

Changes to the Optima Community Complete (HMO SNP) Drug List (Formulary) October 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
BUDESONIDE ER TB 24 9MG	ADDITION		10.01.18
GLEOSTINE CAPS 10MG	ADDITION		10.01.18
GLEOSTINE CAPS 100MG	ADDITION		10.01.18
GLEOSTINE CAPS 40MG	ADDITION		10.01.18
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	ADDITION	MDD QL 4/30	10.01.18
ZENPEP CPEP 14000UNIT; 3000UNIT; 10000UNIT	ADDITION		10.01.18
ZENPEP CPEP 63000UNIT; 15000UNIT; 47000UNIT	ADDITION		10.01.18
STIOLTO RESPIMAT AERS 2.5MCG/ACT; 2.5MCG/ACT	ADDITION	MDD QL 4/30	10.01.18
BROMSITE SOLN 0.075%	ADDITION	PTD QL 20/365	10.01.18
TRELEGY ELLIPTA AEPB 100MCG/INH; 62.5MCG/INH; 25MCG/INH	ADDITION	MDD QL 60/30	10.01.18
CIMDUO TABS 300MG	ADDITION	MDD QL 30/30	10.01.18
YONSA TABS 125MG	ADDITION	PA	10.01.18
LUCEMYRA TABS 0.18MG	ADDITION	MDD QL 480/30	10.01.18
OLUMIANT TABS 2MG	ADDITION	PA	10.01.18
XELJANZ TABS 10MG	ADDITION	PA	10.01.18
MIGLUSTAT CAPS 100MG	ADDITION	PA	10.01.18
FLURBIPROFEN SODIUM SOLN 0.03%	CHANGE - ST		10.01.18
ILEVRO SUSP 0.3%	CHANGE - ST		10.01.18

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

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.