

OPTIMUM HEALTHCARE

Formulary Changes- March 2023

The table below outlines formulary changes for the AFC Enhanced 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 |
| 3/1/2023 | TECVAYLI 30 MG/3ML SOLUTION | Formulary Addition | | Tier 4 | PA |

Last Updated: 2/21/2023
AFC ENHANCED FORMULARY

H5594_23_3001886_I_C
1038984MUSENMUB

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

***Prior Authorization (PA), Quantity Limits (QL), or Step Therapy (ST) restrictions may apply.

| Effective Date | Drug Name | Reason | Alternative Drug* | Drug Copay** | Restrictions*** |
|----------------|------------------------------|--|---|--------------|--------------------------|
| 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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OPTIMUM HEALTHCARE

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) |

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|----------------|--|--------------------|-------------------|--------------|-------------------------|
| 2/1/2023 | LENALIDOMIDE 20 MG CAP | Formulary Addition | | Tier 4 | PA; QL (30 per 30 days) |
| 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 |

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|----------------|---|--------------------|-------------------|--------------|-------------------------|
| 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 |
| 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) |

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| 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) |
| 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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