

Changes to the Optima Medicare Prime (HMO) Drug List (Formulary) June 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
TRIAMCINOLONE ACETONIDE SUSP 40MG/ML	ADDITION	Tier 2		6/1/2018
HYDROCORTISONE ACETATE/PRAMOXINE CREA 1%; 1%	ADDITION	Tier 4		6/1/2018
TIAGABINE HYDROCHLORIDE TABS 12MG	ADDITION	Tier 4		6/1/2018
TIAGABINE HYDROCHLORIDE TABS 16MG	ADDITION	Tier 4		6/1/2018
PLEGRIDY STARTER PACK SOSY 0	ADDITION	Tier 5	PTD QL (2/365) and PA	6/1/2018
SYNAGIS SOLN 100MG/ML	ADDITION	Tier 5	PA	6/1/2018
SYLVANT SOLR 400MG	ADDITION	Tier 5	PA	6/1/2018
ABILIFY MAINTENA SRER 400MG	ADDITION	Tier 5		6/1/2018
TRESIBA FLEXTOUCH SOPN 100UNIT/ML	ADDITION	Tier 3		6/1/2018
TRESIBA FLEXTOUCH SOPN 200UNIT/ML	ADDITION	Tier 3		6/1/2018
LEVOLEUCOVORIN SOLR 50MG	ADDITION	Tier 5		6/1/2018
PALONOSETRON HYDROCHLORIDE SOLN 0.25MG/5ML	ADDITION	Tier 2		6/1/2018
ALIMTA SOLR 100MG	ADDITION	Tier 5		6/1/2018

Name of Affected Drug	Reason for Change*	Drug Copayment/Coinsurance Tier	Requirements/Limits*	Effective Date
ORFADIN CAPS 20MG	ADDITION	Tier 5		6/1/2018
FABRAZYME SOLR 5MG	ADDITION	Tier 5	PA	6/1/2018
ILARIS SOLN 150MG/ML	ADDITION	Tier 5	MDD QL (2/28) and PA	6/1/2018
ZYTIGA TABS 500MG	ADDITION	Tier 5	PA	6/1/2018
RUBRACA TABS 250MG	ADDITION	Tier 5	MDD QL (120/30) and PA	6/1/2018
ISENTRESS HD TABS 600MG	ADDITION	Tier 5		6/1/2018
HAEGARDA SOLR 2000UNIT	ADDITION	Tier 5	PA	6/1/2018
HAEGARDA SOLR 3000UNIT	ADDITION	Tier 5	PA	6/1/2018
MELODETTA 24 FE CHEW 20MCG; 75MG; 1MG	ADDITION	Tier 2		6/1/2018
PALONOSETRON HYDROCHLORI DE SOLN 0.25MG/2ML	ADDITION	Tier 4		6/1/2018
IMBRUVICA CAPS 70MG	ADDITION	Tier 5	PA	6/1/2018
TYDEMY TABS 3MG; 0.03MG; 0.451MG	ADDITION	Tier 4		6/1/2018
GLATOPA SOSY 40MG/ML	ADDITION	Tier 5	MDD QL (12/28) and PA	6/1/2018
MAKENA SOAJ 275MG/1.1ML	ADDITION	Tier 5	PA	6/1/2018
IMBRUVICA TABS 140MG	ADDITION	Tier 5	PA	6/1/2018
IMBRUVICA TABS 280MG	ADDITION	Tier 5	PA	6/1/2018
IMBRUVICA TABS 420MG	ADDITION	Tier 5	PA	6/1/2018
IMBRUVICA TABS 560MG	ADDITION	Tier 5	PA	6/1/2018
KELNOR 1/50 TABS 50MCG; 1MG	ADDITION	Tier 2		6/1/2018
DALIRESP TABS 250MCG	ADDITION	Tier 4	PA	6/1/2018
SYMFI LO TABS 400MG; 300MG; 300MG	ADDITION	Tier 5	MDD QL (30/30) and PA	6/1/2018
IBU TABS 600MG	ADDITION	Tier 1		6/1/2018
IBU TABS 800MG	ADDITION	Tier 1		6/1/2018
VIRAMUNE SUSP 50MG/5ML	ADDITION	Tier 5		6/1/2018
LANSOPRAZOLE TBDP 30MG	ADDITION	Tier 4	MDD QL (30/30) and PA	6/1/2018
LANSOPRAZOLE TBDP 15MG	ADDITION	Tier 4	MDD QL (30/30) and PA	6/1/2018
INTRON A SOLN 10MU/ML	ADDITION	Tier 5	PA	6/1/2018
EPIPEN 2-PAK SOAJ 0.3MG/0.3ML	ADDITION	Tier 3		6/1/2018
EPIPEN-JR 2-PAK SOAJ 0.15MG/0.3ML	ADDITION	Tier 3		6/1/2018

Name of Affected Drug	Reason for Change*	Drug Copayment/Coinsurance Tier	Requirements/Limits*	Effective Date
PLIAGLIS CREA 7%; 7%	ADDITION	Tier 4		6/1/2018
LAMOTRIGINE STARTER KIT/BLUE KIT 25MG	ADDITION	Tier 2		6/1/2018
LAMOTRIGINE STARTER KIT/ORANGE KIT 0	ADDITION	Tier 2		6/1/2018
LAMOTRIGINE STARTER KIT/GREEN KIT 0	ADDITION	Tier 5		6/1/2018
MESALAMINE DR TBEC 800MG	ADDITION	Tier 3		6/1/2018
RITONAVIR TABS 100MG	ADDITION	Tier 2		6/1/2018
DICLOFENAC SODIUM GEL 1%	CHANGE- Tier	Tier 2		6/1/2018
OXYCODONE/ACETAMINOPHEN SOLN 325MG/5ML; 5MG/5ML	DELETION	Tier 2		6/1/2018
ZENPEP CPEP 218000UNIT; 40000UNIT; 136000UNIT	DELETION	Tier 3		6/1/2018
KEYTRUDA SOLR 50MG	DELETION	Tier 5		6/1/2018
GENGRAF CAPS 50MG	DELETION	Tier 2		6/1/2018
NEVIRAPINE SUSP 50MG/5ML	DELETION	Tier 4		6/1/2018
ZMAX SUSR 2GM	DELETION	Tier 4		6/1/2018
NITROMIST AERS 400MCG/SPRAY	DELETION	Tier 4		6/1/2018
ILARIS SOLR 150MG	DELETION	Tier 5		6/1/2018

***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.