

## Optima Health Pharmacy Changes Effective April 1, 2012

(For plans with pharmacy benefits administered by Optima Health)

Drug Name	Indication	Description of Change (by Formulary Type)	Generic Alternatives	Lower Tier Alternatives
<b>Complera</b> (emtricitabine & tenofovir +ripivirine)	HIV	<b><u>New Medication</u></b> Commercial – Tier 2 Generics Plus- Formulary Medicaid – Formulary	n/a	n/a
<b>Sancuso</b> (granisetron transdermal)	Nausea and Vomiting	<b><u>New Medication</u></b> Commercial- Tier 4 with qty limit Generics Plus- Non-formulary Medicaid – Non-formulary	n/a	n/a
<b>Adcetris</b> (brentuximab vedotin)	Hodgkin Lymphoma Large Cell Lymph (ALCL)	<b><u>New Medication</u></b> Commercial – Medical Benefit Generics Plus- Medical Benefit Medicaid – Medical Benefit	n/a	n/a
<b>Xalkori</b> (crizotinib)	Metastatic Non-Small Cell Lung Cancer (NSCLC)	<b><u>New Medication</u></b> Commercial- Tier 2 with prior authorization Generics – Formulary with prior authorization Medicaid –Formulary with prior authorization	n/a	n/a
<b>Zelboraf</b> (vemurafenib)	Metastatic Melanoma	<b><u>New Medication</u></b> Commercial- Tier 2 with prior authorization Generics – Formulary with prior authorization Medicaid –Formulary with prior authorization	n/a	n/a
<b>Benlysta</b> (belimumab)	Systemic Lupus Erythematosus	<b><u>Medication Change</u></b> Commercial – Medical Benefit with prior authorization Generics Plus- Medical Benefit with prior authorization Medicaid – Medical Benefit with prior authorization	n/a	n/a
<b>Makena</b> (hydroxyporgesterone caproate)	Preterm Labor	<b><u>Medication Change</u></b> Commercial – Medical Benefit with prior authorization Generics Plus- Medical Benefit with prior authorization Medicaid – Medical Benefit with prior authorization	n/a	n/a
<b>Prolia</b> (denosumab)	Osteoporosis	<b><u>Medication Change</u></b> Commercial – Medical Benefit with prior authorization Generics Plus- Medical Benefit with prior authorization Medicaid – Medical Benefit with prior authorization	alendronate	n/a

\*\*n/a means not applicable\*\*

Medications will be added to the Optima Medicare formulary upon CMS approval.

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<b>Kyrstexxa</b> (pegloticase)	Gout	<b><u>Medication Change</u></b> Commercial – Medical Benefit with prior authorization Generics Plus- Medical Benefit with prior authorization Medicaid – Medical Benefit with prior authorization	allopurinol	Uloric
<b>Brilinta</b> (ticagrelor)	Acute Coronary Syndrome	<b><u>New Medication</u></b> Commercial- Tier 4 Generics Plus- Non-formulary Medicaid – Non-formulary	n/a	Plavix
<b>Abstral</b> (fentanyl)	Pain	<b><u>Medication Change</u></b> Commercial- Moving from tier 4 to tier 3 Generics Plus- Formulary Medicaid – Non-formulary	fentanyl	n/a
<b>Lazanda</b> (fentanyl)	Pain	Commercial- Tier 4 with prior authorization Generics Plus- Non-formulary Medicaid – Non-formulary	fentanyl	n/a
<b>Xgeva</b> (denosumab)	Bone metastasis, associated with Solid Tumors (prophylaxis)	<b><u>Medication Change</u></b> Commercial – Medical Benefit with prior authorization Generics Plus- Medical Benefit with prior authorization Medicaid – Medical Benefit with prior authorization	n/a	n/a

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