

Changes to the Optima Medicare Value (HMO) Drug List (Formulary) November 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
RAYALDEE CPR 30MCG	Addition	Tier 5	ST	11/1/2017
ZYTIGA TABS 500MG	Addition	Tier 5	PA	11/1/2017
ISENTRESS HD TABS 600MG	Addition	Tier 5		11/1/2017
RADICAVA SOLN 30MG/100ML	Addition	Tier 5	PA	11/1/2017
BENLYSTA SOAJ 200MG/ML	Addition	Tier 5	PA	11/1/2017
VOSEVI TABS 400MG; 100MG; 100MG	Addition	Tier 5	QL (84/365) and PA	11/1/2017
BENLYSTA SOSY 200MG/ML	Addition	Tier 5	PA	11/1/2017
IDHIFA TABS 100MG	Addition	Tier 5	QL (30/30) and PA	11/1/2017
IDHIFA TABS 50MG	Addition	Tier 5	QL (30/30) and PA	11/1/2017
NERLYNX TABS 40MG	Addition	Tier 5	QL (180/30) and PA	11/1/2017
MAVYRET TABS 100MG; 40MG	Addition	Tier 5	QL (336/365) and PA	11/1/2017
LYNPARZA TABS 100MG	Addition	Tier 5	PA	11/1/2017
LYNPARZA TABS 150MG	Addition	Tier 5	PA	11/1/2017
VYXEOS SUSR 100MG; 44MG	Addition	Tier 5	PA	11/1/2017
VIGABATRIN PACK 500MG	Addition	Tier 5	PA	11/1/2017
DIAZEPAM RECTAL GEL GEL 2.5MG	Addition	Tier 4		11/1/2017
DIAZEPAM RECTAL GEL GEL 10MG	Addition	Tier 4		11/1/2017
CASPOFUNGIN ACETATE SOLR 70MG	Addition	Tier 5		11/1/2017
CASPOFUNGIN ACETATE SOLR 50MG	Addition	Tier 5		11/1/2017

ADAPALENE AND BENZOYL PEROXIDE GEL 0.1%; 2.5%	Addition	Tier 4	PA	11/1/2017
PRASUGREL TABS 10MG	Addition	Tier 2		11/1/2017
PRASUGREL TABS 5MG	Addition	Tier 2		11/1/2017
ESTRADIOL TABS 10MCG	Addition	Tier 4		11/1/2017
CALCITRIOL CAPS 0.25MCG	ST Addition	Tier 1		11/1/2017
CALCITRIOL CAPS 0.5MCG	ST Addition	Tier 1		11/1/2017
CALCITRIOL SOLN 1MCG/ML	ST Addition	Tier 2		11/1/2017
PARICALCITOL CAPS 1MCG	ST Addition	Tier 2		11/1/2017
PARICALCITOL CAPS 2MCG	ST Addition	Tier 2		11/1/2017
PARICALCITOL CAPS 4MCG	ST Addition	Tier 4		11/1/2017
DOXERCALCIFEROL CAPS 1MCG	ST Addition	Tier 4		11/1/2017
GAVILYTE-H KIT 5MG; 210GM; 0.74GM; 2.86GM; 5.6GM	Deletions	N/A	N/A	11/1/2017
ACETASOL HC SOLN 2%; 1%	Deletions	N/A	N/A	11/1/2017
NECON 10/11-28 TABS 35MCG; 0	Deletions	N/A	N/A	11/1/2017

*Reason for Change:

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

MDD = Maximum Daily Dose

Optima Medicare Value Part D Cost-Share

Tier 1 = \$0/month

Tier 2 = \$14/month

Tier 3 = \$47/month

Tier 4 = \$95/month

Tier 5 = 27% of drug cost

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