

## Changes to the Optima Community Complete (HMO SNP) Drug List (Formulary) July 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
SYEDA TABS 3MG; 0.03MG	Additions		7/1/2018
ZENPEP CPEP 42000UNIT; 10000UNIT; 32000UNIT	Additions		7/1/2018
HUMIRA PSKT 40MG/0.4ML	Additions	PA	7/1/2018
METHYLPHENIDATE HYDROCHLORIDE ER CP24 10MG	Additions	MDD QL (180/30) and PA	7/1/2018
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 0	Additions	PA	7/1/2018
HUMIRA PEN PNKT 40MG/0.4ML	Additions	PA	7/1/2018
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80MG/0.8ML	Additions	PA	7/1/2018
HUMIRA PSKT 10MG/0.1ML	Additions	PA	7/1/2018
BENZNIDAZOLE TABS 12.5MG	Additions		7/1/2018
VYLIBRA TABS 35MCG; 0.25MG	Additions		7/1/2018
TRI-VYLIBRA TABS 0; 0	Additions		7/1/2018
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72MG	Additions	MDD QL (30/30) and PA	7/1/2018
TOUJEO MAX SOLOSTAR SOPN 300UNIT/ML	Additions		7/1/2018
TASIGNA CAPS 50MG	Additions	PA	7/1/2018
BENZNIDAZOLE TABS 100MG	Additions		7/1/2018
EPINEPHRINE SOAJ 0.3MG/0.3ML	Update: ST removed		7/1/2018
ONMEL TABS 200MG	Deletions		7/1/2018
GILDAGIA TABS 35MCG; 0.4MG	Deletions		7/1/2018

Name of Affected Drug	Reason for Change*	Requirements/Limits*	Effective Date
CLOPIDOGREL TABS 300MG	Deletions		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)

**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.