

Optima Health Pharmacy Changes

Effective: October 1, 2021

(For plans with pharmacy benefits administered by Optima Health)

DRUG NAME: Alocril® 2% ophthalmic solution		INDICATION: For ophthalmic treatment of allergic conjunctivitis
REASON FOR CHANGE: Change Drug Tier and Utilization Management Requirements		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Tier 03	Step-Edit
STANDARD FORMULARY	Non-Formulary	N/A
EXCHANGE FORMULARY	Tier 03	Step-Edit
FAMIS FORMULARY	Non-Formulary	N/A
OHCC AND OFC FORMULARY	Non-Preferred	No Changes
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: cromolyn sodium 4 % ophthalmic solution		

DRUG NAME: Alomide® 0.1% ophthalmic solution		INDICATION: For ophthalmic treatment of allergic conjunctivitis
REASON FOR CHANGE: Change Drug Tier and Utilization Management Requirements		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Tier 03	Step-Edit
STANDARD FORMULARY	Non-Formulary	N/A
EXCHANGE FORMULARY	Tier 02	N/A
FAMIS FORMULARY	Non-Formulary	N/A
OHCC AND OFC FORMULARY	Non-Preferred	No Changes
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: cromolyn sodium 4 % ophthalmic solution		

DRUG NAME: alosetron 0.5 & 1 mg tablets		INDICATION: For the treatment of irritable bowel syndrome
REASON FOR CHANGE: Change Drug Tier, Utilization Management Requirements and Quantity Limit		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Tier 02	Prior Authorization
STANDARD FORMULARY	Tier 02	Prior Authorization
EXCHANGE FORMULARY	Tier 02	N/A
FAMIS FORMULARY	Formulary	Prior Authorization
OHCC AND OFC FORMULARY	Non-Preferred	No Changes
QUANTITY LIMIT: 60 tablets per 30 days		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: N/A		

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DRUG NAME: Amondys 45™ (casimersen) intravenous solution		INDICATION: For the treatment of Duchenne muscular dystrophy (DMD) in patients who have a confirmed mutation of the DMD gene that is amenable to exon 45 skipping
REASON FOR CHANGE: New Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Medical Benefit	Prior Authorization
STANDARD FORMULARY	Medical Benefit	Prior Authorization
EXCHANGE FORMULARY	Medical Benefit	Prior Authorization
FAMIS FORMULARY	Medical Benefit	Prior Authorization
OHCC AND OFC FORMULARY	Medical Benefit	Prior Authorization
QUANTITY LIMIT: N/A		TRANSITION OF CARE: No
FORMULARY ALTERNATIVES: N/A		

DRUG NAME: Arcalyst® (rilonacept)		INDICATION: For the treatment of interleukin 1 receptor antagonist (DIRA) and pericarditis (recurrent)
REASON FOR CHANGE: Change Utilization Management Requirements		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Specialty	Prior Authorization
STANDARD FORMULARY	Specialty	Prior Authorization
EXCHANGE FORMULARY	Specialty	N/A
FAMIS FORMULARY	Specialty	Prior Authorization
OHCC AND OFC FORMULARY	Non-Formulary	Prior Authorization
QUANTITY LIMIT: 4 vials (160 mg each) per 28 days		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: N/A		

DRUG NAME: aripiprazole 1 mg/mL solution and aripiprazole orally disintegrating tablets (ODT) 10 & 15 mg		INDICATION: Used to treat certain mental/mood disorders (such as schizophrenia, bipolar disorder)
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded	N/A
STANDARD FORMULARY	Excluded	N/A
EXCHANGE FORMULARY	Tier 01	N/A
FAMIS FORMULARY	Excluded	N/A
OHCC AND OFC FORMULARY	Non-Preferred	No Changes
QUANTITY LIMIT: 30 mg per day		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: aripiprazole tablets		

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DRUG NAME: Artesunate IV solution		INDICATION: Initial treatment of severe malaria in adult and pediatric patients
REASON FOR CHANGE: New Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Medical Benefit	N/A
STANDARD FORMULARY	Medical Benefit	N/A
EXCHANGE FORMULARY	Medical Benefit	N/A
FAMIS FORMULARY	Medical Benefit	N/A
OHCC AND OFC FORMULARY	Medical Benefit	N/A
QUANTITY LIMIT: N/A		TRANSITION OF CARE: No
FORMULARY ALTERNATIVES: N/A		

DRUG NAME: azelastine 0.05% drops		INDICATION: For ophthalmic treatment of allergic conjunctivitis
REASON FOR CHANGE: Change Drug Tier and Utilization Management Requirements		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Tier 01	N/A
STANDARD FORMULARY	Tier 01	N/A
EXCHANGE FORMULARY	Tier 01	N/A
FAMIS FORMULARY	Formulary	N/A
OHCC AND OFC FORMULARY	Non-Preferred	Prior Authorization
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited (Medicaid only)
FORMULARY ALTERNATIVES: epinastine 0.05% drops, olopatadine 0.1% & 0.2% drops		

DRUG NAME: azelastine-fluticasone nasal spray (generic for Dymista®)		INDICATION: For the treatment of allergic rhinitis and/or upper respiratory symptoms
REASON FOR CHANGE: Change Drug Tier and Utilization Management Requirements		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Tier 02	Step-Edit
STANDARD FORMULARY	Non-Formulary	N/A
EXCHANGE FORMULARY	Non-Formulary	N/A
FAMIS FORMULARY	Non-Formulary	N/A
OHCC AND OFC FORMULARY	Non-Preferred	Prior Authorization
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: fluticasone nasal spray, azelastine 0.1% nasal spray		

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DRUG NAME: Beconase AQ suspension 0.042% (beclomethasone)		INDICATION: For the treatment of allergic rhinitis and/or upper respiratory symptoms
REASON FOR CHANGE: Change Drug Tier and Utilization Management Requirements		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Tier 03	Step-Edit
STANDARD FORMULARY	Non-Formulary	N/A
EXCHANGE FORMULARY	Non-Formulary	N/A
FAMIS FORMULARY	Non-Formulary	N/A
OHCC AND OFC FORMULARY	Non-Preferred	No Changes
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: fluticasone nasal spray, budesonide nasal spray		

DRUG NAME: belladonna opium suppository 16.2-30 mg and 16.2-60 mg		INDICATION: For the treatment of pain associated with ureteral spasm
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded Benefit	N/A
STANDARD FORMULARY	Excluded Benefit	N/A
EXCHANGE FORMULARY	Excluded Benefit	N/A
FAMIS FORMULARY	Excluded Benefit	N/A
OHCC AND OFC FORMULARY	Excluded Benefit	N/A
QUANTITY LIMIT: N/A		TRANSITION OF CARE: No
FORMULARY ALTERNATIVES: N/A		

DRUG NAME: benzphetamine 25 mg tablets		INDICATION: For the short-term treatment of obesity
REASON FOR CHANGE: Change Drug Tier and Utilization Management Requirements		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded Benefit	N/A
STANDARD FORMULARY	Excluded Benefit	N/A
EXCHANGE FORMULARY	Excluded Benefit	N/A
FAMIS FORMULARY	Excluded Benefit	N/A
OHCC AND OFC FORMULARY	Non-Formulary	Prior Authorization
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited (Medicaid only)
FORMULARY ALTERNATIVES: N/A		

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DRUG NAME: bepotastine 1.5% solution & ABA		INDICATION: For ophthalmic treatment of allergic conjunctivitis
REASON FOR CHANGE: New generic		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Tier 02	Step-Edit
STANDARD FORMULARY	Non-Formulary	N/A
EXCHANGE FORMULARY	Tier 02	Step-Edit
FAMIS FORMULARY	Non-Formulary	N/A
OHCC AND OFC FORMULARY	Non-Preferred	Prior Authorization
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: azelastine 0.05% drops, olopatadine 0.1% & 0.2% drops		

DRUG NAME: Bepreve 1.5% solution & Zerviate® 0.24% drops		INDICATION: For ophthalmic treatment of allergic conjunctivitis
REASON FOR CHANGE: Change Drug Tier and Utilization Management Requirements		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Tier 03	Step-Edit
STANDARD FORMULARY	Non-Formulary	N/A
EXCHANGE FORMULARY	Non-Formulary	N/A
FAMIS FORMULARY	Non-Formulary	N/A
OHCC AND OFC FORMULARY	Non-Preferred	No Changes
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: azelastine 0.05% drops, olopatadine 0.1% & 0.2% drops		

DRUG NAME: Brand Bentyl® and generic dicyclomine IM injection		INDICATION: For the treatment of irritable bowel syndrome-associated abdominal pain
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Medical Benefit	N/A
STANDARD FORMULARY	Medical Benefit	N/A
EXCHANGE FORMULARY	Medical Benefit	N/A
FAMIS FORMULARY	Medical Benefit	N/A
OHCC AND OFC FORMULARY	Medical Benefit	No Changes
QUANTITY LIMIT: N/A		TRANSITION OF CARE: No
FORMULARY ALTERNATIVES: N/A		

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DRUG NAME: Brand Qnasl® 40 & 80 mcg (beclomethasone), Omnaris® (ciclesonide), Zetonna™ (ciclesonide), Dymista® (azelastine/fluticasone)		INDICATION: For the treatment of allergic rhinitis and/or upper respiratory symptoms
REASON FOR CHANGE: Change Utilization Management Requirements		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Tier 03	Step-Edit
STANDARD FORMULARY	Non-Formulary	N/A
EXCHANGE FORMULARY	Non-Formulary	N/A
FAMIS FORMULARY	Non-Formulary	N/A
OHCC AND OFC FORMULARY	Non-Preferred	No Changes
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: fluticasone nasal spray, budesonide nasal spray		

DRUG NAME: Brand & Generic Zyprexa Zydis® (olanzapine) orally disintegrating tablets (ODT)- all strengths		INDICATION: Used to treat certain mental/mood disorders (such as schizophrenia, bipolar disorder)
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded	N/A
STANDARD FORMULARY	Excluded	N/A
EXCHANGE FORMULARY	Tier 01 (generic only)	N/A
FAMIS FORMULARY	Excluded	N/A
OHCC AND OFC FORMULARY	Olanzapine ODT (Preferred) Zyprexa Zydis® (Non-Preferred)	No Changes
QUANTITY LIMIT: 40 mg per day		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: olanzapine tablets		

DRUG NAME: Breyanzi™ (lisocabtagene maraleucel) intravenous suspension		INDICATION: T cell immunotherapy indicated for the treatment of adult patients with relapsed or refractory (R/R) large B-cell lymphoma
REASON FOR CHANGE: New Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Medical Benefit	Prior Authorization
STANDARD FORMULARY	Medical Benefit	Prior Authorization
EXCHANGE FORMULARY	Medical Benefit	Prior Authorization
FAMIS FORMULARY	Medical Benefit	Prior Authorization
OHCC AND OFC FORMULARY	Medical Benefit	Prior Authorization
QUANTITY LIMIT: N/A		TRANSITION OF CARE: No
FORMULARY ALTERNATIVES: N/A		

August 30, 2021 (Oct-Dec 2021)

Should changes to this list occur, a Changed document will be posted with the above date modified. Please continue to visit our website www.optimahealth.com for the most current version. Always refer to your Summary of Benefits for verification of coverage.

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DRUG NAME: budesonide 32 mcg suspension (OTC)		INDICATION: For the treatment of allergic rhinitis and/or upper respiratory symptoms
REASON FOR CHANGE: Remove Utilization Management Requirements		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Tier 01	N/A
STANDARD FORMULARY	Tier 01	N/A
EXCHANGE FORMULARY	Tier 01	N/A
FAMIS FORMULARY	Formulary	N/A
OHCC AND OFC FORMULARY	Preferred	No Changes
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes
FORMULARY ALTERNATIVES: N/A		

DRUG NAME: butalbital/acetaminophen/caffeine capsules (50-300-40 mg), Fioricet® capsules (50-300-40 mg), butalbital/acetaminophen/caffeine capsules (50-325-40 mg), Esgic® capsules (50-325-40 mg), Zebutal capsules (50-325-40 mg)		INDICATION: Used to treat the symptoms of tension headache
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded	N/A
STANDARD FORMULARY	Excluded	N/A
EXCHANGE FORMULARY	Tier 01 (generic only)	N/A
FAMIS FORMULARY	Excluded	N/A
OHCC AND OFC FORMULARY	Non-Formulary	No Changes
QUANTITY LIMIT: 180 capsules per 30 days		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: butalbital/acetaminophen/caffeine tablets (50-325-40 mg)		

DRUG NAME: butalbital/acetaminophen/caffeine capsules with codeine (50-300-40-30 mg), Fioricet® with codeine capsules (50-300-40-30 mg)		INDICATION: Used to treat the symptoms of tension headache
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded	N/A
STANDARD FORMULARY	Excluded	N/A
EXCHANGE FORMULARY	Tier 01 (generic only)	N/A
FAMIS FORMULARY	Excluded	N/A
OHCC AND OFC FORMULARY	Non-Preferred	Prior Authorization
QUANTITY LIMIT: 180 capsules per 30 days		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: butalbital/acetaminophen/caffeine capsules with codeine (50-325-40-30 mg)		

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DRUG NAME: Cabenuva™ (cabotegravir, rilpivirine) extended release, intramuscular suspension		INDICATION: A complete prescription regimen used for the treatment of human immunodeficiency virus type 1 (HIV-1) infection in adults
REASON FOR CHANGE: New Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Specialty	Prior Authorization
STANDARD FORMULARY	Specialty	Prior Authorization
EXCHANGE FORMULARY	Specialty	Prior Authorization
FAMIS FORMULARY	Specialty	Prior Authorization
OHCC AND OFC FORMULARY	Non-Formulary	Prior Authorization
QUANTITY LIMIT: 1 kit per 28 days		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: N/A		

DRUG NAME: Cabenuva™ (cabotegravir, rilpivirine) extended release, intramuscular suspension		INDICATION: A complete prescription regimen used for the treatment of human immunodeficiency virus type 1 (HIV-1) infection in adults
REASON FOR CHANGE: New Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Medical Benefit	Prior Authorization
STANDARD FORMULARY	Medical Benefit	Prior Authorization
EXCHANGE FORMULARY	Medical Benefit	Prior Authorization
FAMIS FORMULARY	Medical Benefit	Prior Authorization
OHCC AND OFC FORMULARY	Medical Benefit	Prior Authorization
QUANTITY LIMIT: 1 kit per 28 days		TRANSITION OF CARE: No
FORMULARY ALTERNATIVES: N/A		

DRUG NAME: chlordiazepoxide/clidinium 5-2.5 mg capsules		INDICATION: For the treatment of emotional and somatic factors in GI disorders; irritable bowel syndrome; peptic ulcer
REASON FOR CHANGE: Change Drug Tier		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Tier 02	N/A
STANDARD FORMULARY	Tier 02	N/A
EXCHANGE FORMULARY	Tier 02	N/A
FAMIS FORMULARY	Formulary	N/A
OHCC AND OFC FORMULARY	Preferred (some NDC's Excluded Benefit- DESI)	No Changes
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes
FORMULARY ALTERNATIVES: N/A		

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DRUG NAME: Clenia™ Plus (Sodium Sulfacetamide 9% - Sulfur 4.25%) suspension		INDICATION: For the topical control of acne vulgaris, acne rosacea and seborrheic dermatitis
REASON FOR CHANGE: New Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded Benefit	N/A
STANDARD FORMULARY	Excluded Benefit	N/A
EXCHANGE FORMULARY	Excluded Benefit	N/A
FAMIS FORMULARY	Excluded Benefit	N/A
OHCC AND OFC FORMULARY	Excluded Benefit	N/A
QUANTITY LIMIT: N/A		TRANSITION OF CARE: No
FORMULARY ALTERNATIVES: N/A		

DRUG NAME: clonidine 0.1 mg/24 hour, 0.2 mg/24 hour, 0.3 mg/24 hour TD patch		INDICATION: For the topical treatment of atopic dermatitis
REASON FOR CHANGE: Change Drug Tier		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Tier 02	N/A
STANDARD FORMULARY	Tier 02	N/A
EXCHANGE FORMULARY	Tier 01	N/A
FAMIS FORMULARY	Formulary	N/A
OHCC AND OFC FORMULARY	Non-Preferred	No Changes
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: N/A		

DRUG NAME: clozapine orally disintegrating tablets (ODT) - all strengths		INDICATION: Used to treat certain mental/mood disorders (such as schizophrenia, bipolar disorder)
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded	N/A
STANDARD FORMULARY	Excluded	N/A
EXCHANGE FORMULARY	Tier 02	N/A
FAMIS FORMULARY	Excluded	N/A
OHCC AND OFC FORMULARY	Non-Preferred	No Changes
QUANTITY LIMIT: 900 mg per day		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: clozapine tablets		

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DRUG NAME: Cosela™ (trilaciclib) reconstituted intravenous solution		INDICATION: Indicated to decrease the incidence of chemotherapy-induced myelosuppression in adult patients when administered prior to a platinum/etoposide-containing regimen or topotecan-containing regimen for extensive-stage small cell lung cancer (ES-SCLC)
REASON FOR CHANGE: New Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Medical Benefit	Prior Authorization
STANDARD FORMULARY	Medical Benefit	Prior Authorization
EXCHANGE FORMULARY	Medical Benefit	Prior Authorization
FAMIS FORMULARY	Medical Benefit	Prior Authorization
OHCC AND OFC FORMULARY	Medical Benefit	Prior Authorization
QUANTITY LIMIT: N/A		TRANSITION OF CARE: No
FORMULARY ALTERNATIVES: N/A		

DRUG NAME: Cyclopak™ pak (cyclobenzaprine 5 mg tab & lidocaine-prilocaine 2.5-2.5% cream and swallow spray)		INDICATION: FDA unapproved combination product used for the relief of short-term acute painful muscle and skeletal conditions in adults
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded Benefit	N/A
STANDARD FORMULARY	Excluded Benefit	N/A
EXCHANGE FORMULARY	Excluded Benefit	N/A
FAMIS FORMULARY	Excluded Benefit	N/A
OHCC AND OFC FORMULARY	Excluded Benefit	N/A
QUANTITY LIMIT: N/A		TRANSITION OF CARE: No
FORMULARY ALTERNATIVES: N/A		

DRUG NAME: dicyclomine solution		INDICATION: For the treatment of irritable bowel syndrome-associated abdominal pain
REASON FOR CHANGE: Change Drug Tier and Quantity Limit		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Tier 02	N/A
STANDARD FORMULARY	Tier 02	N/A
EXCHANGE FORMULARY	Tier 02	N/A
FAMIS FORMULARY	Formulary	N/A
OHCC AND OFC FORMULARY	Preferred	No Changes
QUANTITY LIMIT: 40 mL per day		TRANSITION OF CARE: Yes
FORMULARY ALTERNATIVES: N/A		

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DRUG NAME: diphenoxylate/atropine liquid		INDICATION: Used as adjunct therapy for the treatment of diarrhea
REASON FOR CHANGE: Change Drug Tier and Quantity Limit		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded	N/A
STANDARD FORMULARY	Excluded	N/A
EXCHANGE FORMULARY	Tier 02	N/A
FAMIS FORMULARY	Excluded	N/A
OHCC AND OFC FORMULARY	Preferred	No Changes
QUANTITY LIMIT: 40 mL per day		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: diphenoxylate/atropine tablets		

DRUG NAME: Donnatal [®] Elixir		INDICATION: For the treatment of duodenal ulcer, irritable bowel syndrome and acute enterocolitis
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded Benefit	N/A
STANDARD FORMULARY	Excluded Benefit	N/A
EXCHANGE FORMULARY	Excluded Benefit	N/A
FAMIS FORMULARY	Excluded Benefit	N/A
OHCC AND OFC FORMULARY	Excluded Benefit	No Changes
QUANTITY LIMIT: N/A		TRANSITION OF CARE: No
FORMULARY ALTERNATIVES: N/A		

DRUG NAME: doxycycline hyclate tablets 75 & 150 mg, Acticlate [®] tablets 75 & 150 mg, doxycycline hyclate delayed release tablets 50 & 200 mg, Doryx [®] tablets 50 & 200 mg		INDICATION: An oral tetracycline antibiotic used for the treatment of a wide variety of bacterial infections, including those that cause acne and intestinal infections
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded	N/A
STANDARD FORMULARY	Excluded	N/A
EXCHANGE FORMULARY	Tier 02 (generic only)	Step-Edit
FAMIS FORMULARY	Excluded	N/A
OHCC AND OFC FORMULARY	Non-Formulary	N/A
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: doxycycline hyclate caps (50mg, 100mg), doxycycline hyclate tabs (20mg, 100mg)		

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DRUG NAME: doxycycline hyclate delayed release tablets 75, 100 & 150 mg		INDICATION: An oral tetracycline antibiotic used for the treatment of a wide variety of bacterial infections, including those that cause acne and intestinal infections
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded	N/A
STANDARD FORMULARY	Excluded	N/A
EXCHANGE FORMULARY	Tier 01	Step-Edit
FAMIS FORMULARY	Excluded	N/A
OHCC AND OFC FORMULARY	Non-Formulary	N/A
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: doxycycline hyclate caps (50mg, 100mg), doxycycline hyclate tabs (20mg, 100mg)		

DRUG NAME: doxycycline monohydrate capsules 75 & 150 mg		INDICATION: An oral tetracycline antibiotic used for the treatment of a wide variety of bacterial infections, including those that cause acne and intestinal infections
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded	N/A
STANDARD FORMULARY	Excluded	N/A
EXCHANGE FORMULARY	Tier 02	N/A
FAMIS FORMULARY	Excluded	N/A
OHCC AND OFC FORMULARY	Non-Formulary	N/A
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: doxycycline monohydrate caps (50mg, 100mg), doxycycline monohydrate tabs (50mg, 100mg)		

DRUG NAME: doxycycline monohydrate tablets 75 & 150 mg		INDICATION: An oral tetracycline antibiotic used for the treatment of a wide variety of bacterial infections, including those that cause acne and intestinal infections
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded	N/A
STANDARD FORMULARY	Excluded	N/A
EXCHANGE FORMULARY	Tier 01	N/A
FAMIS FORMULARY	Excluded	N/A
OHCC AND OFC FORMULARY	Non-Formulary	N/A
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: doxycycline monohydrate caps (50mg, 100mg), doxycycline monohydrate tabs (50mg, 100mg)		

Optima Health Pharmacy Changes

Effective: October 1, 2021

(For plans with pharmacy benefits administered by Optima Health)

DRUG NAME: Elepsia XR® (levetiracetam ER) tablets		INDICATION: Approved as adjunctive therapy for treatment of partial onset seizures in patients 12 years of age and older with epilepsy
REASON FOR CHANGE: New Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded	N/A
STANDARD FORMULARY	Excluded	N/A
EXCHANGE FORMULARY	Excluded	N/A
FAMIS FORMULARY	Excluded	N/A
OHCC AND OFC FORMULARY	Non-Formulary	N/A
QUANTITY LIMIT: 3000 mg per day		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: levetiracetam ER tablets		

DRUG NAME: Elidel® 1% cream		INDICATION: For the topical treatment of atopic dermatitis
REASON FOR CHANGE: Change Utilization Management Requirements		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Tier 03	Step-Edit
STANDARD FORMULARY	Non-Formulary	N/A
EXCHANGE FORMULARY	Non-Formulary	N/A
FAMIS FORMULARY	Non-Formulary	N/A
OHCC AND OFC FORMULARY	Preferred	No Changes
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: tacrolimus 0.1 % & 0.03% ointment		

DRUG NAME: epinastine 0.05% drops		INDICATION: For ophthalmic treatment of allergic conjunctivitis
REASON FOR CHANGE: Change Drug Tier		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Tier 02	N/A
STANDARD FORMULARY	Tier 02	N/A
EXCHANGE FORMULARY	Tier 02	N/A
FAMIS FORMULARY	Formulary	N/A
OHCC AND OFC FORMULARY	Non-Preferred	No Changes
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes
FORMULARY ALTERNATIVES: N/A		

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DRUG NAME: fenofibric tablets 35 & 105 mg, Fibracor® tablets 35 & 105 mg		INDICATION: Used along with a proper diet to reduce cholesterol and triglycerides (fatty acids) in the blood
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded	N/A
STANDARD FORMULARY	Excluded	N/A
EXCHANGE FORMULARY	Tier 02 (generic only)	N/A
FAMIS FORMULARY	Excluded	N/A
OHCC AND OFC FORMULARY	Non-Preferred	No Changes
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: fenofibric caps 45 mg		

DRUG NAME: fenofibrate capsules 43 mg		INDICATION: Used along with a proper diet to reduce cholesterol and triglycerides (fatty acids) in the blood
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded	N/A
STANDARD FORMULARY	Excluded	N/A
EXCHANGE FORMULARY	Tier 01	N/A
FAMIS FORMULARY	Excluded	N/A
OHCC AND OFC FORMULARY	Non-Preferred	No Changes
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: fenofibric caps 45 mg		

DRUG NAME: Flonase® Sensimist Suspension 27.5 mcg (OTC)		INDICATION: For the treatment of allergic rhinitis and/or upper respiratory symptoms
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded Benefit	N/A
STANDARD FORMULARY	Excluded Benefit	N/A
EXCHANGE FORMULARY	Excluded Benefit	N/A
FAMIS FORMULARY	Excluded Benefit	N/A
OHCC AND OFC FORMULARY	Non-Preferred	No Changes
QUANTITY LIMIT: N/A		TRANSITION OF CARE: No
FORMULARY ALTERNATIVES: N/A		

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DRUG NAME: flunisolide 0.025% spray (generic for Nasarel®)		INDICATION: For the treatment of allergic rhinitis and/or upper respiratory symptoms
REASON FOR CHANGE: Change Drug Tier and Utilization Management Requirements		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Tier 02	Step-Edit
STANDARD FORMULARY	Tier 02	Step-Edit
EXCHANGE FORMULARY	Tier 01	N/A
FAMIS FORMULARY	Formulary	Step-Edit
OHCC AND OFC FORMULARY	Non-Preferred	Prior Authorization
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: fluticasone nasal spray		

DRUG NAME: Fluorescein/Benoxinate 0.3-0.4% (fluorescein w/ benoxinate) ophthalmic solution		INDICATION: For use in ophthalmic procedures when a topical disclosing agent is needed along with an anesthetic, such as tonometry, gonioscopy, removal of corneal foreign bodies, and other short corneal or conjunctival procedures
REASON FOR CHANGE: New Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Medical Benefit	N/A
STANDARD FORMULARY	Medical Benefit	N/A
EXCHANGE FORMULARY	Medical Benefit	N/A
FAMIS FORMULARY	Medical Benefit	N/A
OHCC AND OFC FORMULARY	Medical Benefit	N/A
QUANTITY LIMIT: N/A		TRANSITION OF CARE: No
FORMULARY ALTERNATIVES: N/A		

DRUG NAME: Fotivda® (tivozanib) capsules		INDICATION: For the treatment of relapsed or refractory advanced renal cell carcinoma in adults following ≥2 prior systemic therapies
REASON FOR CHANGE: New Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Specialty	Prior Authorization
STANDARD FORMULARY	Specialty	Prior Authorization
EXCHANGE FORMULARY	Specialty	Prior Authorization
FAMIS FORMULARY	Specialty	Prior Authorization
OHCC AND OFC FORMULARY	Non-Formulary	Prior Authorization
QUANTITY LIMIT: 21 capsules per 28 days		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: N/A		

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DRUG NAME: gelX [®] (taurine, zinc gluconate, hydrogenated castor oil, PVP, sodium saccharin, sodium hydroxide) oral gel & Orapeutic [™] oral hydrogel		INDICATION: For management and relief of pain by adhering to the mucosal surface to sooth oral lesions of various etiologies including oral mucositis/stomatitis, irritation due to oral surgery, traumatic ulcers or diffuse aphthous ulcers
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded Benefit	N/A
STANDARD FORMULARY	Excluded Benefit	N/A
EXCHANGE FORMULARY	Excluded Benefit	N/A
FAMIS FORMULARY	Excluded Benefit	N/A
OHCC AND OFC FORMULARY	Excluded Benefit	N/A
QUANTITY LIMIT: N/A		TRANSITION OF CARE: No
FORMULARY ALTERNATIVES: N/A		

DRUG NAME: Hyoscyamine 0.125 mg/mL drops		INDICATION: For the treatment of gastrointestinal disorders
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded	N/A
STANDARD FORMULARY	Excluded	N/A
EXCHANGE FORMULARY	Tier 01	N/A
FAMIS FORMULARY	Excluded	N/A
OHCC AND OFC FORMULARY	Preferred	No Changes
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: hyoscyamine 0.125 mg tablets, hyoscyamine 0.125 mg/mL elixir		

DRUG NAME: Kimyrsa [™] (oritavancin) reconstituted intravenous solution		INDICATION: For the treatment of adult patients with acute bacterial skin and skin structure infections (ABSSSI) caused or suspected to be caused by susceptible isolates of certain gram positive microorganisms
REASON FOR CHANGE: New Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Medical Benefit	N/A
STANDARD FORMULARY	Medical Benefit	N/A
EXCHANGE FORMULARY	Medical Benefit	N/A
FAMIS FORMULARY	Medical Benefit	N/A
OHCC AND OFC FORMULARY	Medical Benefit	N/A
QUANTITY LIMIT: N/A		TRANSITION OF CARE: No
FORMULARY ALTERNATIVES: N/A		

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DRUG NAME: Kineret® (anakinra)		INDICATION: For the treatment of interleukin 1 receptor antagonist (DIRA)
REASON FOR CHANGE: Change Utilization Management Requirements		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Specialty	Prior Authorization
STANDARD FORMULARY	Specialty	Prior Authorization
EXCHANGE FORMULARY	Specialty	Prior Authorization
FAMIS FORMULARY	Specialty	Prior Authorization
OHCC AND OFC FORMULARY	Non-Preferred	No Changes
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: N/A		

DRUG NAME: Lastacraft® 0.25% solution		INDICATION: For ophthalmic treatment of allergic conjunctivitis
REASON FOR CHANGE: Change Utilization Management Requirements		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Tier 03	Step-Edit
STANDARD FORMULARY	Non-Formulary	N/A
EXCHANGE FORMULARY	Tier 03	Step-Edit
FAMIS FORMULARY	Non-Formulary	N/A
OHCC AND OFC FORMULARY	Non-Preferred	No Changes
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: azelastine 0.05% drops, olopatadine 0.1% & 0.2% drops		

DRUG NAME: Levsin 0.125 mg tablet, Symax -SL 0.125 mg tablets, Levsin/SL 0.125 mg tablets, Anaspaz 0.125 mg ODT tablets, ED-Spaz 0.125 mg ODT tablets, Nulev 0.125 mg ODT tablets, Symax-SR 0.375 mg tablets, Levbid ER 0.375 mg tablets		INDICATION: For the treatment of gastrointestinal disorders
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded Benefit	N/A
STANDARD FORMULARY	Excluded Benefit	N/A
EXCHANGE FORMULARY	Excluded Benefit	N/A
FAMIS FORMULARY	Excluded Benefit	N/A
OHCC AND OFC FORMULARY	Excluded Benefit	No Changes
QUANTITY LIMIT: N/A		TRANSITION OF CARE: No
FORMULARY ALTERNATIVES: N/A		

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DRUG NAME: Lidocort 3-0.5% perianal cream		INDICATION: Used to treat minor pain, itching, swelling, and discomfort caused by hemorrhoids and other problems of the anal area (e.g., anal fissures, itching)
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded	N/A
STANDARD FORMULARY	Excluded	N/A
EXCHANGE FORMULARY	Excluded	N/A
FAMIS FORMULARY	Excluded	N/A
OHCC AND OFC FORMULARY	Non-Formulary	N/A
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: lidocaine-hydrocortisone 3-0.5% perianal cream		

DRUG NAME: Lotronex® 0.5 & 1 mg tablets		INDICATION: For the treatment of irritable bowel syndrome
REASON FOR CHANGE: Change Utilization Management Requirements and Quantity Limit		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Tier 03	Prior Authorization
STANDARD FORMULARY	Non-Formulary	N/A
EXCHANGE FORMULARY	Non-Formulary	N/A
FAMIS FORMULARY	Non-Formulary	N/A
OHCC AND OFC FORMULARY	Non-Preferred	No Changes
QUANTITY LIMIT: 60 tablets per 30 days		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: hyoscyamine 0.125 mg tablets, diphenoxylate/atropine tablets, dicyclomine tablets/capsules		

DRUG NAME: mometasone spray (generic for Nasonex®) 50 mcg		INDICATION: For the treatment of allergic rhinitis and/or upper respiratory symptoms
REASON FOR CHANGE: Change Drug Tier and Utilization Management Requirements		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Tier 02	Step-Edit
STANDARD FORMULARY	Tier 02	Step-Edit
EXCHANGE FORMULARY	Tier 02	Step-Edit
FAMIS FORMULARY	Formulary	Step-Edit
OHCC AND OFC FORMULARY	Non-Preferred	No Changes
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: fluticasone nasal spray, budesonide nasal spray		

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DRUG NAME: Namzaric® (memantine and donepezil) extended release capsules		INDICATION: Used to treat moderate to severe confusion (dementia) related to Alzheimer's disease
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded	N/A
STANDARD FORMULARY	Excluded	N/A
EXCHANGE FORMULARY	Tier 03	N/A
FAMIS FORMULARY	Excluded	N/A
OHCC AND OFC FORMULARY	Non-Preferred	No Changes
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: memantine capsules and donepezil tablets		

DRUG NAME: Nasonex® (mometasone) spray 50 mcg/actuation		INDICATION: For the treatment of allergic rhinitis and/or upper respiratory symptoms
REASON FOR CHANGE: Change Utilization Management Requirements		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Tier 03	Step-Edit
STANDARD FORMULARY	Non-Formulary	N/A
EXCHANGE FORMULARY	Non-Formulary	N/A
FAMIS FORMULARY	Non-Formulary	N/A
OHCC AND OFC FORMULARY	Non-Preferred	No Changes
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: fluticasone nasal spray, budesonide nasal spray		

DRUG NAME: Neo-Synalar cream, Neo-Synalar Kit & cortisporin 0.5% cream		INDICATION: Used to treat infection, inflammation, and itching caused by skin conditions that respond to steroid medication
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded	N/A
STANDARD FORMULARY	Excluded	N/A
EXCHANGE FORMULARY	Tier 03	N/A
FAMIS FORMULARY	Excluded	N/A
OHCC AND OFC FORMULARY	Non-Formulary	N/A
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: mupirocin 2% ointment and/or fluocinolone cream/ointment/gel/solution		

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DRUG NAME: cortisporin 1% ointment		INDICATION: Used to treat infection, inflammation, and itching caused by skin conditions that respond to steroid medication
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded	N/A
STANDARD FORMULARY	Excluded	N/A
EXCHANGE FORMULARY	Excluded	N/A
FAMIS FORMULARY	Excluded	N/A
OHCC AND OFC FORMULARY	Non-Formulary	N/A
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: mupirocin 2% ointment and/or fluocinolone cream/ointment/gel/solution		

DRUG NAME: Nuedexta® (dextromethorphan HBr and quinidine sulfate) capsules		INDICATION: For the treatment of pseudobulbar affect (PBA)
REASON FOR CHANGE: Change Drug Tier, Utilization Management Requirements and Quantity Limit		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Specialty	Prior Authorization
STANDARD FORMULARY	Specialty	Prior Authorization
EXCHANGE FORMULARY	Tier 03	Prior Authorization
FAMIS FORMULARY	Specialty	Prior Authorization
OHCC AND OFC FORMULARY	Non-Formulary	Prior Authorization
QUANTITY LIMIT: 60 capsules per 30 days		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: N/A		

DRUG NAME: Nulibry™ (fosdenopterin) reconstituted intravenous solution		INDICATION: Indicated to reduce the risk of mortality in patients with molybdenum cofactor deficiency (MoCD) Type A
REASON FOR CHANGE: New Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Specialty	Prior Authorization
STANDARD FORMULARY	Specialty	Prior Authorization
EXCHANGE FORMULARY	Specialty	Prior Authorization
FAMIS FORMULARY	Specialty	Prior Authorization
OHCC AND OFC FORMULARY	Non-Formulary	Prior Authorization
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: N/A		

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DRUG NAME: Nulibry™ (fosdenopterin) reconstituted intravenous solution		INDICATION: Indicated to reduce the risk of mortality in patients with molybdenum cofactor deficiency (MoCD) Type A
REASON FOR CHANGE: New Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Medical Benefit	Prior Authorization
STANDARD FORMULARY	Medical Benefit	Prior Authorization
EXCHANGE FORMULARY	Medical Benefit	Prior Authorization
FAMIS FORMULARY	Medical Benefit	Prior Authorization
OHCC AND OFC FORMULARY	Medical Benefit	Prior Authorization
QUANTITY LIMIT: N/A		TRANSITION OF CARE: No
FORMULARY ALTERNATIVES: N/A		

DRUG NAME: oxymorphone ER		INDICATION: Management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate
REASON FOR CHANGE: Change Drug Tier		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Tier 02	Prior Authorization
STANDARD FORMULARY	Tier 02	Prior Authorization
EXCHANGE FORMULARY	Tier 01	Prior Authorization
FAMIS FORMULARY	Formulary	Prior Authorization
OHCC AND OFC FORMULARY	Non-Preferred	No Changes
QUANTITY LIMIT: 60 tablets per 30 days		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: N/A		

DRUG NAME: Pepaxto® (melphalan flufenamide) reconstituted intravenous solution		INDICATION: Used in combination with dexamethasone to treat adults with multiple myeloma who did not respond to or stopped responding to at least four prior medicines, including at least one proteasome inhibitor, one immunomodulatory agent, and one CD38-directed monoclonal antibody
REASON FOR CHANGE: New Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Medical Benefit	Prior Authorization
STANDARD FORMULARY	Medical Benefit	Prior Authorization
EXCHANGE FORMULARY	Medical Benefit	Prior Authorization
FAMIS FORMULARY	Medical Benefit	Prior Authorization
OHCC AND OFC FORMULARY	Medical Benefit	Prior Authorization
QUANTITY LIMIT: N/A		TRANSITION OF CARE: No
FORMULARY ALTERNATIVES: N/A		

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DRUG NAME: phendimetrazine 105 mg ER capsules		INDICATION: For the short-term treatment of obesity
REASON FOR CHANGE: Change Drug Tier and Utilization Management Requirements		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded Benefit	N/A
STANDARD FORMULARY	Excluded Benefit	N/A
EXCHANGE FORMULARY	Excluded Benefit	N/A
FAMIS FORMULARY	Excluded Benefit	N/A
OHCC AND OFC FORMULARY	Non-Formulary	Prior Authorization
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited (Medicaid only)
FORMULARY ALTERNATIVES: N/A		

DRUG NAME: pimecrolimus 1% cream		INDICATION: For the topical treatment of atopic dermatitis
REASON FOR CHANGE: Change Drug Tier and Utilization Management Requirements		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Tier 02	Step-Edit
STANDARD FORMULARY	Tier 02	Step-Edit
EXCHANGE FORMULARY	Tier 01	N/A
FAMIS FORMULARY	Formulary	Step-Edit
OHCC AND OFC FORMULARY	Preferred	No Changes
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: N/A		

DRUG NAME: Plegridy® (peginterferon beta-1a) prefilled syringe for IM injection (new formulation)		INDICATION: Treatment of patients with relapsing forms of multiple sclerosis, including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease
REASON FOR CHANGE: New Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Specialty	Prior Authorization
STANDARD FORMULARY	Specialty	Prior Authorization
EXCHANGE FORMULARY	Specialty	Prior Authorization
FAMIS FORMULARY	Specialty	Prior Authorization
OHCC AND OFC FORMULARY	Non-Preferred	No Changes
QUANTITY LIMIT: 2 prefilled syringes (125 mcg/0.5 mL) per 28 days		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: N/A		

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DRUG NAME: Purixan® 20 mg/mL suspension		INDICATION: For the treatment of patients with acute lymphoblastic leukemia (ALL) as part of a combination chemotherapy maintenance regimen
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded	N/A
STANDARD FORMULARY	Excluded	N/A
EXCHANGE FORMULARY	Specialty	N/A
FAMIS FORMULARY	Excluded	N/A
OHCC AND OFC FORMULARY	Non-Formulary	No Changes
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: mercaptopurine tablets		

DRUG NAME: Relexxii® 72 mg tablets, methylphenidate 72 mg extended release tablets		INDICATION: For the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in adults and children 6 years of age and older
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded	N/A
STANDARD FORMULARY	Excluded	N/A
EXCHANGE FORMULARY	Tier 02	Prior Authorization
FAMIS FORMULARY	Excluded	N/A
OHCC AND OFC FORMULARY	Non-Preferred	No Changes
QUANTITY LIMIT: 72 mg per day		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: methylphenidate 36 mg extended release tablets		

DRUG NAME: Rhinocort® Allergy Suspension (OTC)		INDICATION: For the treatment of allergic rhinitis and/or upper respiratory symptoms
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded Benefit	N/A
STANDARD FORMULARY	Excluded Benefit	N/A
EXCHANGE FORMULARY	Excluded Benefit	N/A
FAMIS FORMULARY	Excluded Benefit	N/A
OHCC AND OFC FORMULARY	Non-Preferred	No Changes
QUANTITY LIMIT: N/A		TRANSITION OF CARE: No
FORMULARY ALTERNATIVES: N/A		

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DRUG NAME: Rimso-50 (dimethyl sulfoxide) solution for intravesical instillation		INDICATION: For the treatment of interstitial cystitis
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Medical Benefit	N/A
STANDARD FORMULARY	Medical Benefit	N/A
EXCHANGE FORMULARY	Tier 02	N/A
FAMIS FORMULARY	Medical Benefit	N/A
OHCC AND OFC FORMULARY	Medical Benefit	N/A
QUANTITY LIMIT: N/A		TRANSITION OF CARE: No
FORMULARY ALTERNATIVES: N/A		

DRUG NAME: risperidone orally disintegrating tablets (ODT) - all strengths		INDICATION: Used to treat certain mental/mood disorders (such as schizophrenia, bipolar disorder)
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded	N/A
STANDARD FORMULARY	Excluded	N/A
EXCHANGE FORMULARY	Tier 01	N/A
FAMIS FORMULARY	Excluded	N/A
OHCC AND OFC FORMULARY	Preferred	No Changes
QUANTITY LIMIT: 8 mg per day		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: risperidone tablets or solution		

DRUG NAME: Roszet [®] (rosuvastatin and ezetimibe) tablets		INDICATION: Indicated in adults as an adjunct to diet in patients with primary non-familial hyperlipidemia to reduce low-density lipoprotein cholesterol (LDL-C); Alone or as an adjunct to other LDL-C-lowering therapies in patients with homozygous familial hypercholesterolemia (HoFH) to reduce LDL-C
REASON FOR CHANGE: New Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded	N/A
STANDARD FORMULARY	Excluded	N/A
EXCHANGE FORMULARY	Excluded	N/A
FAMIS FORMULARY	Excluded	N/A
OHCC AND OFC FORMULARY	Non-Formulary	N/A
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: rosuvastatin tablets, ezetimibe tablets		

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DRUG NAME: sodium sulfacetamide with sulfur 10-5% suspension		INDICATION: Used for the topical treatment of acne and other skin conditions (e.g., seborrheic dermatitis, rosacea)
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded Benefit	N/A
STANDARD FORMULARY	Excluded Benefit	N/A
EXCHANGE FORMULARY	Excluded Benefit	N/A
FAMIS FORMULARY	Excluded Benefit	N/A
OHCC AND OFC FORMULARY	Non-Preferred	Prior Authorization
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited (Medicaid only)
FORMULARY ALTERNATIVES: N/A		

DRUG NAME: Soma® 250 mg tablets, carisoprodol 250 mg tablets		INDICATION: For the short-term treatment of musculoskeletal pain and discomfort
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded	N/A
STANDARD FORMULARY	Excluded	N/A
EXCHANGE FORMULARY	Excluded	N/A
FAMIS FORMULARY	Excluded	N/A
OHCC AND OFC FORMULARY	Non-Preferred	No Changes
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: carisoprodol tablet 350mg tabs		

DRUG NAME: Symax® Duotab		INDICATION: For the treatment of gastrointestinal disorders
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded Benefit	N/A
STANDARD FORMULARY	Excluded Benefit	N/A
EXCHANGE FORMULARY	Excluded Benefit	N/A
FAMIS FORMULARY	Excluded Benefit	N/A
OHCC AND OFC FORMULARY	Excluded Benefit	No Changes
QUANTITY LIMIT: N/A		TRANSITION OF CARE: No
FORMULARY ALTERNATIVES: N/A		

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DRUG NAME: tacrolimus 0.03% & 0.1% ointment		INDICATION: An alternative agent used for the treatment of hypertension
REASON FOR CHANGE: Change Drug Tier		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Tier 01	N/A
STANDARD FORMULARY	Tier 01	N/A
EXCHANGE FORMULARY	Tier 01	N/A
FAMIS FORMULARY	Formulary	N/A
OHCC AND OFC FORMULARY	Preferred	N/A
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes
FORMULARY ALTERNATIVES: N/A		

DRUG NAME: triamcinolone acetonide nasal aerosol suspension 55 mcg/actuation (OTC)		INDICATION: For the treatment of allergic rhinitis and/or upper respiratory symptoms
REASON FOR CHANGE: Change Drug Tier		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Tier 01	N/A
STANDARD FORMULARY	Tier 01	N/A
EXCHANGE FORMULARY	Tier 01	N/A
FAMIS FORMULARY	Formulary	N/A
OHCC AND OFC FORMULARY	Preferred	No Changes
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes
FORMULARY ALTERNATIVES: N/A		

DRUG NAME: Trilipix 135 mg capsules, fenofibric 135 mg delayed release capsules		INDICATION: Used along with a proper diet to reduce cholesterol and triglycerides (fatty acids) in the blood
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded	N/A
STANDARD FORMULARY	Excluded	N/A
EXCHANGE FORMULARY	Tier 01 (generic only)	N/A
FAMIS FORMULARY	Excluded	N/A
OHCC AND OFC FORMULARY	Non-Preferred	No Changes
QUANTITY LIMIT: N/A		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: fenofibric caps 45 mg , fenofibrate caps 134mg		

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DRUG NAME: Viberzi® 75 & 100 mg tablets		INDICATION: For the treatment of irritable bowel syndrome with diarrhea
REASON FOR CHANGE: Change Drug Tier, Utilization Management Requirements and Quantity Limit		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Tier 03	Prior Authorization
STANDARD FORMULARY	Tier 03	Prior Authorization
EXCHANGE FORMULARY	Tier 03	N/A
FAMIS FORMULARY	Formulary	Prior Authorization
OHCC AND OFC FORMULARY	Non-Preferred	No Changes
QUANTITY LIMIT: 60 tablets per 30 days		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: N/A		

DRUG NAME: Vocabria (cabotegravir) tablets		INDICATION: Used together with another antiviral called rilpivirine for the treatment of human immunodeficiency virus type 1 (HIV-1) infection in adults
REASON FOR CHANGE: New Drug		
FORMULARY	TIER	FORMULARY
OPEN FORMULARY	Specialty	Prior Authorization
STANDARD FORMULARY	Specialty	Prior Authorization
EXCHANGE FORMULARY	Specialty	Prior Authorization
FAMIS FORMULARY	Specialty	Prior Authorization
OHCC AND OFC FORMULARY	Non-Formulary	Prior Authorization
QUANTITY LIMIT: 84 tablets per 365 days		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: N/A		

DRUG NAME: Xifaxan 550 mg tablets		INDICATION: For the treatment of irritable bowel syndrome with diarrhea
REASON FOR CHANGE: Change Drug Tier, Utilization Management Requirements and Quantity Limit		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Tier 03	Prior Authorization
STANDARD FORMULARY	Tier 03	Prior Authorization
EXCHANGE FORMULARY	Tier 03	Prior Authorization
FAMIS FORMULARY	Formulary	Prior Authorization
OHCC AND OFC FORMULARY	Non-Preferred	No Changes
QUANTITY LIMIT: 42 tablets per 120 days		TRANSITION OF CARE: Yes; Limited
FORMULARY ALTERNATIVES: N/A		

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DRUG NAME: Zaditor® 0.025% & Alaway® 0.025% ophthalmic drops (OTC)		INDICATION: For ophthalmic treatment of allergic conjunctivitis
REASON FOR CHANGE: Exclude Drug		
FORMULARY	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPEN FORMULARY	Excluded Benefit	N/A
STANDARD FORMULARY	Excluded Benefit	N/A
EXCHANGE FORMULARY	Excluded Benefit	N/A
FAMIS FORMULARY	Excluded Benefit	N/A
OHCC AND OFC FORMULARY	Preferred	No Changes
QUANTITY LIMIT: N/A		TRANSITION OF CARE: No
FORMULARY ALTERNATIVES: N/A		

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DRUG NAME	FORMULARY	CHANGE DRUG TIER
ACAMPRO CAL TAB 333MG	STANDARD FORMULARY	Tier 02
ACITRETIN CAP 10MG	STANDARD FORMULARY	Tier 02
ACITRETIN CAP 17.5MG	STANDARD FORMULARY	Tier 02
ACITRETIN CAP 25MG	STANDARD FORMULARY	Tier 02
ALBENDAZOLE TAB 200MG	STANDARD FORMULARY	Tier 02
ALMOTRIP MAL TAB 12.5MG	STANDARD FORMULARY	Tier 02
ALMOTRIP MAL TAB 6.25MG	STANDARD FORMULARY	Tier 02
AMINOCAPROIC SOL 0.25/ML	STANDARD FORMULARY	Tier 02
AMIODARONE TAB 100MG	STANDARD FORMULARY	Tier 02
AMLOD/OLMESA TAB 10-20MG	STANDARD FORMULARY	Tier 02
AMLOD/OLMESA TAB 10-40MG	STANDARD FORMULARY	Tier 02
AMLOD/OLMESA TAB 5-20MG	STANDARD FORMULARY	Tier 02
AMLOD/OLMESA TAB 5-40MG	STANDARD FORMULARY	Tier 02
AMLOD/VALSAR TAB /HCTZ	STANDARD FORMULARY	Tier 02
AMLOD/VALSAR TAB /HCTZ	STANDARD FORMULARY	Tier 02
AMLOD/VALSAR TAB /HCTZ	STANDARD FORMULARY	Tier 02
AMLOD/VALSAR TAB /HCTZ	STANDARD FORMULARY	Tier 02
AMLOD/VALSAR TAB /HCTZ	STANDARD FORMULARY	Tier 02
AMLOD/VALSAR TAB 10-160MG	STANDARD FORMULARY	Tier 02
AMLOD/VALSAR TAB 10-320MG	STANDARD FORMULARY	Tier 02
AMLOD/VALSAR TAB 5-160MG	STANDARD FORMULARY	Tier 02
AMLOD/VALSAR TAB 5-320MG	STANDARD FORMULARY	Tier 02
APAP-CAFFEIN CAP DIHYDROC	STANDARD FORMULARY	Tier 02
APREPITANT CAP 125MG	STANDARD FORMULARY	Tier 02
APREPITANT CAP 40MG	STANDARD FORMULARY	Tier 02
APREPITANT CAP 80MG	STANDARD FORMULARY	Tier 02
APREPITANT PAK 80 & 125	STANDARD FORMULARY	Tier 02
ARMODAFINIL TAB 150MG	STANDARD FORMULARY	Tier 02
ARMODAFINIL TAB 200MG	STANDARD FORMULARY	Tier 02
ARMODAFINIL TAB 250MG	STANDARD FORMULARY	Tier 02
ARMODAFINIL TAB 50MG	STANDARD FORMULARY	Tier 02
ASA/DIPYRIDA CAP 25-200MG	STANDARD FORMULARY	Tier 02
ATOVAQ/PROGU TAB 250-100	STANDARD FORMULARY	Tier 02
ATOVAQ/PROGU TAB 62.5-25	STANDARD FORMULARY	Tier 02
ATOVAQUONE SUS 750/5ML	STANDARD FORMULARY	Tier 02
ATROPINE SUL SOL 1% OP	STANDARD FORMULARY	Tier 02
AZELAIC ACID GEL 15%	STANDARD FORMULARY	Tier 02
BACITRACIN OIN OP	STANDARD FORMULARY	Tier 02

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BENZONATATE CAP 150MG	STANDARD FORMULARY	Tier 02
BETAMETH VAL AER 0.12%	STANDARD FORMULARY	Tier 02
BP WASH LIQ 7%	STANDARD FORMULARY	Tier 02
BROMFENAC SOL 0.09% OP	STANDARD FORMULARY	Tier 02
BUPREN/NALOX MIS 12-3MG	STANDARD FORMULARY	Tier 02
BUPREN/NALOX MIS 2-0.5MG	STANDARD FORMULARY	Tier 02
BUPREN/NALOX MIS 4-1MG	STANDARD FORMULARY	Tier 02
BUPREN/NALOX MIS 8-2MG	STANDARD FORMULARY	Tier 02
BUPRENORPHIN DIS 10MCG/HR	STANDARD FORMULARY	Tier 02
BUPRENORPHIN DIS 15MCG/HR	STANDARD FORMULARY	Tier 02
BUPRENORPHIN DIS 20MCG/HR	STANDARD FORMULARY	Tier 02
BUPRENORPHIN DIS 5MCG/HR	STANDARD FORMULARY	Tier 02
BUPRENORPHIN DIS 7.5/HR	STANDARD FORMULARY	Tier 02
CALCIPOTRIEN OIN 0.005%	STANDARD FORMULARY	Tier 02
CALCIPOTRIEN OIN BETAMETH	STANDARD FORMULARY	Tier 02
CALCITRIOL OIN 3MCG/GM	STANDARD FORMULARY	Tier 02
CANDESARTAN TAB 16MG	STANDARD FORMULARY	Tier 02
CANDESARTAN TAB 32MG	STANDARD FORMULARY	Tier 02
CANDESARTAN TAB 4MG	STANDARD FORMULARY	Tier 02
CANDESARTAN TAB 8MG	STANDARD FORMULARY	Tier 02
CARBIDOPA TAB 25MG	STANDARD FORMULARY	Tier 02
CEFIXIME CAP 400MG	STANDARD FORMULARY	Tier 02
CEFIXIME SUS 100/5ML	STANDARD FORMULARY	Tier 02
CEFIXIME SUS 200/5ML	STANDARD FORMULARY	Tier 02
CELECOXIB CAP 100MG	STANDARD FORMULARY	Tier 02
CELECOXIB CAP 200MG	STANDARD FORMULARY	Tier 02
CELECOXIB CAP 400MG	STANDARD FORMULARY	Tier 02
CELECOXIB CAP 50MG	STANDARD FORMULARY	Tier 02
CEPHALEXIN CAP 750MG	STANDARD FORMULARY	Tier 02
CEPHALEXIN TAB 250MG	STANDARD FORMULARY	Tier 02
CEPHALEXIN TAB 500MG	STANDARD FORMULARY	Tier 02
CHLORD/CLIDI CAP 5-2.5MG	STANDARD FORMULARY	Tier 02
CIPROFLOXACN SOL 0.2%	STANDARD FORMULARY	Tier 02
CLINDAM/BENZ GEL 1.2-2.5%	STANDARD FORMULARY	Tier 02
CLINDAMY/BEN GEL 1-5%	STANDARD FORMULARY	Tier 02
CLOBAZAM SUS 2.5MG/ML	STANDARD FORMULARY	Tier 02
CLOBETASOL LOT 0.05%	STANDARD FORMULARY	Tier 02
CLOBETASOL SHA 0.05%	STANDARD FORMULARY	Tier 02
CLOBETASOL SPR 0.05%	STANDARD FORMULARY	Tier 02

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CLOCORTOLONE CRE PIV 0.1%	STANDARD FORMULARY	Tier 02
COAL TAR SOL 20%	STANDARD FORMULARY	Tier 02
COVARYX TAB 1.25-2.5	STANDARD FORMULARY	Tier 02
COVARYX HS TAB	STANDARD FORMULARY	Tier 02
CYCLOPENTOL SOL 2% OP	STANDARD FORMULARY	Tier 02
CYCLOPENTOLA SOL 0.5%	STANDARD FORMULARY	Tier 02
CYCLOSERINE CAP 250MG	STANDARD FORMULARY	Tier 02
DANAZOL CAP 100MG	STANDARD FORMULARY	Tier 02
DANAZOL CAP 200MG	STANDARD FORMULARY	Tier 02
DANAZOL CAP 50MG	STANDARD FORMULARY	Tier 02
DAPSONE GEL 5%	STANDARD FORMULARY	Tier 02
DARIFENACIN TAB 15MG	STANDARD FORMULARY	Tier 02
DARIFENACIN TAB 7.5MG	STANDARD FORMULARY	Tier 02
DESLORATADIN TAB 2.5 ODT	STANDARD FORMULARY	Tier 02
DESLORATADIN TAB 5MG ODT	STANDARD FORMULARY	Tier 02
DESOXIMETAS OIN 0.05%	STANDARD FORMULARY	Tier 02
DEXMETHYLPH CAP 15MG ER	STANDARD FORMULARY	Tier 02
DEXMETHYLPH CAP 30MG ER	STANDARD FORMULARY	Tier 02
DEXMETHYLPH CAP 40MG ER	STANDARD FORMULARY	Tier 02
DEXMETHYLPH CAP 10MG ER	STANDARD FORMULARY	Tier 02
DEXMETHYLPH CAP 20MG ER	STANDARD FORMULARY	Tier 02
DEXMETHYLPH CAP 5MG ER	STANDARD FORMULARY	Tier 02
DEXMETHYLPH CAP ER 25MG	STANDARD FORMULARY	Tier 02
DEXMETHYLPH CAP ER 35MG	STANDARD FORMULARY	Tier 02
DEXTROAMPHET SOL 5MG/5ML	STANDARD FORMULARY	Tier 02
DIAZEPAM SOL 5MG/5ML	STANDARD FORMULARY	Tier 02
DOFETILIDE CAP 125MCG	STANDARD FORMULARY	Tier 02
DOFETILIDE CAP 250MCG	STANDARD FORMULARY	Tier 02
DOFETILIDE CAP 500MCG	STANDARD FORMULARY	Tier 02
DONEPEZIL TAB HCL 23MG	STANDARD FORMULARY	Tier 02
DOXYCYCLINE CAP 40MG	STANDARD FORMULARY	Tier 02
DOXYL/PYRID TAB 10-10MG	STANDARD FORMULARY	Tier 02
DULOXETINE CAP 40MG	STANDARD FORMULARY	Tier 02
DUTAST/TAMSU CAP 0.5-0.4	STANDARD FORMULARY	Tier 02
ELETRIPTAN TAB 20MG	STANDARD FORMULARY	Tier 02
ELETRIPTAN TAB 40MG	STANDARD FORMULARY	Tier 02
EPINASTINE DRO 0.05%	STANDARD FORMULARY	Tier 02
ERGOLOID MES TAB 1MG ORAL	STANDARD FORMULARY	Tier 02
ERGOT/CAFFEN TAB 1-100MG	STANDARD FORMULARY	Tier 02

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ERYTHROM ETH SUS 200/5ML	STANDARD FORMULARY	Tier 02
ERYTHROM ETH SUS 400/5ML	STANDARD FORMULARY	Tier 02
ESTRADIOL CRE 0.01%	STANDARD FORMULARY	Tier 02
ESTRADIOL TAB 10MCG	STANDARD FORMULARY	Tier 02
ETHACRYNIC TAB ACD 25MG	STANDARD FORMULARY	Tier 02
ETHYL CHLOR AER MIST	STANDARD FORMULARY	Tier 02
EZETIM/SIMVA TAB 10-10MG	STANDARD FORMULARY	Tier 02
EZETIM/SIMVA TAB 10-20MG	STANDARD FORMULARY	Tier 02
EZETIM/SIMVA TAB 10-40MG	STANDARD FORMULARY	Tier 02
EZETIM/SIMVA TAB 10-80MG	STANDARD FORMULARY	Tier 02
FAMOTIDINE SUS 40MG/5ML	STANDARD FORMULARY	Tier 02
FELBAMATE SUS 600/5ML	STANDARD FORMULARY	Tier 02
FELBAMATE TAB 400MG	STANDARD FORMULARY	Tier 02
FELBAMATE TAB 600MG	STANDARD FORMULARY	Tier 02
FERRAPLUS 90 TAB	STANDARD FORMULARY	Tier 02
FLUCYTOSINE CAP 250MG	STANDARD FORMULARY	Tier 02
FLUCYTOSINE CAP 500MG	STANDARD FORMULARY	Tier 02
FLUOCIN ACET OIL 0.01% SC	STANDARD FORMULARY	Tier 02
FLUOCIN ACET OIL BODY	STANDARD FORMULARY	Tier 02
FLUOCIN ACET OIL EAR0.01%	STANDARD FORMULARY	Tier 02
FLUOCIN ACET SOL 0.01%	STANDARD FORMULARY	Tier 02
FLUOCINONIDE CRE 0.1%	STANDARD FORMULARY	Tier 02
FLURANDRENOL CRE 0.05%	STANDARD FORMULARY	Tier 02
FLURANDRENOL LOT 0.05%	STANDARD FORMULARY	Tier 02
FLURANDRENOL OIN 0.05%	STANDARD FORMULARY	Tier 02
FLURBIPROFEN SOL 0.03% OP	STANDARD FORMULARY	Tier 02
FLUTICASONE LOT 0.05%	STANDARD FORMULARY	Tier 02
FLUVASTATIN TAB 80MG ER	STANDARD FORMULARY	Tier 02
FLUVOXAMINE CAP 100MG ER	STANDARD FORMULARY	Tier 02
FLUVOXAMINE CAP 150MG ER	STANDARD FORMULARY	Tier 02
FROVATRIPTAN TAB 2.5MG	STANDARD FORMULARY	Tier 02
GATIFLOXACIN SOL 0.5%	STANDARD FORMULARY	Tier 02
GAVILYTE-H KIT	STANDARD FORMULARY	Tier 02
HALOPER DEC INJ 100MG/ML	STANDARD FORMULARY	Tier 02
HALOPER DEC INJ 50MG/ML	STANDARD FORMULARY	Tier 02
HC PRAMOXINE CRE 1-1%	STANDARD FORMULARY	Tier 02
HC PRAMOXINE CRE 2.5-1%	STANDARD FORMULARY	Tier 02
HC VALERATE OIN 0.2%	STANDARD FORMULARY	Tier 02
HYDRO/ACETA SOL 10-325MG	STANDARD FORMULARY	Tier 02

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HYDROCOD/IBU TAB 10-200MG	STANDARD FORMULARY	Tier 02
HYDROCODONE CAP 10MG ER	STANDARD FORMULARY	Tier 02
HYDROCODONE CAP 15MG ER	STANDARD FORMULARY	Tier 02
HYDROCODONE CAP 20MG ER	STANDARD FORMULARY	Tier 02
HYDROCODONE CAP 30MG ER	STANDARD FORMULARY	Tier 02
HYDROCODONE CAP 40MG ER	STANDARD FORMULARY	Tier 02
HYDROCODONE CAP 50MG ER	STANDARD FORMULARY	Tier 02
IMIPRAM PAM CAP 100MG	STANDARD FORMULARY	Tier 02
IMIPRAM PAM CAP 125MG	STANDARD FORMULARY	Tier 02
IMIPRAM PAM CAP 150MG	STANDARD FORMULARY	Tier 02
ISOXSUPRINE TAB 10MG	STANDARD FORMULARY	Tier 02
ISOXSUPRINE TAB HCL 20MG	STANDARD FORMULARY	Tier 02
ITRACONAZOLE SOL 10MG/ML	STANDARD FORMULARY	Tier 02
IVERMECTIN CRE 1%	STANDARD FORMULARY	Tier 02
JEVANTIQUE L TAB 0.5-2.5	STANDARD FORMULARY	Tier 02
JINTELI TAB 1MG-5MCG	STANDARD FORMULARY	Tier 02
LANSOPR/AMOX MIS /CLARITH	STANDARD FORMULARY	Tier 02
LEVOCARNITIN SOL 1GM/10ML	STANDARD FORMULARY	Tier 02
LEVOFLOXACIN SOL 0.5%	STANDARD FORMULARY	Tier 02
LEVOFLOXACIN SOL 25MG/ML	STANDARD FORMULARY	Tier 02
LIDOCAINE PAD 5%	STANDARD FORMULARY	Tier 02
LIDOCAINE SOL 4%	STANDARD FORMULARY	Tier 02
LIDOCAINE/HC KIT 3-2.5%	STANDARD FORMULARY	Tier 02
LORAZEPAM CON 2MG/ML	STANDARD FORMULARY	Tier 02
LOTEPREDNOL SUS 0.5%	STANDARD FORMULARY	Tier 02
MEFENAM ACID CAP 250MG	STANDARD FORMULARY	Tier 02
MEGESTROL SUS 625/5ML	STANDARD FORMULARY	Tier 02
MEMANTINE HC CAP 14MG ER	STANDARD FORMULARY	Tier 02
MEMANTINE HC CAP 21MG ER	STANDARD FORMULARY	Tier 02
MEMANTINE HC CAP 28MG ER	STANDARD FORMULARY	Tier 02
MEMANTINE HC CAP 7MG ER	STANDARD FORMULARY	Tier 02
MESALAMINE TAB 1.2GM	STANDARD FORMULARY	Tier 02
METAXALONE TAB 400MG	STANDARD FORMULARY	Tier 02
METAXALONE TAB 800MG	STANDARD FORMULARY	Tier 02
METHENAM HIP TAB 1GM	STANDARD FORMULARY	Tier 02
METHENAM MAN TAB 1GM	STANDARD FORMULARY	Tier 02
METHENAM MAN TAB 500MG	STANDARD FORMULARY	Tier 02
METHLPHENIDA CHW 2.5MG	STANDARD FORMULARY	Tier 02
METHOXSALEN CAP 10MG	STANDARD FORMULARY	Tier 02

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METHYLERGON TAB 0.2MG	STANDARD FORMULARY	Tier 02
METHYLPHENID CAP 10MG	STANDARD FORMULARY	Tier 02
METHYLPHENID CAP 20MG	STANDARD FORMULARY	Tier 02
METHYLPHENID CAP 20MG ER	STANDARD FORMULARY	Tier 02
METHYLPHENID CAP 30MG	STANDARD FORMULARY	Tier 02
METHYLPHENID CAP 30MG ER	STANDARD FORMULARY	Tier 02
METHYLPHENID CAP 40MG ER	STANDARD FORMULARY	Tier 02
METHYLPHENID CAP 40MG ER	STANDARD FORMULARY	Tier 02
METHYLPHENID CAP 50MG	STANDARD FORMULARY	Tier 02
METHYLPHENID CAP 60MG	STANDARD FORMULARY	Tier 02
METHYLPHENID CAP 60MG LA	STANDARD FORMULARY	Tier 02
METHYLPHENID CHW 10MG	STANDARD FORMULARY	Tier 02
METHYLPHENID CHW 5MG	STANDARD FORMULARY	Tier 02
METHYLPHENID SOL 10MG/5ML	STANDARD FORMULARY	Tier 02
METHYLPHENID SOL 5MG/5ML	STANDARD FORMULARY	Tier 02
METHYLPHENID TAB 18MG ER	STANDARD FORMULARY	Tier 02
METHYLPHENID TAB 18MG ER	STANDARD FORMULARY	Tier 02
METHYLPHENID TAB 27MG ER	STANDARD FORMULARY	Tier 02
METHYLPHENID TAB 27MG ER	STANDARD FORMULARY	Tier 02
METHYLPHENID TAB 36MG ER	STANDARD FORMULARY	Tier 02
METHYLPHENID TAB 36MG ER	STANDARD FORMULARY	Tier 02
METHYLPHENID TAB 54MG ER	STANDARD FORMULARY	Tier 02
METHYLPHENID TAB 54MG ER	STANDARD FORMULARY	Tier 02
METHYLPHENID CAP 10MG ER	STANDARD FORMULARY	Tier 02
METRONIDAZOL GEL 1%	STANDARD FORMULARY	Tier 02
MODAFINIL TAB 100MG	STANDARD FORMULARY	Tier 02
MODAFINIL TAB 200MG	STANDARD FORMULARY	Tier 02
MOLINDONE TAB HCL 10MG	STANDARD FORMULARY	Tier 02
MOLINDONE TAB HCL 25MG	STANDARD FORMULARY	Tier 02
MOLINDONE TAB HCL 5MG	STANDARD FORMULARY	Tier 02
MORPHINE SUL SUP 10MG	STANDARD FORMULARY	Tier 02
MORPHINE SUL SUP 20MG	STANDARD FORMULARY	Tier 02
MORPHINE SUL SUP 30MG	STANDARD FORMULARY	Tier 02
MORPHINE SUL SUP 5MG	STANDARD FORMULARY	Tier 02
MOXIFLOXACIN TAB 400MG	STANDARD FORMULARY	Tier 02
MULTIGEN TAB	STANDARD FORMULARY	Tier 02
MYCOPHENOLAT SUS 200MG/ML	STANDARD FORMULARY	Tier 02
NAFTIFINE CRE HCL 1%	STANDARD FORMULARY	Tier 02
NAFTIFINE CRE HCL 2%	STANDARD FORMULARY	Tier 02

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NAFTIFINE GEL 1%	STANDARD FORMULARY	Tier 02
NAPROXEN SUS 125/5ML	STANDARD FORMULARY	Tier 02
NIACIN ER TAB 1000MG	STANDARD FORMULARY	Tier 02
NIACIN ER TAB 500MG	STANDARD FORMULARY	Tier 02
NIACIN ER TAB 750MG	STANDARD FORMULARY	Tier 02
NITROFUR MAC CAP 25MG	STANDARD FORMULARY	Tier 02
NITROFURANTN SUS 25MG/5ML	STANDARD FORMULARY	Tier 02
NITROGLYCRN SPR 0.4MG	STANDARD FORMULARY	Tier 02
NIZATIDINE SOL 15MG/ML	STANDARD FORMULARY	Tier 02
OLM MED/AMLO TAB /HCTZ	STANDARD FORMULARY	Tier 02
OLM MED/AMLO TAB /HCTZ	STANDARD FORMULARY	Tier 02
OLM MED/AMLO TAB /HCTZ	STANDARD FORMULARY	Tier 02
OLM MED/AMLO TAB /HCTZ	STANDARD FORMULARY	Tier 02
OLM MED/AMLO TAB /HCTZ	STANDARD FORMULARY	Tier 02
OLM MED/HCTZ TAB 20-12.5	STANDARD FORMULARY	Tier 02
OLM MED/HCTZ TAB 20-12.5	STANDARD FORMULARY	Tier 02
OLM MED/HCTZ TAB 40-12.5	STANDARD FORMULARY	Tier 02
OLM MED/HCTZ TAB 40-12.5	STANDARD FORMULARY	Tier 02
OLM MED/HCTZ TAB 40-25MG	STANDARD FORMULARY	Tier 02
OLM MED/HCTZ TAB 40-25MG	STANDARD FORMULARY	Tier 02
OLOPATADINE SPR 0.6%	STANDARD FORMULARY	Tier 02
OMEGA-3-ACID CAP 1GM	STANDARD FORMULARY	Tier 02
PALIPERIDONE TAB ER 1.5MG	STANDARD FORMULARY	Tier 02
PALIPERIDONE TAB ER 3MG	STANDARD FORMULARY	Tier 02
PALIPERIDONE TAB ER 6MG	STANDARD FORMULARY	Tier 02
PALIPERIDONE TAB ER 9MG	STANDARD FORMULARY	Tier 02
PARICALCITOL CAP 1 MCG	STANDARD FORMULARY	Tier 02
PARICALCITOL CAP 2 MCG	STANDARD FORMULARY	Tier 02
PARICALCITOL CAP 4 MCG	STANDARD FORMULARY	Tier 02
PENTAMIDINE INH 300MG	STANDARD FORMULARY	Tier 02
PENTAZ/NALOX TAB 50-0.5MG	STANDARD FORMULARY	Tier 02
PHENYLEPHRIN SOL 10% OP	STANDARD FORMULARY	Tier 02
PHENYLEPHRIN SOL 2.5% OP	STANDARD FORMULARY	Tier 02
PINDOLOL TAB 10MG	STANDARD FORMULARY	Tier 02
PINDOLOL TAB 5MG	STANDARD FORMULARY	Tier 02
PIOGLIT/GLIM TAB 30-2MG	STANDARD FORMULARY	Tier 02
PIOGLIT/GLIM TAB 30-4MG	STANDARD FORMULARY	Tier 02
PODOCON SOL 25%	STANDARD FORMULARY	Tier 02
POSACONAZOLE TAB 100MG DR	STANDARD FORMULARY	Tier 02

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PRAMIPEXOLE TAB 0.375 ER	STANDARD FORMULARY	Tier 02
PRAMIPEXOLE TAB 0.75 ER	STANDARD FORMULARY	Tier 02
PRAMIPEXOLE TAB 1.5MG ER	STANDARD FORMULARY	Tier 02
PRAMIPEXOLE TAB 2.25 ER	STANDARD FORMULARY	Tier 02
PRAMIPEXOLE TAB 3.75 ER	STANDARD FORMULARY	Tier 02
PRAMIPEXOLE TAB 3MG ER	STANDARD FORMULARY	Tier 02
PRAMIPEXOLE TAB 4.5MG ER	STANDARD FORMULARY	Tier 02
PRAZIQUANTEL TAB 600MG	STANDARD FORMULARY	Tier 02
PREDNISOLONE SOL 25MG/5ML	STANDARD FORMULARY	Tier 02
PREDNISOLONE TAB 10MG ODT	STANDARD FORMULARY	Tier 02
PREDNISOLONE TAB 15MG ODT	STANDARD FORMULARY	Tier 02
PREDNISOLONE TAB 30MG ODT	STANDARD FORMULARY	Tier 02
PREGABALIN SOL 20MG/ML	STANDARD FORMULARY	Tier 02
PROPAFENONE CAP 225MG ER	STANDARD FORMULARY	Tier 02
PROPAFENONE CAP 325MG ER	STANDARD FORMULARY	Tier 02
PROPAFENONE CAP 425MG ER	STANDARD FORMULARY	Tier 02
PROPANTHELIN TAB 15MG	STANDARD FORMULARY	Tier 02
QUAZEPAM TAB 15MG	STANDARD FORMULARY	Tier 02
QUININE SULF CAP 324MG	STANDARD FORMULARY	Tier 02
RABEPRAZOLE TAB 20MG	STANDARD FORMULARY	Tier 02
RAMELTEON TAB 8MG	STANDARD FORMULARY	Tier 02
RANOLAZINE TAB 1000MG	STANDARD FORMULARY	Tier 02
RANOLAZINE TAB 500MG ER	STANDARD FORMULARY	Tier 02
RASAGILINE TAB 0.5MG	STANDARD FORMULARY	Tier 02
RASAGILINE TAB 1MG	STANDARD FORMULARY	Tier 02
REA LO 40 LOT 40%	STANDARD FORMULARY	Tier 02
REPAGLINIDE TAB 0.5MG	STANDARD FORMULARY	Tier 02
REPAGLINIDE TAB 1MG	STANDARD FORMULARY	Tier 02
REPAGLINIDE TAB 2MG	STANDARD FORMULARY	Tier 02
RIFABUTIN CAP 150MG	STANDARD FORMULARY	Tier 02
RILUZOLE TAB 50MG	STANDARD FORMULARY	Tier 02
RISEDRON SOD TAB 35MG DR	STANDARD FORMULARY	Tier 02
RISEDRONATE TAB 150MG	STANDARD FORMULARY	Tier 02
RISEDRONATE TAB 30MG	STANDARD FORMULARY	Tier 02
RISEDRONATE TAB 35MG	STANDARD FORMULARY	Tier 02
RISEDRONATE TAB 5MG	STANDARD FORMULARY	Tier 02
SALICYLIC AC CRE 6%	STANDARD FORMULARY	Tier 02
SALICYLIC AC SOL 26%	STANDARD FORMULARY	Tier 02
SE-TAN PLUS CAP	STANDARD FORMULARY	Tier 02

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SILODOSIN CAP 4MG	STANDARD FORMULARY	Tier 02
SILODOSIN CAP 8MG	STANDARD FORMULARY	Tier 02
SILVER NITRA SOL 0.5%	STANDARD FORMULARY	Tier 02
SILVER NITRA SOL 10%	STANDARD FORMULARY	Tier 02
SILVER NITRA SOL 25%	STANDARD FORMULARY	Tier 02
SILVER NITRA SOL 50%	STANDARD FORMULARY	Tier 02
SIROLIMUS SOL 1MG/ML	STANDARD FORMULARY	Tier 02
SIROLIMUS TAB 0.5MG	STANDARD FORMULARY	Tier 02
SIROLIMUS TAB 1MG	STANDARD FORMULARY	Tier 02
SIROLIMUS TAB 2MG	STANDARD FORMULARY	Tier 02
SOD SULFACET SHA 10%	STANDARD FORMULARY	Tier 02
SOD SULFACET SOL 10% OP	STANDARD FORMULARY	Tier 02
SPINOSAD SUS 0.9%	STANDARD FORMULARY	Tier 02
SUCRALFATE SUS 1GM/10ML	STANDARD FORMULARY	Tier 02
SULFACET SOD OIN 10% OP	STANDARD FORMULARY	Tier 02
SULFADIAZINE TAB 500MG	STANDARD FORMULARY	Tier 02
TAZAROTENE CRE 0.1%	STANDARD FORMULARY	Tier 02
TELMIS/AMLOD TAB 40-10MG	STANDARD FORMULARY	Tier 02
TELMIS/AMLOD TAB 40-5MG	STANDARD FORMULARY	Tier 02
TELMIS/AMLOD TAB 80-10MG	STANDARD FORMULARY	Tier 02
TELMIS/AMLOD TAB 80-5MG	STANDARD FORMULARY	Tier 02
TELMISA/HCTZ TAB 40-12.5	STANDARD FORMULARY	Tier 02
TELMISA/HCTZ TAB 80-12.5	STANDARD FORMULARY	Tier 02
TELMISA/HCTZ TAB 80-25MG	STANDARD FORMULARY	Tier 02
TELMISARTAN TAB 20MG	STANDARD FORMULARY	Tier 02
TELMISARTAN TAB 40MG	STANDARD FORMULARY	Tier 02
TELMISARTAN TAB 80MG	STANDARD FORMULARY	Tier 02
TESTOSTERONE GEL 10MG/ACT	STANDARD FORMULARY	Tier 02
TESTOSTERONE SOL 30MG/ACT	STANDARD FORMULARY	Tier 02
THEOPHYLLINE SOL 80/15ML	STANDARD FORMULARY	Tier 02
TOLBUTAMIDE TAB 500MG	STANDARD FORMULARY	Tier 02
TOLTERODINE CAP 2MG ER	STANDARD FORMULARY	Tier 02
TOLTERODINE CAP 4MG ER	STANDARD FORMULARY	Tier 02
TRANEX ACID TAB 650MG	STANDARD FORMULARY	Tier 02
TRETINOIN GEL 0.04%	STANDARD FORMULARY	Tier 02
TRETINOIN GEL 0.05%	STANDARD FORMULARY	Tier 02
TRETINOIN GEL 0.1%	STANDARD FORMULARY	Tier 02
TRIAMCINOLON AER SPRAY	STANDARD FORMULARY	Tier 02
TRICITRATES SOL	STANDARD FORMULARY	Tier 02

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TRIMIPRAMINE CAP 100MG	STANDARD FORMULARY	Tier 02
TRIMIPRAMINE CAP 25MG	STANDARD FORMULARY	Tier 02
TRIMIPRAMINE CAP 50MG	STANDARD FORMULARY	Tier 02
UREA TOPICAL SUS 40%	STANDARD FORMULARY	Tier 02
VANCOMYCIN SOL 250/5ML	STANDARD FORMULARY	Tier 02
VERAPAMIL CAP 120MG ER	STANDARD FORMULARY	Tier 02
VERAPAMIL CAP 180MG ER	STANDARD FORMULARY	Tier 02
VERAPAMIL CAP 240MG ER	STANDARD FORMULARY	Tier 02
VORICONAZOLE SUS 40MG/ML	STANDARD FORMULARY	Tier 02
ZACLIR LOT 8%	STANDARD FORMULARY	Tier 02

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