

Optimum HealthCare, Inc.

Formulary Changes- Oct 2018

| 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 |
|-----------------------------|-------------|------------------|--|----------------------|--|-----------------------------|--------------------|----------|--------------|
| ZENPEP 14000/10000/3000 | CPEP | 0 | Genetic or Enzyme Disorder/Replacement/Modifiers Treatment | | | ADD | 2 | | 10/1/2018 |
| ZENPEP 63000/47000/15000 | CPEP | 0 | Genetic or Enzyme Disorder/Replacement/Modifiers Treatment | | | ADD | 2 | | 10/1/2018 |
| CIMDUO | TABS | 300/300 MG/MG | Antivirals | | | ADD | 4 | QL | 10/1/2018 |
| SPIRIVA MDI | INH | 0.0025 MG/ACT | Respiratory Tract Pulmonary Agents | | | ADD | 2 | | 10/1/2018 |
| XELJANZ | TABS | 10 MG | Immunological Agents | | | ADD | 4 | QL/PA | 10/1/2018 |
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Formulary Changes- Sept 2018

| Drug Name | Dosage Form | Strength | Therapeutic Category | Alternative Medicine | Formular y Status of Alternati ve Medicati on | Formul ary Chang e and Reaso n | Updat e Tier Status | PA/QL/ ST | Date Change d |
|--------------------|---------------|-------------|------------------------------------|----------------------|---|--------------------------------|---------------------|-----------|---------------|
| BUDESONI DE | TAB | 9MG | Inflammatory Bowel Disease Agents | | | ADD | 4 | | 9/1/2018 |
| ARNUITY | INH | 0.05MG/A CT | Respiratory Tract Pulmonary Agents | | | ADD | 2 | PA/QL | 9/1/2018 |
| YONSA | TABS | 125MG | Antineoplastics | | | ADD | 4 | PA | 9/1/2018 |
| OXACILLIN SODIUM * | INJ PWD F/SOL | 1GM | Antibacterials | | | ADD | 1 | | 9/1/2018 |
| JARDIANCE | TABS | 10MG | Blood Glucose Regulators | | | ADD | 3 | PA/QL | 9/1/2018 |
| JARDIANCE | TABS | 25MG | Blood Glucose Regulators | | | ADD | 3 | PA/QL | 9/1/2018 |
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Formulary Changes- Aug 2018

| 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 |
|------------------|-------------|-------------------|--|----------------------|--|-----------------------------|--------------------|----------|--------------|
| BASAGLAR | SOLN | 100UNIT/ML | Blood Glucose Regulators | | | ADD | 2 | QL | 8/1/2018 |
| CIPROFLOXACIN | SUSP | 2MG/ML | Otic Agents | | | ADD | 2 | | 8/1/2018 |
| HUMIRA 0.2ML | SOLN | 100MG/ML | Immunological Agents | | | ADD | 4 | PA | 8/1/2018 |
| NORVIR | POW | 100MG | Antivirals | | | ADD | 3 | | 8/1/2018 |
| SYMFI | TABS | 600/300/300MG | Antivirals | | | ADD | 4 | QL | 8/1/2018 |
| ESTARYLLA 28 DAY | TABS | 0.035/0.25/1MG/MG | Hormonal Agents/Stimulant/Replacement/Modifying (Sex Hormones Modifiers) | | | ADD | 1 | | 8/1/2018 |
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| | | | | | | | | | |
| LINEZOLID | TABS | 600MG | Antibacterials | | | UPDATE | Moved to Tier 3 | PA | 8/1/2018 |
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Formulary Changes- July 2018

| Drug Name | Dosage Form | Strength | Therapeutic Category | Alternative Medicine | Formular y Status of Alternati ve Medicati on | Formular y Change and Reason | Updat e Tier Statu s | PA/QL /ST | Date Changed |
|--|-------------|-------------|------------------------------------|----------------------|---|------------------------------|----------------------|-----------|--------------|
| 60 ACTUAT FLUTICASONE PROPIONATE 0.055 MG/ACTUAT / SALMETEROL XINAFOATE 0.014 MG | INH | | Respiratory Tract Pulmonary Agents | | | ADD | 2 | QL | 7/1/2018 |
| 60 ACTUAT FLUTICASONE PROPIONATE 0.113 MG/ACTUAT / SALMETEROL XINAFOATE 0.014 MG | INH | | Respiratory Tract Pulmonary Agents | | | ADD | 2 | QL | 7/1/2018 |
| 60 ACTUAT FLUTICASONE PROPIONATE 0.232 MG/ACTUAT / SALMETEROL XINAFOATE 0.014 MG | INH | | Respiratory Tract Pulmonary Agents | | | ADD | 2 | QL | 7/1/2018 |
| TRELEGY ELLIPTA | INH | 0 | Respiratory Tract Pulmonary Agents | | | ADD | 2 | QL | 7/1/2018 |
| TOUJEO | SOLN | 300UNIT/ML | Blood Glucose Regulators | | | ADD | 2 | QL | 7/1/2018 |
| HUMIRA 0.4 AUTO-INJ | SOLN | 100MG/0.4ML | Immunological Agents | | | ADD | 4 | PA | 7/1/2018 |
| HUMIRA 0.4 SYRINGE | SOLN | 100MG/0.4ML | Immunological Agents | | | ADD | 4 | PA | 7/1/2018 |
| HUMIRA 0.1 SYRINGE | SOLN | 100MG/0.1ML | Immunological Agents | | | ADD | 4 | PA | 7/1/2018 |
| HUMIRA PEDIATRIC CROHN'S DISEASE STARTER PACKAGE (2 COUNT) | PACK | | Immunological Agents | | | ADD | 4 | PA | 7/1/2018 |

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|--|------|-------------------|--|--|--|-----|-----------------|----|----------|
| HUMIRA PREFILLED SYRINGE 80 MG/0.8 ML STARTER PACK - PEDIATRIC CROHN'S DISEASE | PACK | | Immunological Agents | | | ADD | 4 | PA | 7/1/2018 |
| TASIGNA | CAPS | 50MG | Antineoplastics | | | ADD | 4 | PA | 7/1/2018 |
| ZENPEP 42000/32000/10000 | CPEP | 0 | Genetic or Enzyme Disorder/Replacement/Modifiers Treatment | | | ADD | 2 | | 7/1/2018 |
| IBUPROFEN [IBU] | TABS | 600MG | Anti-inflammatory Agents | | | ADD | 1 | | 7/1/2018 |
| IBUPROFEN [IBU] | TABS | 800MG | Anti-inflammatory Agents | | | ADD | 1 | | 7/1/2018 |
| | | | | | | | | | |
| INTRON-A | SOLN | 10 millionUNIT/ML | Antivirals | | | UPD | Moved to Tier 3 | PA | 7/1/2018 |
| LEVOLEUCOVORIN 10 MG/ML | SOLN | 10MG/ML | Antineoplastics | | | UPD | Moved to Tier 2 | | 7/1/2018 |
| LEVOLEUCOVORIN | SOLN | 50MG | Antineoplastics | | | UPD | Moved to Tier 2 | | 7/1/2018 |
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Formulary Changes- June 2018

| Drug Name | Dosage Form | Strength | Therapeutic Category | Alternative Medication | Formulary Status of Alternative Medication | Formulary Change and Reason | Update Tier Status | PA/QL/ST | Date Changed |
|---------------|-------------|-------------------|--|------------------------|--|-----------------------------|--------------------|----------|--------------|
| VIRAMUNE | SUSP | 50MG/5ML | Antivirals | | | ADD | 3 | | 6/1/2018 |
| ILARIS | SOLN | 150MG/ML | Immunological Agents | | | ADD | 4 | PA | 6/1/2018 |
| IMBRUVICA | TAB | 140MG | Antineoplastics | | | ADD | 4 | PA | 6/1/2018 |
| IMBRUVICA | TAB | 280MG | Antineoplastics | | | ADD | 4 | PA | 6/1/2018 |
| IMBRUVICA | TAB | 420MG | Antineoplastics | | | ADD | 4 | PA | 6/1/2018 |
| IMBRUVICA | TAB | 560MG | Antineoplastics | | | ADD | 4 | PA | 6/1/2018 |
| IMBRUVICA | CAP | 70MG | Antineoplastics | | | ADD | 4 | PA | 6/1/2018 |
| INTRON-A | SOLN | 10 millionUNIT/ML | Antivirals | | | ADD | 4 | PA | 6/1/2018 |
| ISENTRESS | TABS | 600MG | Antivirals | | | ADD | 4 | QL | 6/1/2018 |
| GLATOPA | KIT | 40MG/ML | Central Nervous System Agents | | | ADD | 4 | PA | 6/1/2018 |
| FABRAZYME | SOLN | 5MG | Genetic or Enzyme Disorder/Replacement/Modifiers Treatment | | | ADD | 4 | PA | 6/1/2018 |
| DALIRESP | TABS | 250MCG | Respiratory Tract Pulmonary Agents | | | ADD | 2 | PA/QL | 6/1/2018 |
| ABILIFY | SUSP | 400MG/ML | Antipsychotics | | | ADD | 4 | PA/QL | 6/1/2018 |
| RITONAVIR | TAB | 100MG | Antivirals | | | ADD | 3 | | 6/1/2018 |
| LEVOLEUCOVORI | SOLN | 50MG | Antineoplastics | | | ADD | 4 | | 6/1/2018 |

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|---------------------------------------|------|-------------------|---|--|--|-----|---|----|--------------|
| N | | | | | | | | | 18 |
| LANSOPRAZOLE DISINTEGRATING TAB | TBDP | 15MG | Gastrointestinal Agents | | | ADD | 2 | QL | 6/1/20 18 |
| LANSOPRAZOLE DISINTEGRATING TAB | TBDP | 30MG | Gastrointestinal Agents | | | ADD | 2 | QL | 6/1/20 18 |
| SYLVANT | SOLN | 100MG/ML | Immunological Agents | | | ADD | 4 | PA | 6/1/20 18 |
| ALIMTA | SOLN | 100MG/ML | Antineoplastics | | | ADD | 4 | | 6/1/20 18 |
| ORFADIN | CAPS | 20MG | Genetic or Enzyme Disorder/Replacement/M odifiers Treatment | | | ADD | 4 | | 6/1/20 18 |
| ZYTIGA | TABS | 500MG | Antineoplastics | | | ADD | 4 | PA | 6/1/20 18 |
| RUBRACA | TABS | 250MG | Antineoplastics | | | ADD | 4 | PA | 6/1/20 18 |
| SYMFI LO | TABS | 400/300/300M G | Antivirals | | | ADD | 4 | QL | 6/1/20 18 |
| SYNAGIS | SOLN | 100MG/ML | Immunological Agents | | | ADD | 4 | PA | 6/1/20 18 |
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Formulary Changes- May 2018

| Drug Name | Dosage Form | Strength | Therapeutic Category | Alternativ e Medicine | Formulary Status of Alternative Medication | Formulary Change and Reason | Update Tier Status | PA/ QL/ ST | Date Changed |
|----------------------------------|----------------|----------|--|-----------------------------|---|--------------------------------------|--------------------------|------------------|-----------------|
| ZENPEP 105000/79000/ 25000 | CPEP | 0 | Genetic or Enzyme Disorder/Replacem ent/Modifiers Treatment | | | ADD | 2 | | 5/1/2018 |
| ZENPEP 24000/17000/5 000 | CPEP | 0 | Genetic or Enzyme Disorder/Replacem ent/Modifiers | | | ADD | 2 | | 5/1/2018 |

| | | | Treatment | | | | | | |
|--|------|--------------------|--|--|--|-----|---|----------|----------|
| BIKTARVY | TABS | 50/200/25MG | Antivirals | | | ADD | 4 | QL | 5/1/2018 |
| DIGOX | TABS | 0.125MG | Cardiovascular Agents | | | ADD | 1 | QL | 5/1/2018 |
| DIGOX | TABS | 0.25MG | Cardiovascular Agents | | | ADD | 1 | PA | 5/1/2018 |
| ERLEADA | TABS | 240MG | Antineoplastics | | | ADD | 4 | | 5/1/2018 |
| QVAR REDIHALER | AERO | 40MCG/ACT | Respiratory Tract Pulmonary Agents | | | ADD | 2 | QL | 5/1/2018 |
| QVAR REDIHALER | AERO | 80MCG/ACT | Respiratory Tract Pulmonary Agents | | | ADD | 2 | QL | 5/1/2018 |
| EFAVIRENZ | CAPS | 200MG | Antivirals | | | ADD | 4 | | 5/1/2018 |
| EFAVIRENZ | TABS | 600MG | Antivirals | | | ADD | 4 | | 5/1/2018 |
| ETHINYL ESTRADIOL 0.01 MG/ETHINYL ESTRADIOL 0.02 MG / LEVONORGE STREL 0.1 MG | TABS | 0.01/0.02/0.1MG/MG | Hormonal Agents/Stimulant/Replacement/Modifying (Sex Hormones Modifiers) | | | ADD | 1 | | 5/1/2018 |
| HALOPERIDOL PREFILLED SYRINGE | SOLN | 5MG/ML | Antipsychotics | | | ADD | 1 | | 5/1/2018 |
| METHOTREXATE | SOLN | 25MG/ML | Immunological Agents | | | ADD | 1 | PA Bvs D | 5/1/2018 |
| NALOXONE HYDROCHLORIDE 1ML | SOLN | 0.4MG/ML | Anti-Addiction Substance Abuse Treatment Agents | | | ADD | 1 | | 5/1/2018 |
| TRIENTINE | CAPS | 250MG | Electrolytes/Minerals/Metals/Vitamins | | | ADD | 4 | | 5/1/2018 |
| ISOTRETINOIN | CAPS | 10MG | Dermatological Agents | | | ADD | 3 | | 5/1/2018 |
| ISOTRETINOIN | CAPS | 20MG | Dermatological Agents | | | ADD | 3 | | 5/1/2018 |
| ISOTRETINOIN | CAPS | 30MG | Dermatological | | | ADD | 3 | | 5/1/2018 |

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|--------------|-------|----------|--|--|--|--------|-----------------|--|----------|
| N | | | Agents | | | | | | |
| ISOTRETINOIN | CAPS | 40MG | Dermatological Agents | | | ADD | 3 | | 5/1/2018 |
| VIDEX | CPDR | 125MG | Antivirals | | | ADD | 3 | | 5/1/2018 |
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| | | | | | | | | | |
| ESTRADIOL | Cream | 0.1MG/ML | Hormonal Agents/Stimulant/Replacement/Modifying (Sex Hormones Modifiers) | | | UPDATE | Moved to Tier 2 | | 5/1/2018 |
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Formulary Changes- April 2018

| Drug Name | Dosage Form | Strength | Therapeutic Category | Alternative Medication | Formulary Status of Alternative Medication | Formulary Change and Reason | Update Tier Status | PA/QL/ST | Date Changed |
|-----------------------------|-------------|----------|--|------------------------|--|-----------------------------|--------------------|----------|--------------|
| ALUNBRIG | TABS | 180MG | Antineoplastics | | | ADD | 4 | | 4/1/2018 |
| ALUNBRIG | TABS | 90MG | Antineoplastics | | | ADD | 4 | | 4/1/2018 |
| ALUNBRIG INITIATION PACK | TABS | 90/180MG | Antineoplastics | | | ADD | 4 | | 4/1/2018 |
| ELIQUIS 30-DAY STARTER PACK | TABS | 5MG | Blood Products/Modifiers/Volume Expanders | | | ADD | 2 | QL | 4/1/2018 |
| HERCEPTIN | SOLN | 150MG | Antineoplastics | | | ADD | 4 | PA | 4/1/2018 |
| SELZENTRY | SOLN | 20MG/ML | Antivirals | | | ADD | 3 | | 4/1/2018 |
| SHINGRIX | SOLN | units/ml | Immunological Agents | | | ADD | 3 | | 4/1/2018 |
| ZENPAP 168000/126000/40000 | CPEP | 0 | Genetic or Enzyme Disorder/Replacement/Modifiers Treatment | | | ADD | 2 | | 4/1/2018 |
| ATAZANAVIR | CAPS | 150MG | Antivirals | | | ADD | 4 | QL | 4/1/2018 |
| ATAZANAVIR | CAPS | 200MG | Antivirals | | | ADD | 4 | QL | 4/1/2018 |

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|---|------|----------------|--|--|--|--------|---|-----------|----------|
| ATAZANAVIR | CAPS | 300MG | Antivirals | | | ADD | 4 | QL | 4/1/2018 |
| DORIPENEM | SOLN | 500MG | Antibacterials | | | ADD | 3 | BvsD PA | 4/1/2018 |
| ESTRADIOL | CREA | 0.1MG/ML | Hormonal Agents/Stimulant/Replacement/Modifying (Sex Hormones Modifiers) | | | ADD | 3 | | 4/1/2018 |
| MEDROXYPROGESTERONE ACETATE SYRINGE | SUSP | 150MG/ML | Hormonal Agents/Stimulant/Replacement/Modifying (Sex Hormones Modifiers) | | | ADD | 1 | QL | 4/1/2018 |
| ALTAVERA 28 DAY | TABS | 0.03/0.15MG/MG | Hormonal Agents/Stimulant/Replacement/Modifying (Sex Hormones Modifiers) | | | ADD | 1 | | 4/1/2018 |
| ENSKYCE 28 DAY | TABS | 0.15/30MG/MCG | Hormonal Agents/Stimulant/Replacement/Modifying (Sex Hormones Modifiers) | | | ADD | 1 | | 4/1/2018 |
| KURVELO | TABS | 0.03/0.15MG/MG | Hormonal Agents/Stimulant/Replacement/Modifying (Sex Hormones Modifiers) | | | ADD | 1 | | 4/1/2018 |
| ETHINYL ESTRADIOL / LEVONORGESTREL / 7 (INERT INGREDIENTS 1 MG ORAL TABLET) | TABS | 0.03/0.15MG/MG | Hormonal Agents/Stimulant/Replacement/Modifying (Sex Hormones Modifiers) | | | ADD | 1 | | 4/1/2018 |
| LEVOCETIRIZINE | TABS | 5MG | Respiratory Tract Pulmonary Agents | | | UPDATE | | Remove ST | 4/1/2018 |
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Formulary Changes- March 2018

| Drug Name | Dosage Form | Strength | Therapeutic Category | Alternative Medication | Formulary Status of Alternative Medication | Formulary Change and Reason | Update Tier Status | PA/QL/ST | Date Changed |
|---------------------------------|-------------|-----------|---|------------------------|--|-----------------------------|--------------------|----------|--------------|
| CIMETIDINE | TABS | 200MG | Histamine2 (H2) Receptor Antagonists | | | Added | 1 | | 3/1/2018 |
| FUROSEMIDE | SOLN | 8MG/ML | Diuretics/Loop | | | Added | 1 | | 3/1/2018 |
| HYDROCORTISONE | TABS | 10MG | Hormonal Agents/Stimulant/Replacement/Modifying (Adrenal) | | | Added | 1 | | 3/1/2018 |
| HYDROCORTISONE | TABS | 5MG | Hormonal Agents/Stimulant/Replacement/Modifying (Adrenal) | | | Added | 1 | | 3/1/2018 |
| METHYLPREDNISOLONE | TABS | 32MG | Hormonal Agents/Stimulant/Replacement/Modifying (Adrenal) | | | Added | 1 | PA | 3/1/2018 |
| HYDROCHLOROTHIAZIDE/TRIAMTERENE | CAPS | 25/50MG | Diuretics/Potassium-sparing | | | Added | 1 | | 3/1/2018 |
| HYDROCORTISONE | OINT | 0.01MG/MG | Hormonal Agents/Stimulant/Replacement/Modifying (Adrenal) | | | Added | 1 | | 3/1/2018 |
| POTASSIUM CHLORIDE | SOLN | 2MEQ/ML | Electrolyte/Mineral Replacement | | | Added | 1 | | 3/1/2018 |
| TAZICEF | SOLN | 200MG/ML | Beta-lactam/Cephalosporins | | | Added | 2 | | 3/1/2018 |
| SSD | CREA | 1% | Sulfonamides | | | Added | 1 | | 3/1/2018 |
| AVITA | CREA | 0.025% | Retinoids | | | Added | 1 | PA | 3/1/2018 |
| AVITA | GEL | 0.025% | Retinoids | | | Added | 2 | PA | 3/1/2018 |
| BACI-IM | SOLN | 50000UNIT | Antibacterials/Other | | | Added | 2 | | 3/1/2018 |

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|-------------------------|------|-----------|---|--|--|-------|---|----|----------|
| LEUCOVORIN | SOLN | 350MG | Antineoplastics/Other | | | Added | 2 | PA | 3/1/2018 |
| DACTINOMYCIN | SOLN | 0.5MG | Antineoplastics | | | Added | 4 | PA | 3/1/2018 |
| PREDNISOLONE | SOLN | 5MG/ML | Hormonal Agents/Stimulant/Replacement/Modifying (Adrenal) | | | Added | 1 | | 3/1/2018 |
| BUDESONIDE | SUSP | 0.5MG/ML | Anti-inflammatories/Inhaled Corticosteroids | | | Added | 3 | | 3/1/2018 |
| TAMIFLU | CAPS | 75MG | Anti-influenza Agents | | | Added | 3 | QL | 3/1/2018 |
| CEFOXITIN | SOLN | 200MG/ML | Beta-lactam/Cephalosporins | | | Added | 1 | PA | 3/1/2018 |
| CEFUROXIME | SOLN | 95MG/ML | Beta-lactam/Cephalosporins | | | Added | 1 | PA | 3/1/2018 |
| CLINDAMYCIN | CAPS | 75MG | Antibacterials/Other | | | Added | 1 | | 3/1/2018 |
| DEXAMETHASONE PHOSPHATE | SOLN | 10MG/ML | Hormonal Agents/Stimulant/Replacement/Modifying (Adrenal) | | | Added | 1 | PA | 3/1/2018 |
| ETOPOSIDE | SOLN | 20MG/ML | Enzyme Inhibitors | | | Added | 1 | PA | 3/1/2018 |
| POTASSIUM CHLORIDE | SOLN | 0.1MEQ/ML | Electrolyte/Mineral Replacement | | | Added | 1 | | 3/1/2018 |
| TERCONAZOLE VAGINAL | CREA | 4MG/ML | Antifungals | | | Added | 1 | | 3/1/2018 |
| METHYLPREDNISOLONE | SOLN | 62.5MG/ML | Hormonal Agents/Stimulant/Replacement/Modifying (Adrenal) | | | Added | 2 | PA | 3/1/2018 |
| METHYLPREDNISOLONE | TABS | 16MG | Hormonal Agents/Stimulant/Replacement/Modifying (Adrenal) | | | Added | 1 | PA | 3/1/2018 |
| FOSAMPRENAVIR | TABS | 700MG | Anti-HIV Agents/Protease Inhibitors | | | Added | 4 | | 3/1/2018 |

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| BORTEZOMIB | SOLN | 3.5MG | Antineoplastics | | | Added | 4 | PA | 3/1/2018 |
| MOXIFLOXACIN | SOLN | 0.5% | Quinolones | | | Added | 2 | | 3/1/2018 |
| AMNESTEEM | CAPS | 10MG | Dermatological Agents | | | Added | 3 | | 3/1/2018 |
| AMNESTEEM | CAPS | 20MG | Dermatological Agents | | | Added | 3 | | 3/1/2018 |
| AMNESTEEM | CAPS | 40MG | Dermatological Agents | | | Added | 3 | | 3/1/2018 |
| LANTHANUM CARBONATE | CHEW | 500MG | Phosphate Binders | | | Added | 3 | | 3/1/2018 |
| LEVOFLOXACIN | SOLN | 25MG/ML | Quinolones | | | Added | 1 | | 3/1/2018 |
| TIZANIDINE | CAPS | 4MG | Antispasticity Agents | | | Added | 3 | | 3/1/2018 |
| TIZANIDINE | CAPS | 2MG | Antispasticity Agents | | | Added | 3 | | 3/1/2018 |
| ARIPIPRAZOLE | SOLN | 1MG/ML | 2nd Generation/Atypical | | | Added | 3 | QL | 3/1/2018 |
| FLUOCINONIDE | CREA | 1MG/ML | Hormonal Agents/Stimulant/Replacement/Modifying (Adrenal) | | | Added | 2 | | 3/1/2018 |
| RIBASPHERE | CAPS | 200MG | Anti-hepatitis C (HCV) Agents/Other | | | Added | 1 | | 3/1/2018 |
| PROCTO-PAK | CREA | 10MG/ML | Glucocorticoids | | | Added | 1 | | 3/1/2018 |
| LANTHANUM CARBONATE | CHEW | 1000MG | Phosphate Binders | | | Added | 3 | | 3/1/2018 |
| VANDAZOLE | GEL | 0.75% | Antibacterials/Other | | | Added | 2 | | 3/1/2018 |
| LANTHANUM CARBONATE | CHEW | 750MG | Phosphate Binders | | | Added | 3 | | 3/1/2018 |
| MESALAMINE | ERTB | 1200MG | Aminosalicylates | | | Added | 3 | | 3/1/2018 |
| DOXYCYCLINE MONOHYDRATE | CAPS | 75MG | Tetracyclines | | | Added | 1 | | 3/1/2018 |
| PREDNISOLONE | SOLN | 4MG/ML | Hormonal Agents/Stimulant/Replacement/Modifying (Adrenal) | | | Added | 1 | | 3/1/2018 |
| TAMIFLU | CAPS | 30MG | Anti-influenza | | | Added | 3 | QL | 3/1/2018 |

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| | | | Agents | | | | | | |
| TAMIFLU | CAPS | 45MG | Anti-influenza Agents | | | Added | 3 | QL | 3/1/2018 |
| SEVELAMER CARBONATE | TABS | 800MG | Phosphate Binders | | | Added | 3 | | 3/1/2018 |
| DESOGESTREL / ETHINYL ESTRADIOL / INERT INGREDIENTS | TABS | 0.15/0.03/1MG/MG | Estrogens | | | Added | 2 | | 3/1/2018 |
| ETHINYL ESTRADIOL /NORGESTIMATE/INERT INGREDIENTS | TABS | 0.035/0.25/1MG/MG | Estrogens | | | Added | 1 | | 3/1/2018 |
| AMPICILLIN | SOLN | 100MG/ML | Beta-lactam/Penicillins | | | Added | 1 | PA | 3/1/2018 |
| DESVENLAFAXINE | TB24 | 100MG | Selective Serotonin Reuptake Inhibitors Serotonin and Norepinephrine Reuptake Inhibitors | | | Added | 3 | QL | 3/1/2018 |
| DESVENLAFAXINE | TB24 | 50MG | Selective Serotonin Reuptake Inhibitors Serotonin and Norepinephrine Reuptake Inhibitors | | | Added | 3 | QL | 3/1/2018 |
| PREDNISOLONE | SOLN | 2MG/ML | Hormonal Agents/Stimulant/Replacement/Modifying (Adrenal) | | | Added | 1 | | 3/1/2018 |
| HAVRIX PREFILLED SYRINGE | SUSP | 1ML | Vaccines | | | Added | 2 | | 3/1/2018 |
| FREAMINE 6.9 | SOLN | | Electrolytes/Minerals/Metals/Vitamins | | | Added | 3 | PA | 3/1/2018 |
| COLOCORT | ENEMA | 100/60MG/ML | Glucocorticoids | | | Added | 1 | | 3/1/2018 |

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|----------------------------|------|----------|---|--|--|-------|---|----|----------|
| TWINRIX | SOLN | 1ML | Vaccines | | | Added | 2 | PA | 3/1/2018 |
| ENBREL | SOLN | 25MG/ML | Immune Suppressants | | | Added | 4 | PA | 3/1/2018 |
| LOSEASONIQUE | TABS | | Estrogens | | | Added | 3 | | 3/1/2018 |
| CASPOFUNGIN ACETATE | SOLN | 70MG | Antifungals | | | Added | 4 | | 3/1/2018 |
| CASPOFUNGIN ACETATE | SOLN | 50MG | Antifungals | | | Added | 4 | | 3/1/2018 |
| PERIOGARD | SOLN | 0.12% | Dental and Oral Agents | | | Added | 1 | | 3/1/2018 |
| CHOLESTYRAMINE | POW | 4000MG | Dyslipidemics/Other | | | Added | 2 | | 3/1/2018 |
| DICLOFENAC SODIUM | TBEC | 25MG | Nonsteroidal Anti-inflammatory Drugs | | | Added | 1 | | 3/1/2018 |
| PRASUGREL | TABS | 10MG | Platelet Modifying Agents | | | Added | 2 | QL | 3/1/2018 |
| PRASUGREL | TABS | 5MG | Platelet Modifying Agents | | | Added | 2 | QL | 3/1/2018 |
| PROCAINAMIDE HYDROCHLORIDE | SOLN | 500MG/ML | Antiarrhythmics | | | Added | 3 | PA | 3/1/2018 |
| SEVELAMER CARBONATE | POWD | 2400MG | Phosphate Binders | | | Added | 4 | | 3/1/2018 |
| SEVELAMER CARBONATE | POWD | 800MG | Phosphate Binders | | | Added | 4 | | 3/1/2018 |
| MYCAMINE | SOLN | 100MG | Antifungals | | | Added | 3 | | 3/1/2018 |
| CORMAX | SOLN | 0.05% | Hormonal Agents/Stimulant/Replacement/Modifying (Adrenal) | | | Added | 2 | | 3/1/2018 |
| E.E.S. | TABS | 400MG | Macrolides | | | Added | 3 | | 3/1/2018 |
| METHADONE | SOLN | 1MG/ML | Opioid Analgesics/Long-acting | | | Added | 1 | | 3/1/2018 |
| METHADONE | SOLN | 2MG/ML | Opioid Analgesics/Long-acting | | | Added | 1 | | 3/1/2018 |
| ESTRADIOL VAGINAL TABLET | TABS | 0.01MG | Estrogens | | | Added | 3 | PA | 3/1/2018 |
| MORPHINE SULFATE | SOLN | 2MG/ML | Electrolyte/Mineral Replacement | | | Added | 1 | | 3/1/2018 |

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|------------------------------------|------|-----------|---------------------------------------|--|--|-------|---|----|----------|
| MORPHINE SULFATE PREFILLED SYRINGE | SOLN | 10MG/ML | Opioid Analgesics/Short-acting | | | Added | 1 | | 3/1/2018 |
| MORPHINE SULFATE PREFILLED SYRINGE | SOLN | 8MG/ML | Opioid Analgesics/Short-acting | | | Added | 1 | | 3/1/2018 |
| POTASSIUM CITRATE | TBCR | 1620mg | Electrolyte/Mineral Replacement | | | Added | 2 | | 3/1/2018 |
| SORINE | TABS | 120MG | Antiarrhythmics | | | Added | 1 | | 3/1/2018 |
| SORINE | TABS | 160MG | Antiarrhythmics | | | Added | 1 | | 3/1/2018 |
| SORINE | TABS | 240MG | Antiarrhythmics | | | Added | 1 | | 3/1/2018 |
| SORINE | TABS | 80MG | Antiarrhythmics | | | Added | 1 | | 3/1/2018 |
| POLYETHYLENE GLYCOL 3350 | SOLN | 0 | Laxatives | | | Added | 1 | | 3/1/2018 |
| DICYCLOMINE HYDROCHLORIDE | SOLN | 2MG/ML | Antispasmodics/Gastrointestinal | | | Added | 1 | | 3/1/2018 |
| MORPHINE SULFATE PREFILLED SYRINGE | SOLN | 2MG/ML | Opioid Analgesics/Short-acting | | | Added | 1 | | 3/1/2018 |
| MORPHINE SULFATE PREFILLED SYRINGE | SOLN | 4MG/ML | Opioid Analgesics/Short-acting | | | Added | 1 | | 3/1/2018 |
| ENDOCET | TABS | 325/10MG | Opioid Analgesics/Short-acting | | | Added | 2 | QL | 3/1/2018 |
| ENDOCET | TABS | 325/7.5MG | Opioid Analgesics/Short-acting | | | Added | 2 | QL | 3/1/2018 |
| CLINIMIX E 4.25/10 | SOLN | | Electrolytes/Minerals/Metals/Vitamins | | | Added | 3 | PA | 3/1/2018 |
| AMINOSYN-RF 5.2%, SULFITE-FREE | SOLN | | Electrolytes/Minerals/Metals/Vitamins | | | Added | 3 | PA | 3/1/2018 |
| GLATIRAMER ACETATE PREFILLED | SOLN | 20MG/ML | Multiple Sclerosis Agents | | | Added | 4 | PA | 3/1/2018 |

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|---|------|---------------|---|--|--|-------|---|----------------|
| SYRINGE | | | | | | | | |
| ZENPEP 16000/10000/3000 | CPEP | 0 | Genetic or Enzyme Disorder/Replace ment/Modifiers Treatment | | | Added | 2 | 3/1/2018 |
| OSELTAMIVIR | SUSP | 6MG/ML | Anti-influenza Agents | | | Added | 2 | 3/1/2018 |
| ZENPEP 136000/85000/25000 | CPEP | 0 | Genetic or Enzyme Disorder/Replace ment/Modifiers Treatment | | | Added | 2 | 3/1/2018 |
| CHLOROQUINE | TABS | 250MG | Antiprotozoals | | | Added | 1 | 3/1/2018 |
| AMINOSYN 7 % WITH ELECTROLYTES, SULFITE-FREE | SOLN | | Electrolytes/Miner als/Metals/Vitamin s | | | Added | 3 | PA 3/1/2018 |
| ATROPINE SULFATE 5 ML PREFILLED SYRINGE | SOLN | 0.05MG/ ML | Antispasmodics/G astrointestinal | | | Added | 1 | 3/1/2018 |
| MYORISAN | CAPS | 10MG | Dermatological Agents | | | Added | 3 | 3/1/2018 |
| MYORISAN | CAPS | 20MG | Dermatological Agents | | | Added | 3 | 3/1/2018 |
| MYORISAN | CAPS | 30MG | Dermatological Agents | | | Added | 3 | 3/1/2018 |
| PROMACTA | TABS | 12.5MG | Blood Formation Modifiers | | | Added | 4 | PA 3/1/2018 |
| BETAXOLOL | TABS | 10MG | Beta-adrenergic Blocking Agents | | | Added | 1 | 3/1/2018 |
| ADACEL | SUSP | | Vaccines | | | Added | 2 | 3/1/2018 |
| ZENATANE | CAPS | 10MG | Dermatological Agents | | | Added | 3 | 3/1/2018 |
| ZENATANE | CAPS | 20MG | Dermatological Agents | | | Added | 3 | 3/1/2018 |
| ZENATANE | CAPS | 40MG | Dermatological Agents | | | Added | 3 | 3/1/2018 |
| QUARTETTE 91 DAY PACK | TABS | | Estrogens | | | Added | 3 | 3/1/2018 |
| MORPHINE | SOLN | 5MG/ML | Opioid | | | Added | 1 | 3/1/2018 |

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|--------------------------------------|------|-----------|--|--|--|-------|---|----|----------|
| SULFATE 1ML | | | Analgesics/Short-acting | | | | | | |
| GLATIRAMER ACETATE PREFILLED SYRINGE | SOLN | 40MG/ML | Multiple Sclerosis Agents | | | Added | 4 | PA | 3/1/2018 |
| COPAXONE | SOLN | 40MG/ML | Multiple Sclerosis Agents | | | Added | 4 | PA | 3/1/2018 |
| QVAR | AERO | 80MCG/ACT | Anti-inflammatory/Inhaled Corticosteroids | | | Added | 2 | QL | 3/1/2018 |
| ZENPEP 84000/63000/20000 | CPEP | 0 | Genetic or Enzyme Disorder/Replacement/Modifiers Treatment | | | Added | 2 | | 3/1/2018 |
| 60 ACTUAT TESTOSTERONE | ACT | 30MG/ACT | Androgens | | | Added | 3 | PA | 3/1/2018 |
| ZENATANE | CAPS | 30MG | Dermatological Agents | | | Added | 3 | | 3/1/2018 |
| TREXIMET | TABS | 60/10MG | Antimigraine Agents | | | Added | 3 | QL | 3/1/2018 |
| METHOTREXATE 10ML | SOLN | 25MG/ML | Immune Suppressants | | | Added | 1 | PA | 3/1/2018 |
| OPDIVO 10ML | SOLN | 10MG/ML | Monoclonal Antibody Antibody-Drug Conjugate | | | Added | 4 | PA | 3/1/2018 |
| RITUXAN 10ML | SOLN | 10MG/ML | Monoclonal Antibody Antibody-Drug Conjugate | | | Added | 4 | PA | 3/1/2018 |
| HAVRIX INJECTION | SUSP | 0.5ML | Vaccines | | | Added | 2 | | 3/1/2018 |
| KADCYLA | SOLN | 160MG/ML | Antineoplastics | | | Added | 4 | PA | 3/1/2018 |
| VAQTA | SOLN | 1ML | Vaccines | | | Added | 2 | | 3/1/2018 |
| VAQTA | SOLN | 0.5ML | Vaccines | | | Added | 2 | | 3/1/2018 |
| KLOR-CON | CPCR | 8MEQ | Electrolyte/Mineral Replacement | | | Added | 1 | | 3/1/2018 |
| KLOR-CON | CPCR | 10MEQ | Electrolyte/Mineral Replacement | | | Added | 1 | | 3/1/2018 |

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|---|--------------|---------------|--|--|--|-------|---|-------|----------|
| PIPERACILLIN 2000MG/TAZOBACT AM 250MG | SOLN | MG/ML | Beta- lactam/Penicillins | | | Added | 3 | PA | 3/1/2018 |
| TAZICEF | SOLN | 1000MG | Beta- lactam/Cephalosp orins | | | Added | 2 | | 3/1/2018 |
| TAZICEF | SOLN | 2000MG /ML | Beta- lactam/Cephalosp orins | | | Added | 2 | | 3/1/2018 |
| MYORISAN | CAPS | 40MG | Dermatological Agents | | | Added | 3 | | 3/1/2018 |
| AZACTAM | SOLN | 1000MG | Beta-lactam/Other | | | Added | 2 | | 3/1/2018 |
| CEFOXITIN | SOLN | 2000MG | Beta- lactam/Cephalosp orins | | | Added | 1 | PA | 3/1/2018 |
| CEFUROXIME | SOLN | 1500MG | Beta- lactam/Cephalosp orins | | | Added | 1 | PA | 3/1/2018 |
| KETOROLAC TROMETHAMINE | SOLN | 30MG/M L | Nonsteroidal Anti- inflammatory Drugs | | | Added | 2 | QL/PA | 3/1/2018 |
| HALOPERIDOL DECANOATE | SOLN | 100MG/ ML | 1st Generation/Typical | | | Added | 1 | | 3/1/2018 |
| AMPICILLIN | SOLN | 1000MG | Beta- lactam/Penicillins | | | Added | 1 | PA | 3/1/2018 |
| MEROPENEM | SOLN | 1000MG | Beta-lactam/Other | | | Added | 3 | PA | 3/1/2018 |
| OXALIPLATIN | SOLN | 100MG | Antineoplastics | | | Added | 3 | PA | 3/1/2018 |
| SOLU-MEDROL | SOLN | 500MG | Hormonal Agents/Stimulant/ Replacement/Modi fying (Adrenal) | | | Added | 3 | PA | 3/1/2018 |
| SOLU-MEDROL | SOLN | 1GM | Hormonal Agents/Stimulant/ Replacement/Modi fying (Adrenal) | | | Added | 3 | PA | 3/1/2018 |
| ADRUCIL | SOLN | 50MG/M L | Antineoplastics | | | Added | 1 | PA | 3/1/2018 |
| ADRIAMYCIN | SOLN | 2MG/ML | Antineoplastics | | | Added | 1 | PA | 3/1/2018 |
| NUTRILIPID | EMULS ION | 0.2% | Electrolytes/Miner als/Metals/Vitamin s | | | Added | 2 | PA | 3/1/2018 |

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| POTASSIUM CHLORIDE MICROENCAPSULATED | CPCR | 20MEQ | Electrolyte/Mineral Replacement | | | Added | 1 | | 3/1/2018 |
| POTASSIUM CHLORIDE MICROENCAPSULATED | CPCR | 10MEQ | Electrolyte/Mineral Replacement | | | Added | 1 | | 3/1/2018 |
| KLOR-CON | TBCR | 10MEQ | Electrolyte/Mineral Replacement | | | Added | 1 | | 3/1/2018 |
| TREANDA | SOLN | 25MG/ML | Antineoplastics | | | Added | 4 | PA | 3/1/2018 |
| GAMMAKED 10ML | SOLN | 100MG/ML | Immunizing Agents/ Passive | | | Added | 4 | PA | 3/1/2018 |
| GAMUNEX 10ML | SOLN | 100MG/ML | Immunizing Agents/ Passive | | | Added | 4 | PA | 3/1/2018 |
| POTASSIUM CHLORIDE | SOLN | 0.2MEQ/ML | Electrolyte/Mineral Replacement | | | Added | 1 | | 3/1/2018 |
| POTASSIUM CHLORIDE | SOLN | 0.4MEQ/ML | Electrolyte/Mineral Replacement | | | Added | 1 | | 3/1/2018 |
| KLOR-CON | TBCR | 20MEQ | Electrolyte/Mineral Replacement | | | Added | 1 | | 3/1/2018 |
| LINZESS | CAPS | 0.072MG | Irritable Bowel Syndrome Agents | | | Added | 2 | QL/PA | 3/1/2018 |
| EPINEPHRINE 0.3ML AUTO-INJECTOR | DEVI | 1MG/ML | Bronchodilators/Sympathomimetic | | | Added | 2 | QL | 3/1/2018 |
| LARTRUVO 19ML | SOLN | 10MG/ML | Monoclonal Antibody Antibody-Drug Conjugate | | | Added | 4 | PA | 3/1/2018 |
| XATMEP | SOLN | 2.5MG | Immune Suppressants | | | Added | 4 | PA | 3/1/2018 |
| HUMALOG PEN INJECTOR | SUSP | 100UNIT/ML | Insulins | | | Added | 2 | QL | 3/1/2018 |
| RENFLEXIS | SOLN | 100MG | Immune Suppressants | | | Added | 4 | PA | 3/1/2018 |
| BAXDELA | SOLN | 300MG | Quinolones | | | Added | 4 | PA | 3/1/2018 |
| BAXDELA | TABS | 450MG | Quinolones | | | Added | 4 | PA | 3/1/2018 |
| BENLYSTA AUTO INJECTOR | SOLN | 200MG | Immunomodulators | | | Added | 4 | PA | 3/1/2018 |
| VOSEVI | TABS | MG | Anti-hepatitis C (HCV) Direct | | | Added | 4 | QL | 3/1/2018 |

| | | | Acting Agents | | | | | | |
|----------------------------------|------|----------|---|--|--|-------|---|-------|----------|
| BENLYSTA PREFILLED SYRINGE | SOLN | 200MG | Immunomodulators | | | Added | 4 | PA | 3/1/2018 |
| IDHIFA | TABS | 100MG | Antineoplastics | | | Added | 4 | QL | 3/1/2018 |
| IDHIFA | TABS | 50MG | Antineoplastics | | | Added | 4 | QL | 3/1/2018 |
| NERLYNX | TABS | 40MG | Antineoplastics | | | Added | 4 | | 3/1/2018 |
| MAVYRET | TABS | | Anti-hepatitis C (HCV) Direct Acting Agents | | | Added | 4 | QL | 3/1/2018 |
| LYNPARZA | CAPS | 100MG | Antineoplastics | | | Added | 4 | PA | 3/1/2018 |
| LYNPARZA | CAPS | 150MG | Antineoplastics | | | Added | 4 | PA | 3/1/2018 |
| VYXEOS | SUSP | 100/44ML | Antineoplastics | | | Added | 4 | PA | 3/1/2018 |
| MYLOTARG | SOLN | 4.5MG | Antineoplastics | | | Added | 4 | PA | 3/1/2018 |
| ALIQOPA | SOLN | 60MG | Antineoplastics | | | Added | 4 | PA | 3/1/2018 |
| LUPRON 3MONTH | KIT | 20MG/ML | Hormonal Agents/Suppressant (Pituitary) | | | Added | 4 | QL/PA | 3/1/2018 |
| VERZENIO | TABS | 50MG | Antineoplastics | | | Added | 4 | | 3/1/2018 |
| VERZENIO | TABS | 100MG | Antineoplastics | | | Added | 4 | | 3/1/2018 |
| VERZENIO | TABS | 150MG | Antineoplastics | | | Added | 4 | | 3/1/2018 |
| VERZENIO | TABS | 200MG | Antineoplastics | | | Added | 4 | | 3/1/2018 |
| CALQUENCE | CAPS | 100MG | Antineoplastics | | | Added | 4 | | 3/1/2018 |
| BOSULIF | TABS | 400MG | Molecular Target Inhibitors | | | Added | 4 | | 3/1/2018 |
| PREVYMIS 12ML | SOLN | 20MG/ML | Anti-cytomegalovirus (CMV) agents | | | Added | 4 | PA | 3/1/2018 |
| PREVYMIS 24ML | SOLN | 20MG/ML | Anti-cytomegalovirus (CMV) agents | | | Added | 4 | PA | 3/1/2018 |
| PREVYMIS | TABS | 240MG | Anti-cytomegalovirus (CMV) agents | | | Added | 4 | | 3/1/2018 |
| PREVYMIS | TABS | 480MG | Anti-cytomegalovirus (CMV) agents | | | Added | 4 | | 3/1/2018 |
| TRACLEER | TABS | 32MG | Pulmonary Antihypertensives | | | Added | 4 | PA | 3/1/2018 |

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| JULUCA | TABS | 50/25M G | Anti-HIV Agents/Other | | | Added | 4 | QL | 3/1/2018 |
| TIMOLOL 24HR | SOLN | 5MG/ML | Ophthalmic Antiglaucoma Agents | | | Added | 2 | | 3/1/2018 |
| TRISENOX 6ML | SOLN | 2MG/ML | Antineoplastics | | | Added | 3 | PA | 3/1/2018 |
| CICLOPIROX NAIL LACQUER | SOLN | | Antifungals | | | Updated | 2 | Remov ed PA Criteria | 3/1/2018 |
| REXULTI | TAB | 0.25MG | Antipsychotics | | | Updated | 4 | Remov ed PA Criteria | 3/1/2018 |
| REXULTI | TAB | 0.5MG | Antipsychotics | | | Updated | 4 | Remov ed PA Criteria | 3/1/2018 |
| REXULTI | TAB | 1MG | Antipsychotics | | | Updated | 4 | Remov ed PA Criteria | 3/1/2018 |
| REXULTI | TAB | 2MG | Antipsychotics | | | Updated | 4 | Remov ed PA Criteria | 3/1/2018 |
| REXULTI | TAB | 3MG | Antipsychotics | | | Updated | 4 | Remov ed PA Criteria | 3/1/2018 |
| REXULTI | TAB | 4MG | Antipsychotics | | | Updated | 4 | Remov ed PA Criteria | 3/1/2018 |

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. Hours are October 1 to February 14 from 8 a.m. to 8 p.m. 7 days a week and February 15 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.youoptimumhealthcare.com.