

PERSONALIZED MEDICINE LIST

The Personalized Medicine Program facilitates pharmacogenomics (study of how genes affect a person's response to drugs) testing, providing physicians with the information they need to make personalized prescribing decisions – selecting the right drug and the right dose more quickly, safely and effectively. This personalized approach to prescribing:

- Enables more precise therapy and dosing decisions
- Increases the probability of successful therapy
- Lowers the risk of adverse effects
- Reduces waste because patients get the right drug and the right dose faster
- Reduces secondary costs; such as hospitalization, absenteeism, and trial and error of different treatments

Approval of dispensing of medications on the “Personalized Medicine Drug List, is contingent on the patient undergoing the appropriate genetic testing. The list can be obtained from WellDyne’s website at emhp.welldynex.com or the EMHP website at www.emhp.org or by calling WellDyne at 1-855-799-6831.

All drugs in this program require a Prior Authorization review by WellDyne. Either you or your healthcare professional can initiate the Prior Authorization process with WellDyne. Your healthcare professional will receive a Prior Authorization Form from WellDyne to complete and submit to WellDyne along with the chart notes and lab results or any other documentation required by WellDyne via fax to 1-888-473-7875 for review.

DRUGS ON WELLDYNE’S PERSONALIZED MEDICINE LIST

ABACAVIR SULFATE

ADO-TRASTUZUMAB EMTANSINE FOR IV SOLN 100 MG

ADO-TRASTUZUMAB EMTANSINE FOR IV SOLN 160 MG

AFATINIB DIMALEATE TABS

AGALSIDASE BETA FOR IV SOLN 35 MG

AGALSIDASE BETA FOR IV SOLN 5 MG

ALECTINIB HCL CAP 150 MG (BASE EQUIVALENT)

BLINATUMOMAB FOR IV INFUSION 35 MCG

BOCEPREVIR CAPS

BRIGATINIB TAB 30 MG

BUSULFAN TABS

CERTINIB CAP 150 MG

THESE LISTS AND COVERAGES FOR THESE DRUGS ARE SUBJECT TO CHANGE AND TO EMHP PLAN DESIGN GUIDELINES. (Continued)

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DRUGS ON WELLDYNE'S PERSONALIZED MEDICINE LIST

CERLIPONASE ALFA INTRAVENTRICULAR 2 X 150 MG/5ML KIT

CERLIPONASE ALFA INTRAVENTRICULAR SOLN 2 X 150 MG/5ML

CETUXIMAB SOLN

COBIMETINIB FUMARATE TAB 20 MG (BASE EQUIVALENT)

CRIZOTINIB CAPS

DABRAFENIB MESYLATE CAP 50 MG (BASE EQUIVALENT)

DABRAFENIB MESYLATE CAP 75 MG (BASE EQUIVALENT)

DACLATASVIR DIHYDROCHLORIDE TAB 30 MG (BASE EQUIVALENT)

DACLATASVIR DIHYDROCHLORIDE TAB 60 MG (BASE EQUIVALENT)

DACLATASVIR DIHYDROCHLORIDE TAB 90 MG (BASE EQUIVALENT)

DASATINIB TABS

ELBASVIR-GRAZOPREVIR TAB 50-100 MG

ELOSULFASE ALFA SOLN FOR IV INFUSION 5 MG/5ML (1 MG/ML)

GALSULFASE SOLN FOR IV INFUSION 1 MG/ML

IDURSULFASE SOLN FOR IV INFUSION 6 MG/3ML (2 MG/ML)

IMATINIB MESYLATE TABS

IVACAFTOR PACKET 50 MG

IVACAFTOR PACKET 75 MG

IVACAFTOR TAB 150 MG

IVACAFTOR TABS

LAPATINIB DITOSYLATE TABS

LARONIDASE SOLN FOR IV INFUSION 2.9 MG/5ML (500 UNIT/5ML)

LEDIPASVIR-SOFOSBUVIR TAB 90-400 MG

LENALIDOMIDE CAPS

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DRUGS ON WELLDYNE'S PERSONALIZED MEDICINE LIST

LUMACAFTOR-IVACAFTOR TAB 100-125 MG

LUMACAFTOR-IVACAFTOR TAB 200-125 MG

MIDOSTAURIN CAP 25 MG

NIVOLUMAB IV SOLN 100 MG/10ML

NIVOLUMAB IV SOLN 40 MG/4ML

OLAPARIB CAP 50 MG

OMBITAS-PARITAPRE-RITON & DASAB TAB PAK 12.5-75-50 & 250 MG

OMBITASVIR-PARITAPREVIR-RITONAVIR TAB 12.5-75-50 MG

OSIMERTINIB MESYLATE TAB 40 MG (BASE EQUIVALENT)

OSIMERTINIB MESYLATE TAB 80 MG (BASE EQUIVALENT)

PANITUMUMAB SOLN

PEMBROLIZUMAB FOR IV SOLN 50 MG

PEMBROLIZUMAB IV SOLN 100 MG/4ML (25 MG/ML)

RUCAPARIB CAMSYLATE TAB 200 MG (BASE EQUIVALENT)

RUCAPARIB CAMSYLATE TAB 250 MG (BASE EQUIVALENT)

RUCAPARIB CAMSYLATE TAB 300 MG (BASE EQUIVALENT)

SIMEPREVIR SODIUM CAP 150 MG (BASE EQUIVALENT)

SOFOSBUVIR TAB 400 MG

TELAPREVIR TABS

TRAMETINIB DIMETHYL SULFOXIDE TAB 0.5 MG (BASE EQUIVALENT)

TRAMETINIB DIMETHYL SULFOXIDE TAB 2 MG (BASE EQUIVALENT)

TRASTUZUMAB FOR IV SOLN 150 MG

TRASTUZUMAB SOLR

VEMURAFENIB TABS

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