

Changes to the Optima Community Complete (HMO SNP) Drug List (Formulary) April 2018

Optima Community Complete 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*	Requirements/Limits*	Effective Date
MEDROXYPROGESTERONE ACETATESUSY150MG/ML	Addition	PTD QL (1/90)	4/1/2018
ALTAVERATABS0.03MG; 0.15MG	Addition		4/1/2018
KURVELOTABS0.03MG; 0.15MG	Addition		4/1/2018
ENSKYCETABS0.15MG; 30MCG	Addition		4/1/2018
SELZENTRYSOLN20MG/ML	Addition		4/1/2018
EMFLAZATABS6MG	Addition	PA	4/1/2018
EMFLAZATABS30MG	Addition	PA	4/1/2018
EMFLAZATABS18MG	Addition	PA	4/1/2018
EMFLAZATABS36MG	Addition	PA	4/1/2018
EMFLAZASUSP22.75MG/ML	Addition	PA	4/1/2018
ROWEEPRA XRTB24750MG	Addition		4/1/2018
ROWEEPRA XRTB24500MG	Addition		4/1/2018
HERCEPTINSOLR150MG	Addition	PA	4/1/2018
SHINGRIXSUSR50MCG	Addition		4/1/2018
ALUNBRIGTAB90MG	Addition	MDD QL (30/30) and PA	4/1/2018
ALUNBRIGTAB180MG	Addition	MDD QL (30/30) and PA	4/1/2018
ALUNBRIGTBPK0	Addition	PTD QL (60/365) and PA	4/1/2018
ELIQUIS STARTER PACKTAB5MG	Addition	PTD QL (148/365)	4/1/2018

Name of Affected Drug	Reason for Change*	Requirements/Limits*	Effective Date
CINVANTIEMUL130MG/18ML	Addition		4/1/2018
ZENPEPCPEP168000UNIT; 40000UNIT; 126000UNIT	Addition		4/1/2018
ESTRADIOLCREA0.1MG/GM	Addition		4/1/2018
TENOFOVIR DISOPROXIL FUMARATETABS300MG	Addition		4/1/2018
ATAZANAVIR SULFATECAPS150MG	Addition		4/1/2018
ATAZANAVIR SULFATECAPS200MG	Addition		4/1/2018
ATAZANAVIR SULFATECAPS300MG	Addition		4/1/2018
DORIPENEMSOLR500MG	Addition		4/1/2018
LEVONORGESTREL/ETHINYL ESTRADIOLTABS0.03MG; 0.15MG	Addition		4/1/2018
CARVEDILOL PHOSPHATECP2410MG	Addition		4/1/2018
CARVEDILOL PHOSPHATECP2420MG	Addition		4/1/2018
CARVEDILOL PHOSPHATECP2440MG	Addition		4/1/2018
NUCALASOLR100MG	QL Change	MDD QL (3/28)	4/1/2018
NYATAPOWD100000UNIT/GM	Deletion		4/1/2018
CORMAX SCALP APPLICATIONSOLN0.05%	Deletion		4/1/2018
ZENPEPCPEP109000UNIT; 20000UNIT; 68000UNIT	Deletion		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)

You will pay between \$0 - \$8.35 for your Part D Prescription Drugs

For more information on Part D prescription drugs costs, please see the Optima Community Complete Formulary or Evidence of Coverage.