

## Changes to the Optima Medicare Prime (HMO) Drug List (Formulary) April 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
MEDROXYPROGESTERONE ACETATE SUSY 150MG/ML	ADDITION	Tier 2	PTD QL (1/90)	4/1/2018
ALTAVERA TABS 0.03MG; 0.15MG	ADDITION	Tier 2		4/1/2018
KURVELO TABS 0.03MG; 0.15MG	ADDITION	Tier 2		4/1/2018
ENSKYCE TABS 0.15MG; 30MCG	ADDITION	Tier 2		4/1/2018
SELZENTRY SOLN 20MG/ML	ADDITION	Tier 5		4/1/2018
EMFLAZA TABS 6MG	ADDITION	Tier 5	PA	4/1/2018
EMFLAZA TABS 30MG	ADDITION	Tier 5	PA	4/1/2018
EMFLAZA TABS 18MG	ADDITION	Tier 5	PA	4/1/2018
EMFLAZA TABS 36MG	ADDITION	Tier 5	PA	4/1/2018
EMFLAZA SUSP 22.75MG/ML	ADDITION	Tier 5	PA	4/1/2018
ROWEEPRA XR TB24 750MG	ADDITION	Tier 2		4/1/2018
ROWEEPRA XR TB24 500MG	ADDITION	Tier 2		4/1/2018
HERCEPTIN SOLR 150MG	ADDITION	Tier 5	PA	4/1/2018
SHINGRIX SUSR 50MCG	ADDITION	Tier 3		4/1/2018
ALUNBRIG TABS 90MG	ADDITION	Tier 5	MDD QL (30/30) and PA	4/1/2018
ALUNBRIG TABS 180MG	ADDITION	Tier 5	MDD QL (30/30) and PA	4/1/2018

Name of Affected Drug	Reason for Change*	Drug Copayment/Coinsurance Tier	Requirements/Limits*	Effective Date
ALUNBRIG TBPK 0	ADDITION	Tier 5	PTD QL (60/365) and PA	4/1/2018
ELIQUIS STARTER PACK TABS 5MG	ADDITION	Tier 3	PTD QL (148/365)	4/1/2018
CINVANTI EMUL 130MG/18ML	ADDITION	Tier 4		4/1/2018
ZENPEP CPEP 168000UNIT; 40000UNIT; 126000UNIT	ADDITION	Tier 3		4/1/2018
ESTRADIOL CREA 0.1MG/GM	ADDITION	Tier 2		4/1/2018
TENOFOVIR DISOPROXIL FUMARATE TABS 300MG	ADDITION	Tier 5		4/1/2018
ATAZANAVIR SULFATE CAPS 150MG	ADDITION	Tier 5		4/1/2018
ATAZANAVIR SULFATE CAPS 200MG	ADDITION	Tier 5		4/1/2018
ATAZANAVIR SULFATE CAPS 300MG	ADDITION	Tier 5		4/1/2018
DORIPENEM SOLR 500MG	ADDITION	Tier 4		4/1/2018
LEVONORGESTREL/ETHINYL ESTRADIOL TABS 0.03MG; 0.15MG	ADDITION	Tier 2		4/1/2018
CARVEDILOL PHOSPHATE CP24 10MG	ADDITION	Tier 4		4/1/2018
CARVEDILOL PHOSPHATE CP24 20MG	ADDITION	Tier 4		4/1/2018
CARVEDILOL PHOSPHATE CP24 40MG	ADDITION	Tier 4		4/1/2018
ZENPEP CPEP 218000UNIT; 40000UNIT; 136000UNIT	CHANGE- Tier	Tier 3		4/1/2018
NUCALA SOLR 100MG	CHANGE- QL Increase	Tier 5	MDD QL (3/28)	4/1/2018
NYATA POWD 100000UNIT/GM	DELETION	Tier 2		4/1/2018
CORMAX SCALP APPLICATION SOLN 0.05%	DELETION	Tier 4		4/1/2018
ZENPEP CPEP 109000UNIT; 20000UNIT; 68000UNIT	DELETION	Tier 3		4/1/2018

**\*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.