



**2018
Formulary Addendum**

Below is a list formulary changes for the benefit year 2018. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2018 downloadable formulary on the HealthTeam Advantage website.

For a complete list of drugs covered by HealthTeam Advantage, please visit our Web site at www.healthteamadvantage.com or call HealthTeam Advantage Healthcare Concierge, at 1-888-965-1965 or, for TTY users, 711, October 1 – February 14, seven (7) days a week/8 a.m. – 8 p.m. (EST), or February 15 – September 30, Monday through Friday, 8 a.m. – 8 p.m. (EST).

BD - Part B vs. Part D, HR – High Risk Medication, LA - This prescription may be available only at certain pharmacies, NF - Non-Formulary, PA - Prior Authorization, QL – Quantity Limit per 30 days, ST - Step Therapy

2018 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 01/01/2018				
Adapalene-Benzoyl Peroxide GEL 0.1-2.5 % EXT	NF	4	Formulary Enhancement	N/A
AMNESTEEM CAP 10MG	NF	4	Formulary Enhancement	N/A
AMNESTEEM CAP 20MG	NF	4	Formulary Enhancement	N/A
AMNESTEEM CAP 40MG	NF	4	Formulary Enhancement	N/A
Benlysta SOL Auto-injector 200 MG/ML SUBQ	NF	5	Formulary Enhancement	N/A
Benlysta SOL PFS 200 MG/ML SUBQ	NF	5	Formulary Enhancement	N/A
Caspofungin ACET SOL RECON 50 MG IV	NF	5 + BD	Formulary Enhancement	N/A
Caspofungin ACET SOL RECON 70 MG IV	NF	5 + BD	Formulary Enhancement	N/A
DESO/ETHINYL TAB ESTRADIO	NF	1	Formulary Enhancement	N/A
DiazePAM GEL 10 MG RCT	NF	4	Formulary Enhancement	N/A
DiazePAM GEL 2.5 MG RCT	NF	4	Formulary Enhancement	N/A
Digox TABLET 125 MCG Oral	NF	1	Formulary Enhancement	N/A
Digox TABLET 250 MCG Oral	NF	1	Formulary Enhancement	N/A
ELETRIPTAN TAB 20MG	NF	4	Formulary Enhancement	N/A
ELETRIPTAN TAB 40MG	NF	4	Formulary Enhancement	N/A



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Estradiol TAB 10 MCG VAG	NF	4	Formulary Enhancement	N/A
IDHIFA TAB 100 MG	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
IDHIFA TAB 50 MG	NF	5 + QL 60 + PA2	Formulary Enhancement	N/A
Isentress HD TAB 600 MG	NF	5 + QL 60	Formulary Enhancement	N/A
ISIBLOOM TAB 0.15-30	NF	1	Formulary Enhancement	N/A
LIDOCAINE INJ 0.5%	NF	1	Formulary Enhancement	N/A
Lynparza TAB 100 MG	NF	5 + PA2 + LA	Formulary Enhancement	N/A
Lynparza TAB 150 MG	NF	5 + PA2 + LA	Formulary Enhancement	N/A
Mavyret TAB 100-40 MG	NF	5 + PA1	Formulary Enhancement	N/A
MEROPENEM INJ 1GM	NF	4	Formulary Enhancement	N/A
MESALAMINE TAB 1.2GM	NF	3	Formulary Enhancement	N/A
METHOTREXATE INJ 100/4ML	NF	1 + BD	Formulary Enhancement	N/A
METHOTREXATE INJ 200/8ML	NF	1 + BD	Formulary Enhancement	N/A
METHOTREXATE INJ 250/10ML	NF	1 + BD	Formulary Enhancement	N/A
MOXIFLOXACIN SOL 0.5%	NF	3	Formulary Enhancement	N/A
Narcan Liquid 4 MG/0.1ML Nasal	NF	4 + QL 2	Formulary Enhancement	N/A
Nerlynx TAB 40 MG	NF	5 + QL 180 + PA2 + LA	Formulary Enhancement	N/A
Nyamyc POWDER 100000 UNIT/GM EXT	NF	1	Formulary Enhancement	N/A
Nystop POWDER 100000 UNIT/GM EXT	NF	1	Formulary Enhancement	N/A
Ofev CAP 150 MG	NF	5	Formulary Enhancement	N/A
ORFADIN CAP 20MG	NF	5	Formulary Enhancement	N/A
Prasugrel HCl TAB 10 MG	NF	4	Formulary Enhancement	N/A
Prasugrel HCl TAB 5 MG	NF	4	Formulary Enhancement	N/A
Radicava SOL 30 MG/100ML IV	NF	5 + PA1	Formulary Enhancement	N/A
Rosuvastatin Calcium TAB 10 MG	2	1	Formulary Enhancement	N/A



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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Rosuvastatin Calcium TAB 20 MG	2	1	Formulary Enhancement	N/A
Rosuvastatin Calcium TAB 40 MG	2	1	Formulary Enhancement	N/A
Rosuvastatin Calcium TAB 5 MG	2	1	Formulary Enhancement	N/A
SEVELAMER TAB 800MG	NF	3	Formulary Enhancement	N/A
Sotalol HCl (AF) TABLET 160 MG Oral	NF	1	Formulary Enhancement	N/A
Sotalol HCl (AF) TABLET 80 MG Oral	NF	1	Formulary Enhancement	N/A
Sotalol HCl TABLET 120 MG Oral	NF	1	Formulary Enhancement	N/A
SYNDROS SOL 5MG/ML	NF	5 + QL 120 + PA1	Formulary Enhancement	N/A
TESTOSTERONE SOL 30MG/ACT	NF	4 + PA1	Formulary Enhancement	N/A
Vigabatrin PACK 500 MG	NF	5 + LA	Formulary Enhancement	N/A
Vyxeos SUSP RECON 100-44 MG IV	NF	5 + PA2	Formulary Enhancement	N/A
XATMEP SOL 2.5MG/ML	NF	5 + BD	Formulary Enhancement	N/A
Zytiga TAB 500 MG	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
EFFECTIVE 02/07/2018				
Shingrix SUSP 50 MCG IM	NF	3	Formulary Enhancement	N/A
EFFECTIVE 02/09/2018				
Estradiol vaginal cream 0.1 mg/gm	NF	3	Formulary Enhancement	N/A
EFFECTIVE 03/01/2018				
Adacel SUSPENSION 5-2-15.5 LF-MCG/0.5 Intramuscular (prefilled syringe)	NF	3	Formulary Enhancement	N/A
Aliqopa SOLUTION RECONSTITUTED 60 MG Intravenous	NF	5 + PA2 + LA	Formulary Enhancement	N/A
Aminosyn II SOL 7 % IV	3 + BD	NF	CMS Required Deletion	N/A
Ampicillin CAP 250 MG	1	NF	CMS Required Deletion	N/A
Ampicillin SUS 125 MG/5ML	2	NF	CMS Required Deletion	N/A
Ampicillin SUS 250 MG/5ML	2	NF	CMS Required Deletion	N/A



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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
ARIPiprazole SOLUTION 1 MG/ML ORAL	NF	4 + QL 750	Formulary Enhancement	N/A
Austedo TABLET 12 MG Oral	NF	5 + QL 120 + PA1	Formulary Enhancement	N/A
Austedo TABLET 6 MG Oral	NF	5 + QL 120 + PA1	Formulary Enhancement	N/A
Austedo TABLET 9 MG Oral	NF	5 + QL 120 + PA1	Formulary Enhancement	N/A
Axiron SOL 30 MG/ACT TD	4 + PA1	NF	CMS Required Deletion	N/A
Bortezomib SOLUTION RECONSTITUTED 3.5 MG Intravenous	NF	5 + BD	Formulary Enhancement	N/A
Bosulif TABLET 400 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Bromfenac Sodium SOL 0.09 % OPH	3	NF	CMS Required Deletion	N/A
Budesonide SUS 32 MCG/ACT Nasal	2	NF	CMS Required Deletion	N/A
Calquence CAPSULE 100 MG Oral	NF	5 + QL 60 + PA2 + LA	Formulary Enhancement	N/A
Carvedilol Phosphate ER CAPSULE EXTENDED RELEASE 24 HOUR 80 MG Oral	NF	4	Formulary Enhancement	N/A
DACTINomycin SOLUTION RECONSTITUTED 0.5 MG Intravenous	NF	5 + BD	Formulary Enhancement	N/A
Doribax SOL 500 MG IV	4	NF	CMS Required Deletion	N/A
Efavirenz CAPSULE 50 MG Oral	NF	4 + QL 480	Formulary Enhancement	N/A
Eliphos TAB 667 MG	1	NF	CMS Required Deletion	N/A
Ethinodiol Diac-Eth Estradiol TABLET 1-35 MG-MCG Oral	NF	1	Formulary Enhancement	N/A
Fortaz SOL 1 GM IV	4	NF	CMS Required Deletion	N/A



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Fosamprenavir Calcium TABLET 700 MG Oral	NF	5 + QL 120	Formulary Enhancement	N/A
Glatiramer Acetate Solution Prefilled Syringe 20 MG/ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Glatiramer Acetate Solution Prefilled Syringe 40 MG/ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Gocovri CAPSULE EXTENDED RELEASE 24 HOUR 137 MG Oral	NF	5 + QL 62/31 + PA1	Formulary Enhancement	N/A
Gocovri CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG Oral	NF	5 + QL 31/31 + PA1	Formulary Enhancement	N/A
Haloperidol Decanoate SOLUTION 100 MG/ML Intramuscular 1 ML	NF	2	Formulary Enhancement	N/A
Havrix SUSPENSION 1440 EL U/ML Intramuscular (prefilled syringe)	NF	3	Formulary Enhancement	N/A
Havrix SUSPENSION 720 EL U/0.5ML Intramuscular (prefilled syringe)	NF	3	Formulary Enhancement	N/A
Juluca TABLET 50-25 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Kadcyla SOLUTION RECONSTITUTED 160 MG Intravenous	NF	5	Formulary Enhancement	N/A
Lartruvo SOLUTION 190 MG/19ML Intravenous	NF	4 + PA2	Formulary Enhancement	N/A
Levo-T TABLET 100 MCG ORAL	NF	1	Formulary Enhancement	N/A
Levo-T TABLET 112 MCG ORAL	NF	1	Formulary Enhancement	N/A
Levo-T TABLET 125 MCG ORAL	NF	1	Formulary Enhancement	N/A
Levo-T TABLET 137 MCG ORAL	NF	1	Formulary Enhancement	N/A
Levo-T TABLET 150 MCG ORAL	NF	1	Formulary Enhancement	N/A
Levo-T TABLET 175 MCG ORAL	NF	1	Formulary Enhancement	N/A
Levo-T TABLET 200 MCG ORAL	NF	1	Formulary Enhancement	N/A
Levo-T TABLET 25 MCG ORAL	NF	1	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Levo-T TABLET 300 MCG ORAL	NF	1	Formulary Enhancement	N/A
Levo-T TABLET 50 MCG ORAL	NF	1	Formulary Enhancement	N/A
Levo-T TABLET 75 MCG ORAL	NF	1	Formulary Enhancement	N/A
Levo-T TABLET 88 MCG ORAL	NF	1	Formulary Enhancement	N/A
Lupron Depot-Ped (3-Month) KIT 30 MG (Ped) Intramuscular	NF	5 + PA2	Formulary Enhancement	N/A
Menomune INJECTABLE SQ	3	NF	CMS Required Deletion	N/A
Methylphenidate HCl ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 20 MG Oral	NF	4 + PA1	Formulary Enhancement	N/A
Methylphenidate HCl ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 30 MG Oral	NF	4 + PA1	Formulary Enhancement	N/A
Methylphenidate HCl ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 40 MG Oral	NF	4 + PA1	Formulary Enhancement	N/A
Mylotarg SOLUTION RECONSTITUTED 4.5 MG Intravenous	NF	5 + PA2 + LA	Formulary Enhancement	N/A
Necon 10/11 (28) TAB 35 MCG	1	NF	CMS Required Deletion	N/A
Novarel SOLUTION RECONSTITUTED 5000 UNIT Intramuscular	NF	2 + PA1	Formulary Enhancement	N/A
Opdivo SOLUTION 100 MG/10ML Intravenous	NF	5 + PA2	Formulary Enhancement	N/A
Oseltamivir Phosphate SUSPENSION RECONSTITUTED 6 MG/ML Oral	NF	3 + QL 540	Formulary Enhancement	N/A
Oxaliplatin SOLUTION RECONSTITUTED 100 MG Intravenous	NF	4 + BD	Formulary Enhancement	N/A
PARoxetine Mesylate CAPSULE 7.5 MG Oral	NF	4	Formulary Enhancement	N/A



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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
PEG 3350/Electrolytes SOLUTION RECONSTITUTED 240 GM ORAL	NF	1	Formulary Enhancement	N/A
Piperacillin Sod-Tazobactam So SOLUTION RECONSTITUTED 2.25 (2-0.25) GM Intravenous	NF	4	Formulary Enhancement	N/A
Rituxan SOLUTION 100 MG/10ML Intravenous	NF	5 + PA2	Formulary Enhancement	N/A
Scopolamine Patch 72 Hour 1 MG/3DAYS Transdermal	NF	4	Formulary Enhancement	N/A
Stelara SOLUTION 45 MG/0.5ML Subcutaneous	NF	5 + ST2	Formulary Enhancement	N/A
SUMatriptan Succinate SOL PFS 6 MG/0.5ML SQ	4	NF	CMS Required Deletion	N/A
SUMatriptan Succinate Solution Auto-injector 6 MG/0.5ML Subcutaneous	NF	2	Formulary Enhancement	N/A
Timolol Maleate SOLUTION 0.5 % (DAILY) Ophthalmic	NF	1	Formulary Enhancement	N/A
Tracleer TABLET SOLUBLE 32 MG Oral	NF	5 + QL 120 + PA2 + LA	Formulary Enhancement	N/A
TraMADol HCl ER (Biphasic) Tablet Extended Release 24 Hour 100 MG Oral	NF	2 + QL 30	Formulary Enhancement	N/A
TraMADol HCl ER (Biphasic) Tablet Extended Release 24 Hour 200 MG Oral	NF	2 + QL 30	Formulary Enhancement	N/A
TraMADol HCl ER (Biphasic) Tablet Extended Release 24 Hour 300 MG Oral (matrix delivery)	NF	4 + QL 30	Formulary Enhancement	N/A
Treanda SOLUTION RECONSTITUTED 25 MG Intravenous	NF	5 + BD	Formulary Enhancement	N/A
Trisenox SOLUTION 12 MG/6ML Intravenous	NF	4 + BD	Formulary Enhancement	N/A



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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Uloric TABLET 40 MG Oral	4 + ST1	3 + ST1	Formulary Enhancement	N/A
Uloric TABLET 80 MG ORAL	4 + ST1	3 + ST1	Formulary Enhancement	N/A
Vaqta SUSPENSION 25 UNIT/0.5ML Intramuscular (injection)	NF	3	Formulary Enhancement	N/A
Vaqta SUSPENSION 50 UNIT/ML Intramuscular (injection)	NF	3	Formulary Enhancement	N/A
Varubi TABLET 90 MG ORAL	NF	4 + BD	Formulary Enhancement	N/A
Verzenio TABLET 100 MG Oral	NF	5 + PA2 + LA	Formulary Enhancement	N/A
Verzenio TABLET 150 MG Oral	NF	5 + PA2 + LA	Formulary Enhancement	N/A
Verzenio TABLET 200 MG Oral	NF	5 + PA2 + LA	Formulary Enhancement	N/A
Verzenio TABLET 50 MG Oral	NF	5 + PA2 + LA	Formulary Enhancement	N/A
Welchol PACKET 3.75 GM ORAL	NF	3	Formulary Enhancement	N/A
Xultophy Solution Pen-injector 100-3.6 UNIT-MG/ML Subcutaneous	NF	3 + ST1	Formulary Enhancement	N/A
Xuriden PACKET 2 GM ORAL	NF	5 + PA1	Formulary Enhancement	N/A
Zazole CRM 0.8 % VAG	1	NF	CMS Required Deletion	N/A
Zenpep CAPSULE DELAYED RELEASE PARTICLES 20000-63000 UNIT Oral	NF	3	Formulary Enhancement	N/A
EFFECTIVE 04/01/2018				
Altavera TABLET 0.15-30 MG-MCG ORAL	NF	1	Formulary Enhancement	N/A
Alunbrig TABLET 180 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Alunbrig TABLET 90 MG Oral	NF	5 + QL 60 + PA2	Formulary Enhancement	N/A
Alunbrig Tablet Therapy Pack 90 & 180 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Atazanavir Sulfate CAPSULE 150 MG Oral	NF	4 + QL 60	Formulary Enhancement	N/A



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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Atazanavir Sulfate CAPSULE 200 MG Oral	NF	4 + QL 60	Formulary Enhancement	N/A
Atazanavir Sulfate CAPSULE 300 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Carvedilol Phosphate ER CAPSULE EXTENDED RELEASE 24 HOUR 10 MG Oral	NF	4	Formulary Enhancement	N/A
Carvedilol Phosphate ER CAPSULE EXTENDED RELEASE 24 HOUR 20 MG Oral	NF	4	Formulary Enhancement	N/A
Carvedilol Phosphate ER CAPSULE EXTENDED RELEASE 24 HOUR 40 MG Oral	NF	4	Formulary Enhancement	N/A
Doripenem SOLUTION RECONSTITUTED 500 MG Intravenous	NF	4	Formulary Enhancement	N/A
Eliquis Starter Pack TABLET 5 MG Oral	NF	3	Formulary Enhancement	N/A
Enskyce TABLET 0.15-30 MG-MCG ORAL	NF	1	Formulary Enhancement	N/A
Herceptin SOLUTION RECONSTITUTED 150 MG Intravenous	NF	5 + BD	Formulary Enhancement	N/A
Kurvelo TABLET 0.15-30 MG-MCG ORAL	NF	1	Formulary Enhancement	N/A
Levonorgestrel-Ethinyl Estrad TABLET 0.15-30 MG-MCG ORAL	NF	1	Formulary Enhancement	N/A
MedroxyPROGESTERone Acetate Suspension Prefilled Syringe 150 MG/ML Intramuscular	NF	1	Formulary Enhancement	N/A
Selzentry SOLUTION 20 MG/ML Oral	NF	4 + QL 1800	Formulary Enhancement	N/A
Tenofovir Disoproxil Fumarate TABLET 300 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A

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Zenpep CAPSULE DELAYED RELEASE PARTICLES 20000 UNIT Oral	3	NF	CMS Required Deletion	N/A
Zenpep CAPSULE DELAYED RELEASE PARTICLES 40000-126000 UNIT Oral	NF	3	Formulary Enhancement	N/A
EFFECTIVE 05/01/2018				
Abacavir Sulfate SOLUTION 20 MG/ML Oral	NF	4 + QL 960	Formulary Enhancement	N/A
Biktarvy TABLET 50-200-25 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Brisdelle CAPSULE 7.5 MG Oral	4	NF	Formulary Update	paroxetine mesylate 7.5 mg, 4
Cancidas SOLUTION RECONSTITUTED 50 MG Intravenous	5 + BD	NF	Formulary Update	casposfungin acetate 50 mg, 5 + BD
Cancidas SOLUTION RECONSTITUTED 70 MG Intravenous	5 + BD	NF	Formulary Update	casposfungin acetate 70 mg, 5 + BD
Copaxone Solution Prefilled Syringe 20 MG/ML Subcutaneous	5 + PA1	NF	Formulary Update	glatiramer acetate 20 mg/ml, 5 + PA1
Copaxone Solution Prefilled Syringe 40 MG/ML Subcutaneous	5 + PA1	NF	Formulary Update	glatiramer acetate 40 mg/ml, 5 + PA1
Coreg CR CAPSULE EXTENDED RELEASE 24 HOUR 80 MG Oral	4	NF	Formulary Update	carvedilol phosphate 80 mg, 4

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Cosmegen SOLUTION RECONSTITUTED 0.5 MG Intravenous	5 + BD	NF	Formulary Update	dactinomycin 0.5 mg, 5 + BD
Didanosine CAPSULE DELAYED RELEASE 125 MG Oral	3 + QL 90	NF	CMS Required Deletion	N/A
Efavirenz CAPSULE 200 MG Oral	NF	4 + QL 120	Formulary Enhancement	N/A
Efavirenz TABLET 600 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Effient TABLET 10 MG Oral	4	NF	Formulary Update	prasugrel 10 mg, 4
Endari PACKET 5 GM Oral	NF	4 + QL 180 + PA1 + LA	Formulary Enhancement	N/A
Epiduo GEL 0.1-2.5 % External	4	NF	Formulary Update	adapalene 0.001 mg/mg / benzoyl peroxide 0.025 mg/mg, 4
Erleada TABLET 60 MG Oral	NF	5 + PA2 + LA	Formulary Enhancement	N/A
Esomeprazole Strontium CAPSULE DELAYED RELEASE 49.3 MG Oral	NF	3	Formulary Enhancement	N/A
Gentamicin Sulfate SOLUTION 10 MG/ML Intravenous	2	NF	CMS Required Deletion	N/A
Haloperidol Lactate SOLUTION 5 MG/ML Injection (1 ml Prefilled Syringe)	NF	2	Formulary Enhancement	N/A
ISOTretinoin CAPSULE 10 MG Oral	NF	4	Formulary Enhancement	N/A
ISOTretinoin CAPSULE 20 MG Oral	NF	4	Formulary Enhancement	N/A
ISOTretinoin CAPSULE 30 MG Oral	NF	4	Formulary Enhancement	N/A
ISOTretinoin CAPSULE 40 MG Oral	NF	4	Formulary Enhancement	N/A
Levonorgest-Eth Estrad 91-Day TABLET 0.1-0.02 & 0.01 MG Oral	NF	4	Formulary Enhancement	N/A

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Lexiva TABLET 700 MG Oral	5 + QL 120	NF	Formulary Update	fosamprenavir 700 mg, 5 + QL 120
Lialda Tablet Delayed Release 1.2 GM Oral	3	NF	Formulary Update	mesalamine 1200 mg, 3
Memantine HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 14 MG Oral	NF	3	Formulary Enhancement	N/A
Memantine HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 21 MG Oral	NF	3	Formulary Enhancement	N/A
Memantine HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 28 MG Oral	NF	3	Formulary Enhancement	N/A
Memantine HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 7 MG Oral	NF	3	Formulary Enhancement	N/A
Methotrexate Sodium SOLUTION 250 MG/10ML INJECTION	NF	1 + BD	Formulary Enhancement	N/A
Minocycline HCl ER Tablet Extended Release 24 Hour 115 MG Oral	NF	4	Formulary Enhancement	N/A
Minocycline HCl ER Tablet Extended Release 24 Hour 65 MG Oral	NF	4	Formulary Enhancement	N/A
Naloxone HCl Solution Cartridge 0.4 MG/ML Injection	NF	1	Formulary Enhancement	N/A
Relpax TABLET 20 MG Oral	4	NF	Formulary Update	eletriptan 20 mg, 4
Relpax TABLET 40 MG Oral	4	NF	Formulary Update	eletriptan 40 mg, 4

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Renvela TABLET 800 MG Oral	5	NF	Formulary Update	sevelamer carbonate 800 mg, 3
Sabril PACKET 500 MG Oral	5	NF	Formulary Update	vigabatrin 50 mg/ml, 5
Sodium Phenylbutyrate TABLET 500 MG Oral	NF	5	Formulary Enhancement	N/A
Sumatriptan-Naproxen Sodium TABLET 85-500 MG Oral	NF	4	Formulary Enhancement	N/A
Sustiva CAPSULE 50 MG Oral	4 + QL 480	NF	Formulary Update	efavirenz 50 mg, 4 + QL 480
Symdeko Tablet Therapy Pack 100-150 & 150 MG Oral	NF	5 + PA1 + LA	Formulary Enhancement	N/A
Tamiflu SUSPENSION RECONSTITUTED 6 MG/ML Oral	3 + QL 540	NF	Formulary Update	oseltamivir 6 mg/ml, 3 + QL 540
TaperDex 12-Day Tablet Therapy Pack 1.5 MG (49) Oral	NF	4	Formulary Enhancement	N/A
TaperDex 6-Day Tablet Therapy Pack 1.5 MG (21) Oral	NF	4	Formulary Enhancement	N/A
Transderm-Scop (1.5 MG) Patch 72 Hour 1 MG/3DAYS Transdermal	4	NF	Formulary Update	scopolamine 0.0139 mg/hr, 4
Trientine HCl CAPSULE 250 MG Oral	NF	5	Formulary Enhancement	N/A
Trisenox SOLUTION 10 MG/10ML Intravenous	4 + BD	NF	CMS Required Deletion	N/A
Videx EC CAPSULE DELAYED RELEASE 125 MG Oral	NF	3 + QL 90	Formulary Enhancement	N/A

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2018 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Vigamox SOLUTION 0.5 % Ophthalmic	3	NF	Formulary Update	moxifloxacin 5 mg/ml, 3
Zenpep CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT Oral	NF	3	Formulary Enhancement	N/A
Zenpep CAPSULE DELAYED RELEASE PARTICLES 5000-24000 UNIT Oral	NF	3	Formulary Enhancement	N/A
EFFECTIVE 06/01/2018				
Abilify Maintena Suspension Reconstituted ER 400 MG Intramuscular	NF	5	Formulary Enhancement	N/A
Alimta SOLUTION RECONSTITUTED 100 MG Intravenous	NF	5 + BD	Formulary Enhancement	N/A
Coreg CR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG Oral	4	NF	Formulary Update	carvedilol phosphate 10 mg, 4
Coreg CR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG Oral	4	NF	Formulary Update	carvedilol phosphate 20 mg, 4
Coreg CR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG Oral	4	NF	Formulary Update	carvedilol phosphate 40 mg, 4
Daliresp Tablet 250 MCG Oral	NF	3 + QL 30	Formulary Enhancement	N/A
Estrace CREAM 0.1 MG/GM Vaginal	4	NF	Formulary Update	estradiol 0.1 mg/ml, 3
Fabrazyme SOLUTION RECONSTITUTED 5 MG Intravenous	NF	5 + PA1	Formulary Enhancement	N/A
Gengraf CAPSULE 50 MG ORAL	2 + BD	NF	CMS Required Deletion	N/A
Hydrocortisone Ace-Pramoxine CREAM 1-1 % Rectal	NF	2	Formulary Enhancement	N/A
IBU TABLET 600 MG Oral	NF	1	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
IBU TABLET 800 MG Oral	NF	1	Formulary Enhancement	N/A
Ilaris (150mg Delivered) SOLUTION RECONSTITUTED 180 MG Subcutaneous	5	NF	CMS Required Deletion	N/A
Imbruvica CAPSULE 70 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Imbruvica TABLET 140 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Imbruvica TABLET 280 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Imbruvica TABLET 420 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Imbruvica TABLET 560 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Intron A SOLUTION 10000000 UNIT/ML INJECTION	NF	5 + BD	Formulary Enhancement	N/A
Kelnor 1/50 Tablet 1-50 MG-MCG Oral	NF	1	Formulary Enhancement	N/A
Keytruda SOLUTION RECONSTITUTED 50 MG Intravenous	5 + PA2	NF	CMS Required Deletion	N/A
LamoTRigine Starter Kit-Blue KIT 25 (35) MG Oral	NF	4	Formulary Enhancement	N/A
LamoTRigine Starter Kit-Green KIT 25 (84)-100(14) MG Oral	NF	4	Formulary Enhancement	N/A
LamoTRigine Starter Kit-Orange KIT 25 (42)-100 (7) MG Oral	NF	4	Formulary Enhancement	N/A
LEVOleucovorin Calcium SOLUTION RECONSTITUTED 50 MG Intravenous	NF	4 + BD	Formulary Enhancement	N/A
Makena Solution Auto-injector 275 MG/1.1ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Nevirapine SUSPENSION 50 MG/5ML Oral	3 + QL 1200	NF	CMS Required Deletion	N/A
Palonosetron HCl Solution 0.25 MG/2ML Intravenous	NF	4 + BD	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Palonosetron HCl Solution 0.25 MG/5ML Intravenous	NF	4 + BD	Formulary Enhancement	N/A
Plegridy Starter Pack Solution Prefilled Syringe 63 & 94 MCG/0.5ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Reyataz CAPSULE 150 MG Oral	5 + QL 60	NF	Formulary Update	atazanavir 150 mg, 4 + QL 60
Reyataz CAPSULE 200 MG Oral	5 + QL 60	NF	Formulary Update	atazanavir 200 mg, 4 + QL 60
Reyataz CAPSULE 300 MG Oral	5 + QL 30	NF	Formulary Update	atazanavir 300 mg, 5 + QL 30
Ritonavir Tablet 100 MG Oral	NF	4 + QL 360	Formulary Enhancement	N/A
Rubraca TABLET 250 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Symfi Lo Tablet 400-300-300 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Synagis SOLUTION 100 MG/ML Intramuscular	NF	5	Formulary Enhancement	N/A
TiaGABine HCl Tablet 12 MG Oral	NF	4	Formulary Enhancement	N/A
TiaGABine HCl Tablet 16 MG Oral	NF	4	Formulary Enhancement	N/A
Tydemyl Tablet 3-0.03-0.451 MG Oral	NF	4	Formulary Enhancement	N/A
Viramune SUSPENSION 50 MG/5ML Oral	NF	3 + QL 1200	Formulary Enhancement	N/A
Viread TABLET 300 MG Oral	5 + QL 30	NF	Formulary Update	tenofovir disoproxil fumarate 300 mg, 5 + QL 30
Zenpep CAPSULE DELAYED RELEASE PARTICLES 40000-136000 UNIT Oral	3	NF	CMS Required Deletion	N/A
Zmax SUSPENSION RECONSTITUTED 2 GM ORAL	4	NF	CMS Required Deletion	N/A

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2018 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 07/01/2018				
Benznidazole TABLET 100 MG Oral	NF	4	Formulary Enhancement	N/A
Benznidazole TABLET 12.5 MG Oral	NF	4	Formulary Enhancement	N/A
Cetraxal SOLUTION 0.2 % OTIC	NF	4	Formulary Enhancement	N/A
Clopidogrel Bisulfate TABLET 300 MG Oral	2	NF	CMS Required Deletion	N/A
Humira Pediatric Crohns Start Prefilled Syringe Kit 80 MG/0.8ML & 40MG/0.4ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
Humira Pediatric Crohns Start Prefilled Syringe Kit 80 MG/0.8ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
Humira Pen Pen-Injector Kit 40 MG/0.4ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
Humira Prefilled Syringe Kit 10 MG/0.1ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
Humira Prefilled Syringe Kit 40 MG/0.4ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
Intrarosa INSERT 6.5 MG Vaginal	NF	4 + PA1	Formulary Enhancement	N/A
LoSeasonique TABLET 0.1-0.02 & 0.01 MG ORAL	4	NF	Formulary Update	ethinyl estradiol 0.01 mg / ethinyl estradiol 0.02 mg / levonorgestrel 0.1 mg, 4
Methylphenidate HCl ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 10 MG Oral	NF	4 + PA1	Formulary Enhancement	N/A
Methylphenidate HCl ER Tablet Extended Release 72 MG Oral	NF	4 + PA1	Formulary Enhancement	N/A

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2018 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Namenda XR CAPSULE EXTENDED RELEASE 24 HOUR 14 MG Oral	3	NF	Formulary Update	memantine hydrochloride er 14 mg, 3
Namenda XR CAPSULE EXTENDED RELEASE 24 HOUR 21 MG Oral	3	NF	Formulary Update	memantine hydrochloride er 21 mg, 3
Namenda XR CAPSULE EXTENDED RELEASE 24 HOUR 28 MG Oral	3	NF	Formulary Update	memantine hydrochloride er 28 mg, 3
Namenda XR CAPSULE EXTENDED RELEASE 24 HOUR 7 MG Oral	3	NF	Formulary Update	memantine hydrochloride er 7 mg, 3
Osphena TABLET 60 MG ORAL	NF	4 + PA1	Formulary Enhancement	N/A
Sustiva CAPSULE 200 MG Oral	5 + QL 120	NF	Formulary Update	efavirenz 200 mg, 4 + QL 120
Sustiva TABLET 600 MG Oral	5 + QL 30	NF	Formulary Update	efavirenz 600 mg, 5 + QL 30
Syeda Tablet 3-0.03 MG Oral	NF	1	Formulary Enhancement	N/A
Syprine CAPSULE 250 MG Oral	5	NF	Formulary Update	trientine hydrochloride 250 mg, 5
Tasigna Capsule 50 MG Oral	NF	5 + QL 120	Formulary Enhancement	N/A
Toujeo Max SoloStar Solution Pen-Injector 300 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
Treximet TABLET 85-500 MG Oral	4	NF	Formulary Update	naproxen sodium 500 mg / sumatriptan 85 mg, 4

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2018 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Tri-VyLibra TABLET 0.18/0.215/0.25 MG-35 MCG Oral	NF	1	Formulary Enhancement	N/A
VyLibra TABLET 0.25-35 MG-MCG Oral	NF	1	Formulary Enhancement	N/A
Zenpep Capsule Delayed Release Particles 10000-32000 UNIT Oral	NF	3	Formulary Enhancement	N/A
Ziagen SOLUTION 20 MG/ML Oral	4 + QL 960	NF	Formulary Update	abacavir 20 mg/ml, 4 + QL 960
EFFECTIVE 08/01/2018				
Aloxi Solution 0.25 MG/5ML Intravenous	4 + BD	NF	Formulary Update	palonosetron 0.05 mg/ml, 4 + BD
Auryxia TABLET 1 GM 210 MG(Fe) ORAL	NF	4	Formulary Enhancement	N/A
Baclofen Tablet 5 MG Oral	NF	1	Formulary Enhancement	N/A
Ciprofloxacin HCl SOLUTION 0.2 % OTIC	NF	4	Formulary Enhancement	N/A
Ciprofloxacin SOLUTION 400 MG/40ML Intravenous	3	NF	CMS Required Deletion	N/A
Estarylla Tablet 0.25-35 MG-MCG Oral	NF	1	Formulary Enhancement	N/A
Fiasp FlexTouch Solution Pen-injector 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
Fiasp SOLUTION 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
Gabitril Tablet 12 MG Oral	4	NF	Formulary Update	tiagabine hydrochloride 12 mg, 4

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Gabitril Tablet 16 MG Oral	4	NF	Formulary Update	tiagabine hydrochloride 16 mg, 4
Humira Prefilled Syringe Kit 20 MG/0.2ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
LaMICtal Starter KIT 25 (35) MG Oral	4	NF	Formulary Update	lamotrigine starter kit 25 mg, 4
LaMICtal Starter KIT 25 (42)-100 (7) MG Oral	4	NF	Formulary Update	lamotrigine starter kit 100 mg / 25 mg, 4
LaMICtal Starter KIT 25 (84)-100(14) MG Oral	4	NF	Formulary Update	lamotrigine starter kit 100 mg / 25 mg, 4
Methotrexate Sodium (PF) SOLUTION 1 GM/40ML Injection	1 + BD	NF	CMS Required Deletion	N/A
Mili Tablet 0.25-35 MG-MCG Oral	NF	1	Formulary Enhancement	N/A
Norvir Packet 100 MG Oral	NF	4 + QL 360	Formulary Enhancement	N/A
Norvir Tablet 100 MG Oral	4 + QL 360	NF	Formulary Update	ritonavir 100 mg, 4 + QL 360
Ozempic Solution Pen-injector 0.25 or 0.5 MG/DOSE Subcutaneous	NF	3	Formulary Enhancement	N/A
Ozempic Solution Pen-injector 1 MG/DOSE Subcutaneous	NF	3	Formulary Enhancement	N/A
PCE TABLET DELAYED RELEASE 333 MG ORAL	4	NF	CMS Required Deletion	N/A
PCE TABLET DELAYED RELEASE 500 MG ORAL	4	NF	CMS Required Deletion	N/A
Symfi Tablet 600-300-300 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A



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2018 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Synjardy XR Tablet Extended Release 24 Hour 10-1000 MG Oral	NF	3	Formulary Enhancement	N/A
Synjardy XR Tablet Extended Release 24 Hour 12.5-1000 MG Oral	NF	3	Formulary Enhancement	N/A
Synjardy XR Tablet Extended Release 24 Hour 25-1000 MG Oral	NF	3	Formulary Enhancement	N/A
Synjardy XR Tablet Extended Release 24 Hour 5-1000 MG Oral	NF	3	Formulary Enhancement	N/A
Triamterene-HCTZ CAPSULE 50-25 MG Oral	1	NF	CMS Required Deletion	N/A
Tri-Mili Tablet 0.18/0.215/0.25 MG-35 MCG Oral	NF	1	Formulary Enhancement	N/A
EFFECTIVE 09/01/2018				
Arnuity Ellipta Aerosol Powder Breath Activated 50 MCG/ACT Inhalation	NF	3	Formulary Enhancement	N/A
Budesonide ER Tablet Extended Release 24 Hour 9 MG Oral	NF	4	Formulary Enhancement	N/A
Ceftin Suspension Reconstituted 125 MG/5ML Oral	4	NF	CMS Required Deletion	N/A
Ceftin Suspension Reconstituted 250 MG/5ML Oral	4	NF	CMS Required Deletion	N/A
Desmopressin Ace Rhinal Tube Solution 0.01 % Nasal	2	NF	CMS Required Deletion	N/A
Estropipate Tablet 3 MG Oral	1 + PA1 + HR	NF	CMS Required Deletion	N/A
Gleostine CAPSULE 5 MG ORAL	4	NF	CMS Required Deletion	N/A
Ketoprofen CAPSULE 50 MG Oral	2	NF	CMS Required Deletion	N/A
Miglustat Capsule 100 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A



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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Oxacillin Sodium Solution Reconstituted 1 GM Injection	NF	4	Formulary Enhancement	N/A
Yonsa Tablet 125 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
Zenpep Capsule Delayed Release Particles 10000 UNIT Oral	3	NF	CMS Required Deletion	N/A
EFFECTIVE 10/01/2018				
Avelox SOLUTION 400 MG/250ML Intravenous	4	NF	CMS Required Deletion	N/A
BromSite SOLUTION 0.075 % OPHTHALMIC	NF	4	Formulary Enhancement	N/A
Cetraxal SOLUTION 0.2 % OTIC	4	NF	Formulary Update	ciprofloxacin solution 0.2% otic, 4
Cimduo Tablet 300-300 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Claravis CAPSULE 20 MG ORAL	4	NF	CMS Required Deletion	N/A
Claravis CAPSULE 30 MG ORAL	4	NF	CMS Required Deletion	N/A
Claravis CAPSULE 40 MG ORAL	4	NF	CMS Required Deletion	N/A
Estropipate TABLET 1.5 MG ORAL	1 + PA1 + HR	NF	CMS Required Deletion	N/A
Spiriva Respimat Aerosol Solution 2.5 MCG/ACT Inhalation (28 ACTUAT)	NF	3	Formulary Enhancement	N/A
Stiolto Respimat Aerosol Solution 2.5-2.5 MCG/ACT Inhalation (28 ACTUAT)	NF	3	Formulary Enhancement	N/A
Xeljanz Tablet 10 MG Oral	NF	5 + ST2	Formulary Enhancement	N/A
Zenpep Capsule Delayed Release Particles 15000-47000 UNIT Oral	NF	3	Formulary Enhancement	N/A
Zenpep Capsule Delayed Release Particles 15000-51000 UNIT Oral	3	NF	CMS Required Deletion	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Zenpep Capsule Delayed Release Particles 25000 UNIT Oral	3	NF	CMS Required Deletion	N/A
Zenpep Capsule Delayed Release Particles 3000-14000 UNIT Oral	NF	3	Formulary Enhancement	N/A
Zenpep Capsule Delayed Release Particles 5000 UNIT Oral	3	NF	CMS Required Deletion	N/A
EFFECTIVE 11/01/2018				
Auryxia TABLET 1 GM 210 MG(Fe) ORAL	4	4 + PA1	Formulary Update	N/A
Humira Pen-CD/UC/HS Starter Pen-Injector Kit 80 MG/0.8ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
Humira Pen-Ps/UV Starter Pen-Injector Kit 80 MG/0.8ML & 40MG/0.4ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
Incassia Tablet 0.35 MG Oral	NF	1	Formulary Enhancement	N/A
Ketoprofen CAPSULE 75 MG Oral	2	NF	CMS Required Deletion	N/A
NUPLAZID CAP 34MG	NF	5 + PA2	Formulary Enhancement	N/A
NUPLAZID TAB 10MG	NF	5 + PA2	Formulary Enhancement	N/A
Spiriva Respimat Aerosol Solution 2.5 MCG/ACT Inhalation (28 ACTUAT)	3	NF	CMS Required Deletion	N/A
Stiolto Respimat Aerosol Solution 2.5-2.5 MCG/ACT Inhalation (28 ACTUAT)	3	NF	CMS Required Deletion	N/A
Vestura Tablet 3-0.02 MG Oral	2	NF	CMS Required Deletion	N/A
Zenpep Capsule Delayed Release Particles 3000-10000 UNIT Oral	3	NF	CMS Required Deletion	N/A

HealthTeam Advantage will continue to cover the drugs in question for enrollees taking the drug at the time of change for the remainder of the plan year as long as the drug continues to be medically necessary and prescribed by the member's physician and was not removed for safety reasons.



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If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, you may ask HealthTeam Advantage to make an exception to our coverage rules. To request a formulary, tiering or utilization restriction exception, please contact HealthTeam Advantage Healthcare Concierge, at 1-888-965-1965 or, for TTY users, 711, October 1 – February 14, seven (7) days a week/8 a.m.– 8 p.m. (EST), or February 15 – September 30, Monday through Friday, 8 a.m. – 8 p.m. (EST).

This information is available for free in other languages. Please contact our HealthTeam Advantage Healthcare Concierge at 1-888-965-1965 for additional information.

Esta información está disponible de forma gratuita en otros idiomas. Por favor de contactar nuestro número de servicio al cliente al 1-888-965-1965 para obtener información adicional.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, premium, and/or copayments/coinsurance may change on January 1 of each year. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply.

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