 4	PA; QL (1.2 per 56 days)
3/1/2023	TECVAYLI 153 MG/1.7ML SOLUTION	Formulary Addition		Tier 4	PA

Last Updated: 2/21/2023
AFC DIABETES FORMULARY

H5594_23_3001885_I_C
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**Please refer to the description of your plan for copay/coinsurance amounts.

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Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
3/1/2023	TECVAYLI 30 MG/3ML SOLUTION	Formulary Addition		Tier 4	PA
3/1/2023	TURALIO 125 MG CAP	Formulary Addition		Tier 4	PA; QL (120 per 30 days)
3/1/2023	PRIORIX RECON SUSP	Drug Moved to Lower Tier		Tier 2	
3/1/2023	UBRELVY 50 MG TAB	Quantity Limit Increased		Tier 4	PA; QL (20 per 30 days)
3/1/2023	AFEDITAB CR 60 MG TAB ER 24H	Deletion – No longer covered under Medicare Part D	NIFEDIPINE XR TABLET	Tier 1	
3/1/2023	APO-VARENICLINE 0.5 MG TAB	Deletion – No longer covered under Medicare Part D	VARENICLINE TABLET	Tier 3	
3/1/2023	APO-VARENICLINE 1 MG TAB	Deletion – No longer covered under Medicare Part D	VARENICLINE TABLET	Tier 3	
3/1/2023	CRIXIVAN 200 MG CAP	Deletion – No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you		
3/1/2023	DIGITEK 125 MCG TAB	Deletion – No longer covered under Medicare Part D	DIGOXIN TABLET	Tier 1	

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Formulary Changes- February 2023

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Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
2/1/2023	BESREMI 500 MCG/ML SOLN PRSYR	Formulary Addition		Tier 4	PA
2/1/2023	FINGOLIMOD HCL 0.5 MG CAP	Formulary Addition		Tier 4	PA; QL (30 per 30 days)
2/1/2023	HALOETTE 0.12-0.015 MG/24HR RING	Formulary Addition		Tier 3	
2/1/2023	IMBRUVICA 70 MG/ML SUSPENSION	Formulary Addition		Tier 4	PA; QL (216 per 27 days)
2/1/2023	JAVYGTOR 100 MG TAB	Formulary Addition		Tier 4	PA
2/1/2023	JAVYGTOR 500 MG PACKET	Formulary Addition		Tier 4	PA
2/1/2023	JYNNEOS 0.5 ML SUSPENSION	Formulary Addition		Tier 2	
2/1/2023	KETOPROFEN 50 MG CAP	Formulary Addition		Tier 1	
2/1/2023	LENALIDOMIDE 2.5 MG CAP	Formulary Addition		Tier 4	PA; QL (30 per 30 days)
2/1/2023	LENALIDOMIDE 20 MG CAP	Formulary Addition		Tier 4	PA; QL (30 per 30 days)

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2/1/2023	MENVEO SOLUTION	Formulary Addition		Tier 2	
2/1/2023	MYRBETRIQ 8 MG/ML SRER	Formulary Addition		Tier 3	QL (300 per 30 days)
2/1/2023	ORKAMBI 75-94 MG PACKET	Formulary Addition		Tier 4	PA; QL (60 per 30 days)
2/1/2023	PENCICLOVIR 1 % CREAM	Formulary Addition		Tier 3	QL (5 per 30 days)
2/1/2023	POTASSIUM CHLORIDE IN DEXTROSE 10-5 MEQ/L-% SOLUTION	Formulary Addition		Tier 2	
2/1/2023	PREMPRO 0.3-1.5 MG TAB	Formulary Addition		Tier 3	PA
2/1/2023	RECOMBIVAX HB 10 MCG/ML SUSP PRSYR	Formulary Addition		Tier 2	B/D PA
2/1/2023	RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	Formulary Addition		Tier 2	B/D PA

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2/1/2023	ROFLUMILAST 500 MCG TAB	Formulary Addition		Tier 2	PA; QL (30 per 30 days)
2/1/2023	TAZAROTENE 0.05 % GEL	Formulary Addition		Tier 3	PA
2/1/2023	TAZAROTENE 0.1 % GEL	Formulary Addition		Tier 3	PA
2/1/2023	VENLAFAXINE BESYLATE ER 112.5 MG TAB ER 24H	Formulary Addition		Tier 3	
2/1/2023	XARELTO 1 MG/ML RECON SUSP	Formulary Addition		Tier 2	QL (600 per 30 days)
2/1/2023	ZONISADE 100 MG/5ML SUSPENSION	Formulary Addition		Tier 3	
2/1/2023	DABIGATRAN ETEXILATE MESYLATE 150 MG CAP	Drug Moved to Lower Tier		Tier 2	QL (60 per 30 days)
2/1/2023	DABIGATRAN ETEXILATE MESYLATE 75 MG CAP	Drug Moved to Lower Tier		Tier 2	QL (60 per 30 days)

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Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
2/1/2023	CAZIAN 0.1/0.125/0.15 -0.025 MG TAB	Deletion – No longer covered under Medicare Part D	VELIVET 0.1/0.125/0.15 - 0.025 MG TAB	Tier 1	
2/1/2023	ROSADAN 0.75 % GEL	Deletion – No longer covered under Medicare Part D	METRONIDAZOLE GEL 0.75%	Tier 2	
2/1/2023	TEKTURNA HCT 150-25 MG TAB	Deletion – No longer covered under Medicare Part D	Please talk to your health care provider about an alternative that may be right for you		

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