

Changes to the Optima Medicare Prime (HMO) Drug List (Formulary) July 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 |
|--|--------------------|---------------------------------|------------------------|----------------|
| SYEDA TABS 3MG; 0.03MG | ADDITION | 2 | | 7/1/2018 |
| ZENPEP CPEP 42000UNIT; 10000UNIT; 32000UNIT | ADDITION | 3 | | 7/1/2018 |
| HUMIRA PSKT 40MG/0.4ML | ADDITION | 5 | PA | 7/1/2018 |
| METHYLPHENIDATE HYDROCHLORIDE ER CP24 10MG | ADDITION | 2 | MDD QL (180/30) and PA | 7/1/2018 |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 0 | ADDITION | 5 | PA | 7/1/2018 |
| HUMIRA PEN PNKT 40MG/0.4ML | ADDITION | 5 | PA | 7/1/2018 |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80MG/0.8ML | ADDITION | 5 | PA | 7/1/2018 |
| HUMIRA PSKT 10MG/0.1ML | ADDITION | 5 | PA | 7/1/2018 |
| BENZNIDAZOLE TABS 12.5MG | ADDITION | 3 | | 7/1/2018 |
| VYLIBRA TABS 35MCG; 0.25MG | ADDITION | 2 | | 7/1/2018 |
| TRI-VYLIBRA TABS 0; 0 | ADDITION | 2 | | 7/1/2018 |
| METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72MG | ADDITION | 2 | MDD QL (30/30) and PA | 7/1/2018 |
| TOUJEO MAX SOLOSTAR SOPN 300UNIT/ML | ADDITION | 3 | | 7/1/2018 |

| Name of Affected Drug | Reason for Change* | Drug Copayment/Coinsurance Tier | Requirements/Limits* | Effective Date |
|------------------------------|--------------------|---------------------------------|----------------------|----------------|
| TASIGNA CAPS 50MG | ADDITION | 5 | PA | 7/1/2018 |
| BENZNIDAZOLE TABS 100MG | ADDITION | 3 | | 7/1/2018 |
| EPINEPHRINE SOAJ 0.3MG/0.3ML | CHANGE- Tier | 3 | ST Removed | 7/1/2018 |
| ONMEL TABS 200MG | DELETION | 5 | | 7/1/2018 |
| GILDAGIA TABS 35MCG; 0.4MG | DELETION | 2 | | 7/1/2018 |
| CLOPIDOGREL TABS 300MG | DELETION | 1 | | 7/1/2018 |

***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.