

Changes to the Optima Medicare Value (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
BUDESONIDE ER TB 24 9MG	ADDITION	5		10.01.18
GLEOSTINE CAPS 10MG	ADDITION	4		10.01.18
GLEOSTINE CAPS 100MG	ADDITION	4		10.01.18
GLEOSTINE CAPS 40MG	ADDITION	4		10.01.18
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	ADDITION	3	MDD QL 4/30	10.01.18
ZENPEP CPEP 14000UNIT; 3000UNIT; 10000UNIT	ADDITION	3		10.01.18
ZENPEP CPEP 63000UNIT; 15000UNIT; 47000UNIT	ADDITION	3		10.01.18
STIOLTO RESPIMAT AERS 2.5MCG/ACT; 2.5MCG/ACT	ADDITION	3	MDD QL 4/30	10.01.18
BROMSITE SOLN 0.075%	ADDITION	4	PTD QL 20/365	10.01.18
TRELEGY ELLIPTA AEPB 100MCG/INH; 62.5MCG/INH; 25MCG/INH	ADDITION	3	MDD QL 60/30	10.01.18
CIMDUO TABS 300MG	ADDITION	5	MDD QL 30/30	10.01.18
YONSA TABS 125MG	ADDITION	5	PA	10.01.18
LUCEMYRA TABS 0.18MG	ADDITION	4	MDD QL 480/30	10.01.18
OLUMIANT TABS 2MG	ADDITION	5	PA	10.01.18
XELJANZ TABS 10MG	ADDITION	5	PA	10.01.18
MIGLUSTAT CAPS 100MG	ADDITION	5	PA	10.01.18
FLURBIPROFEN SODIUM SOLN 0.03%	CHANGE - ST	1		10.01.18

Name of Affected Drug	Reason for Change*	Drug Copayment/Coinsurance Tier	Requirements/Limits*	Effective Date
ILEVRO SUSP 0.3%	CHANGE - ST	3		10.01.18
PROLENSA SOLN 0.07%	CHANGE - ST	4		10.01.18
COTELLIC TABS 20MG	REMOVE - QL	5		10.01.18
NEVANAC SUSP 0.1%	CHANGE - ST	3		10.01.18
DULOXETINE HCL CPEP 40MG	CHANGE - TIER	2		10.01.18
DICLOFENAC SODIUM SOLN 0.1%	CHANGE - ST	1		10.01.18
KETOROLAC TROMETHAMINE SOLN 0.4%	CHANGE - ST	2		10.01.18
KETOROLAC TROMETHAMINE SOLN 0.5%	CHANGE - ST	2		10.01.18
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT	DELETION	3		10.01.18
LANOXIN TABS 187.5MCG	DELETION	4		10.01.18
QVAR AERS 80MCG/ACT	DELETION	3		10.01.18
AURYXIA TABS 210MG	DELETION	5		10.01.18
GLEOSTINE CAPS 5MG	DELETION	4		10.01.18
KETOPROFEN CAPS 50MG	DELETION	2		10.01.18
ESTROPIPATE TABS 1.5MG	DELETION	4		10.01.18
ESTROPIPATE TABS 3MG	DELETION	4		10.01.18
CLARAVIS CAPS 20MG	DELETION	4		10.01.18
CLARAVIS CAPS 40MG	DELETION	4		10.01.18
CLARAVIS CAPS 30MG	DELETION	4		10.01.18
ZENPEP CPEP 42000UNIT; 10000UNIT; 32000UNIT	DELETION	3		10.01.18
ZENPEP CPEP 63000UNIT; 15000UNIT; 47000UNIT	DELETION	3		10.01.18
ZENPEP CPEP 24000UNIT; 5000UNIT; 17000UNIT	DELETION	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 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.