OPTIMUM HEALTHCARE

Formulary Changes- May 2024

The table below outlines formulary changes for the AFC Enhanced

Effective Date	Drug Name	Reason Formulary.	Alternative Drug*	Drug Copay**	Restrictions***
5/1/2024	Dabigatran 110 MG Capsule	Formulary Addition		Tier 3	QL (60 per 30 days)
5/1/2024	Heather 0.35 MG Tablet	Formulary Addition		Tier 1	
5/1/2024	Ixchiq Intramuscular Solution	Formulary Addition		Tier 2	
5/1/2024	Mifepristone 300 MG Tablet	Formulary Addition		Tier 4	PA
5/1/2024	Mounjaro 5MG/0.5ML Pen-Injector	Formulary Addition		Tier 2	PA, QL (2 per 28 days)
5/1/2024	Mounjaro 15MG/0.5ML Pen-Injector	Formulary Addition		Tier 2	PA, QL (2 per 28 days)
5/1/2024	Mounjaro 2.5MG/0.5ML Pen-Injector	Formulary Addition		Tier 2	PA, QL (2 per 28 days)
5/1/2024	Mounjaro 10MG/0.5ML Pen-Injector	Formulary Addition		Tier 2	PA, QL (2 per 28 days)
5/1/2024	Mounjaro 12.5MG/0.5ML Pen-Injector	Formulary Addition		Tier 2	PA, QL (2 per 28 days)
5/1/2024	Mounjaro 7.5MG/0.5ML Pen-Injector	Formulary Addition		Tier 2	PA, QL (2 per 28 days)

Last Updated: 4/10/2024
AFC ENHANCED FORMULARY

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Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
5/1/2024	Rozlytrek 50 MG Packet	Formulary Addition		Tier 4	PA, QL (240 per 30 days)
5/1/2024	Trientine HCl 500 MG Capsule	Formulary Addition		Tier 4	
5/1/2024	Xolair 300MG/2ML Prefilled Syringe	Formulary Addition		Tier 4	PA, QL (8 per 28 days)
5/1/2024	Xolair 300MG/2ML Auto-Injector	Formulary Addition		Tier 4	PA, QL (8 per 28 days)
5/1/2024	Xolair 150MG/ML Auto-Injector	Formulary Addition		Tier 4	PA, QL (8 per 28 days)
5/1/2024	Xolair 75MG/0.5ML Auto-Injector	Formulary Addition		Tier 4	PA, QL (4 per 28 days)
5/1/2024	Intron A Solution Reconstituted 10000000 UNIT Injection	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
5/1/2024	Intron A Solution Reconstituted 18000000 UNIT Injection	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
5/1/2024	Intron A Solution Reconstituted 50000000 UNIT Injection	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
5/1/2024	Levemir FlexTouch Solution Pen-Injector 100 UNIT/ML	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		

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Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
5/1/2024	Levemir FlexPen Solution 100 UNIT/ML	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		

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OPTIMUM HEALTHCARE

Formulary Changes- April 2024

The table below outlines formulary changes for the AFC Enhanced

Effective Date	**Drug Name**	**Reason** Formulary.	**Alternative Drug***	**Drug Copay****	**Restrictions*****
4/1/2024	Bosulif Capsule 100 MG	Formulary Addition		Tier 4	PA, QL (120 per 30 days)
4/1/2024	Bosulif Capsule 50 MG	Formulary Addition		Tier 4	PA, QL (30 per 30 days)
4/1/2024	Flurazepam HCl Capsule 30 MG	Formulary Addition		Tier 1	QL (30 per 30 days)
4/1/2024	Iwilfin Tablet 192 MG	Formulary Addition		Tier 4	PA, QL (240 per 30 days)
4/1/2024	Risperidone 25 MG ER Intramuscular Suspension	Formulary Addition		Tier 3	QL (2 per 28 days)
4/1/2024	Risperidone 37.5 MG ER Intramuscular Suspension	Formulary Addition		Tier 3	QL (2 per 28 days)
4/1/2024	Risperidone 50 MG ER Intramuscular Suspension	Formulary Addition		Tier 4	QL (2 per 28 days)
4/1/2024	Risperidone 12.5 MG ER Intramuscular Suspension	Formulary Addition		Tier 3	QL (2 per 28 days)
4/1/2024	Synjardy 10-1000 MG ER tablet	Formulary Addition		Tier 2	QL (60 per 30 days)
4/1/2024	Synjardy 12.5-1000 MG ER tablet	Formulary Addition		Tier 2	QL (60 per 30 days)

Last Updated: 4/10/2024
AFC ENHANCED FORMULARY

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Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
4/1/2024	Synjardy 25-1000 MG ER tablet	Formulary Addition		Tier 2	QL (30 per 30 days)
4/1/2024	Synjardy 5-1000 MG ER tablet	Formulary Addition		Tier 2	QL (60 per 30 days)
4/1/2024	Amcinonide Lotion 0.1 % External	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
4/1/2024	Zorbtive Solution Reconstituted 8.8 MG	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		

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OPTIMUM HEALTHCARE

Formulary Changes- March 2024

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

Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
3/1/2024	Augtyro 40MG Capsule	Formulary Addition		Tier 4	PA, QL (240 per 30 days)
3/1/2024	Klayesta 100000UNIT/GM Powder	Formulary Addition		Tier 1	
3/1/2024	Ogsiveo 50MG Tablet	Formulary Addition		Tier 4	PA, QL (180 per 30 days)
3/1/2024	Penbraya Intramuscular Suspension	Formulary Addition		Tier 2	
3/1/2024	Rozlytrek 50MG Packet	Formulary Addition		Tier 4	PA, QL (240 per 30 days)
3/1/2024	Vigpoder 500MG Packet	Formulary Addition		Tier 3	PA, QL (180 per 30 days)
3/1/2024	Xalkori 150MG Sprinkle Capsule	Formulary Addition		Tier 4	PA, QL (90 per 30 days)
3/1/2024	Xalkori 20MG Sprinkle Capsule	Formulary Addition		Tier 4	PA, QL (120 per 30 days)
3/1/2024	Xalkori 50MG Sprinkle Capsule	Formulary Addition		Tier 4	PA, QL (60 per 30 days)
3/1/2024	Duramorph 0.5MG/ML Injection	Quantity Limit Removal			

Last Updated: 4/10/2024
AFC ENHANCED FORMULARY

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Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
3/1/2024	Duramorph 1MG/ML Injection	Quantity Limit Removal			
3/1/2024	Hydromorphone HCl 2MG/ML Injection	Quantity Limit Removal			
3/1/2024	Hydromorphone HCl PF 10MG/ML Injection	Quantity Limit Removal			
3/1/2024	Hydromorphone HCl PF 500MG/50ML Injection	Quantity Limit Removal			
3/1/2024	Hydromorphone HCl PF 50MG/5ML Injection	Quantity Limit Removal			
3/1/2024	Morphine Sulfate (PF) 0.5MG/ML Injection	Quantity Limit Removal			
3/1/2024	Morphine Sulfate (PF) 1MG/ML Injection	Quantity Limit Removal			
3/1/2024	Morphine Sulfate 2MG/ML Injection	Quantity Limit Removal			
3/1/2024	Morphine Sulfate 4MG/ML Injection	Quantity Limit Removal			
3/1/2024	Clindamycin Phosphate Solution 300 MG	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
3/1/2024	Nevirapine ER Tablet Extended Release	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative		

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Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
			that may be right for you		
3/1/2024	Turalio Capsule 200 MG	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
3/1/2024	Viibryd Starter Pack Kit	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		

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OPTIMUM HEALTHCARE

Formulary Changes- February 2024

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

Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
2/1/2024	AKEEGA TAB 100/500MG	Formulary Addition		Tier 4	PA; QL (30 per 30 days)
2/1/2024	AKEEGA TAB 50/500MG	Formulary Addition		Tier 4	PA; QL (30 per 30 days)
2/1/2024	BREO ELLIPTA INH 50-25MCG	Formulary Addition		Tier 2	QL (60 per 30 days)
2/1/2024	BREYNA AER 160/4.5	Formulary Addition		Tier 2	QL (30.9 per 30 days)
2/1/2024	BREYNA AER 80/4.5	Formulary Addition		Tier 2	QL (30.9 per 30 days)
2/1/2024	FLUTICASONE AER 100MCG	Formulary Addition		Tier 2	QL (60 per 30 days)
2/1/2024	FLUTICASONE AER 250MCG	Formulary Addition		Tier 2	QL (240 per 30 days)
2/1/2024	FLUTICASONE AER 50MCG	Formulary Addition		Tier 2	QL (60 per 30 days)
2/1/2024	KALYDECO GRANULES 5.8MG	Formulary Addition		Tier 4	PA; QL (56 per 28 days)
2/1/2024	KOURZEQ PST 0.1%	Formulary Addition		Tier 1	

Last Updated: 4/10/2024
AFC ENHANCED FORMULARY

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Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
2/1/2024	LAGEVRIO 200 MG CAP	Formulary Addition		Tier 4	QL (40 per 90 days)
2/1/2024	OJJAARA TAB 100MG	Formulary Addition		Tier 4	PA; QL (30 per 30 days)
2/1/2024	OJJAARA TAB 150MG	Formulary Addition		Tier 4	PA; QL (30 per 30 days)
2/1/2024	OJJAARA TAB 200MG	Formulary Addition		Tier 4	PA; QL (30 per 30 days)
2/1/2024	PAXLOVID TAB 150-100 MG	Formulary Addition		Tier 4	QL (20 per 90 days)
2/1/2024	PAXLOVID TAB 300-100 MG	Formulary Addition		Tier 4	PA; QL (30 per 90 days)
2/1/2024	PAZOPANIB TAB 200MG	Formulary Addition		Tier 4	PA; QL (120 per 30 days)
2/1/2024	RISPERIDONE INJ 12.5MG	Formulary Addition		Tier 3	QL (2 per 28 days)
2/1/2024	RISPERIDONE INJ 25MG ER	Formulary Addition		Tier 3	QL (2 per 28 days)
2/1/2024	RISPERIDONE INJ 37.5MG	Formulary Addition		Tier 4	QL (2 per 28 days)
2/1/2024	RISPERIDONE INJ 50MG ER	Formulary Addition		Tier 4	QL (2 per 28 days)
2/1/2024	ROZLYTREK PAK 50MG	Formulary Addition		Tier 4	PA; QL (240 per 30 days)

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Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
2/1/2024	TERIPARATIDE INJ 20MCG	Formulary Addition		Tier 4	PA; QL (3 per 28 days)
2/1/2024	TERIPARATIDE INJ 600MCG	Formulary Addition		Tier 4	PA; QL (3 per 28 days)
2/1/2024	VANFLYTA TAB 17.7MG	Formulary Addition		Tier 4	PA; QL (56 per 28 days)
2/1/2024	VANFLYTA TAB 26.5MG	Formulary Addition		Tier 4	PA; QL (56 per 28 days)
2/1/2024	ZEJULA 100 MG TAB	Formulary Addition		Tier 4	PA; QL (90 per 90 days)
2/1/2024	ZEJULA 200 MG TAB	Formulary Addition		Tier 4	PA; QL (30 per 30 days)
2/1/2024	ZEJULA 300 MG TAB	Formulary Addition		Tier 4	PA; QL (30 per 30 days)
2/1/2024	ZURZUVAE CAP 20MG	Formulary Addition		Tier 4	
2/1/2024	ZURZUVAE CAP 25MG	Formulary Addition		Tier 4	
2/1/2024	ZURZUVAE CAP 30MG	Formulary Addition		Tier 4	
2/1/2024	AVITA CREAM 0.025 %	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		

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Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
2/1/2024	FLUTAMIDE CAP 125 MG	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
2/1/2024	ISOPTO ATROPINE SOLUTION 1% OPHTHALMIC	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
2/1/2024	LARISSIA TAB 0.1-20 MG-MCG	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
2/1/2024	LILLOW TAB 0.15-30 MG-MCG	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
2/1/2024	STAVUDINE CAP 15 MG	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
2/1/2024	STAVUDINE CAP 20 MG	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		

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Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
2/1/2024	STAVUDINE CAP 30 MG	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
2/1/2024	STAVUDINE CAP 40 MG	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
2/1/2024	TEKTURNA HCT TAB 300-12.5 MG	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
2/1/2024	TEKTURNA HCT TAB 300-25 MG	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		

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