

## Changes to the Optima Medicare Value (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 ACETATESUSY150MG/ML	Addition	2	PTD QL (1/90)	4/1/2018
ALTAVERATABS0.03MG; 0.15MG	Addition	2		4/1/2018
KURVELOTABS0.03MG; 0.15MG	Addition	2		4/1/2018
ENSKYCETABS0.15MG; 30MCG	Addition	2		4/1/2018
SELZENTRYSOLN20MG/ML	Addition	5		4/1/2018
EMFLAZATABS6MG	Addition	5	PA	4/1/2018
EMFLAZATABS30MG	Addition	5	PA	4/1/2018
EMFLAZATABS18MG	Addition	5	PA	4/1/2018
EMFLAZATABS36MG	Addition	5	PA	4/1/2018
EMFLAZASUSP22.75MG/ML	Addition	5	PA	4/1/2018
ROWEEPRA XRTB24750MG	Addition	2		4/1/2018
ROWEEPRA XRTB24500MG	Addition	2		4/1/2018
HERCEPTINSOLR150MG	Addition	5	PA	4/1/2018
SHINGRIXSUSR50MCG	Addition	3		4/1/2018
ALUNBRIGTABS90MG	Addition	5	MDD QL (30/30) and PA	4/1/2018
ALUNBRIGTABS180MG	Addition	5	MDD QL (30/30) and PA	4/1/2018
ALUNBRIGTBPKO	Addition	5	PTD QL (60/365) and PA	4/1/2018
ELIQUIS STARTER PACKTABS5MG	Addition	3	PTD QL (148/365)	4/1/2018
CINVANTIEMUL130MG/18ML	Addition	4		4/1/2018

Name of Affected Drug	Reason for Change*	Drug Copayment/Coinsurance Tier	Requirements/Limits*	Effective Date
ZENPEPCPEP168000UNIT; 40000UNIT; 126000UNIT	Addition	3		4/1/2018
ESTRADIOLCREA0.1MG/GM	Addition	2		4/1/2018
TENOFOVIR DISOPROXIL FUMARATETABS300MG	Addition	5		4/1/2018
ATAZANAVIR SULFATECAPS150MG	Addition	5		4/1/2018
ATAZANAVIR SULFATECAPS200MG	Addition	5		4/1/2018
ATAZANAVIR SULFATECAPS300MG	Addition	5		4/1/2018
DORIPENEMSOLR500MG	Addition	4		4/1/2018
LEVONORGESTREL/ETHINYL ESTRADIOLTABS0.03MG; 0.15MG	Addition	2		4/1/2018
CARVEDILOL PHOSPHATECP2410MG	Addition	3		4/1/2018
CARVEDILOL PHOSPHATECP2420MG	Addition	3		4/1/2018
CARVEDILOL PHOSPHATECP2440MG	Addition	3		4/1/2018
ZENPEPCPEP218000UNIT; 40000UNIT; 136000UNIT	Tier Change	3		4/1/2018
NUCALASOLR100MG	QL Change	5	MDD QL (3/28)	4/1/2018
NYATAPOWD100000UNIT/GM	Deletion	2		4/1/2018
CORMAX SCALP APPLICATIONSOLN0.05%	Deletion	4		4/1/2018
ZENPEPCPEP109000UNIT; 20000UNIT; 68000UNIT	Deletion	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 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.