

Changes to the Optima Medicare Prime (HMO) Drug List (Formulary) October 2018

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
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	ADDITION	Tier 3	MDD QL 4/30	10.01.18
ZENPEP CPEP 14000UNIT; 3000UNIT; 10000UNIT	ADDITION	Tier 3		10.01.18
ZENPEP CPEP 63000UNIT; 15000UNIT; 47000UNIT	ADDITION	Tier 3		10.01.18
STIOLTO RESPIMAT AERS 2.5MCG/ACT; 2.5MCG/ACT	ADDITION	Tier 3	MDD QL 4/30	10.01.18
BROMSITE SOLN 0.075%	ADDITION	Tier 4	PTD QL 20/365	10.01.18
CIMDUO TABS 300MG	ADDITION	Tier 5	MDD QL 30/30	10.01.18
XELJANZ TABS 10MG	ADDITION	Tier 5	PA	10.01.18
FLURBIPROFEN SODIUM SOLN 0.03%	CHANGE- ST	Tier 1		10.01.18
ILEVRO SUSP 0.3%	CHANGE- ST	Tier 3		10.01.18
PROLENSA SOLN 0.07%	CHANGE- ST	Tier 4		10.01.18
COTELLIC TABS 20MG	CHANGE- QL	Tier 5		10.01.18
NEVANAC SUSP 0.1%	CHANGE- ST	Tier 3		10.01.18
DULOXETINE HCL CPEP 40MG	CHANGE- Tier	Tier 2		10.01.18
DICLOFENAC SODIUM SOLN 0.1%	CHANGE- ST	Tier 1		10.01.18
KETOROLAC TROMETHAMINE SOLN 0.4%	CHANGE- ST	Tier 2		10.01.18
KETOROLAC TROMETHAMINE SOLN 0.5%	CHANGE- ST	Tier 2		10.01.18

Name of Affected Drug	Reason for Change*	Drug Copayment/Coinsurance Tier	Requirements/Limits*	Effective Date
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT	DELETION	Tier 3		10.01.18
LANOXIN TABS 187.5MCG	DELETION	Tier 4		10.01.18
QVAR AERS 80MCG/ACT	DELETION	Tier 3		10.01.18
AURYXIA TABS 210MG	DELETION	Tier 5		10.01.18
ESTROPIPATE TABS 1.5MG	DELETION	Tier 4		10.01.18
CLARAVIS CAPS 20MG	DELETION	Tier 4		10.01.18
CLARAVIS CAPS 40MG	DELETION	Tier 4		10.01.18
CLARAVIS CAPS 30MG	DELETION	Tier 4		10.01.18
ZENPEP CPEP 63000UNIT; 15000UNIT; 47000UNIT	DELETION	Tier 3		10.01.18
ZENPEP CPEP 24000UNIT; 5000UNIT; 17000UNIT	DELETION	Tier 3		10.01.18

***Reason for Change and Requirements/Limits:**

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

MDD = Maximum Daily Dose

PTD = Period to Date (can only receive a specific amount of medication within a certain time period)

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.