

## Changes to the Optima Medicare Prime (HMO) Drug List (Formulary) October 2017

Optima Medicare may make changes to its Part D prescription drug list during the year. We may make the following types of changes: add or remove a drug; add, change, or delete prior authorization criteria, quantity limits and/or step therapy requirements on a drug; or move a drug to a lower or higher cost-sharing tier. If there is a change to a drug you use such as removing it from the formulary, moving it to a higher cost-sharing tier, or adding prior authorization criteria, quantity limits and/or step therapy requirements, we will notify you of the change at least 60 days before the change becomes effective. However, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes a drug from the market, we will immediately remove the drug from our formulary.

This table includes the changes that are shown in our current formulary.

Name of Affected Drug	Reason for Change	Drug Copayment/Coinsurance Tier	Requirements/Limits	Effective Date
TESTOSTERONE SOLN 30MG/ACT	Addition	Tier 4	PA	10/1/2017
MEROPENEM SOLR 1GM	Addition	Tier 2		10/1/2017
ORFADIN CAPS 20MG	Addition	Tier 5		10/1/2017
XIIDRA SOLN 5%	Addition	Tier 4		10/1/2017
ISIBLOOM TABS 0.15MG; 30MCG	Addition	Tier 2		10/1/2017
XATMEP SOLN 2.5MG/ML	Addition	Tier 4		10/1/2017
RENFLEXIS SOLR 100MG	Addition	Tier 5	PA	10/1/2017
TREMFYA SOSY 100MG/ML	Addition	Tier 5	PA	10/1/2017
SYNDROS SOLN 5MG/ML	Addition	Tier 5	QL (120/30) and PA	10/1/2017
ELETRIPTAN HYDROBROMIDE TABS 20MG	Addition	Tier 4	QL (12/30)	10/1/2017
ELETRIPTAN HYDROBROMIDE TABS 40MG	Addition	Tier 4	QL (12/30)	10/1/2017
MOXIFLOXACIN HCL SOLN 0.5%	Addition	Tier 2		10/1/2017
AMNESTEEM CAPS 10MG	Addition	Tier 4	PA	10/1/2017
AMNESTEEM CAPS 20MG	Addition	Tier 4	PA	10/1/2017
AMNESTEEM CAPS 40MG	Addition	Tier 4	PA	10/1/2017
MESALAMINE DR TBEC 1.2GM	Addition	Tier 3		10/1/2017
SEVELAMER CARBONATE TABS 800MG	Addition	Tier 3		10/1/2017
DESOGESTREL/ETHINYL ESTRADIOL TABS 0.15MG; 30MCG	Addition	Tier 2		10/1/2017

ENTRESTO TABS 24MG; 26MG	PA Removal	Tier 3	QL (30/30)	10/1/2017
ENTRESTO TABS 49MG; 51MG	PA Removal	Tier 3	QL (30/30)	10/1/2017
ENTRESTO TABS 97MG; 103MG	PA Removal	Tier 3	QL (30/30)	10/1/2017
AVASTIN SOLN 100MG/4ML	PA Removal	Tier 5		10/1/2017
AVASTIN SOLN 400MG/16ML	PA Removal	Tier 5		10/1/2017
MENHIBRIX SOLR 2.5MCG; 5MCG; 5MCG	Deletion	N/A	N/A	10/1/2017
SIMPONI SOSY 100MG/ML	Deletion	N/A	N/A	10/1/2017
RASUVO SOAJ 27.5MG/0.55ML	Deletion	N/A	N/A	10/1/2017
AMPICILLIN SUSR 250MG/5ML	Deletion	N/A	N/A	10/1/2017
AMPICILLIN SUSR 125MG/5ML	Deletion	N/A	N/A	10/1/2017
LIORESAL INTRATHECAL SOLN 0.05MG/ML	Deletion	N/A	N/A	10/1/2017

\*Reason for Change:

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

**Optima Medicare Prime Part D Cost-Share**

Tier 1 = \$0/month

Tier 2 = \$8/month

Tier 3 = \$40/month

Tier 4 = \$80/month

Tier 5 = 28% of drug cost

For more information on Part D prescription drug costs, please see the Optima Medicare Prime formulary or your Optima Medicare Evidence of Coverage.