

Addendum

Changes to 2016 UPMC Health Plan Medicare Special Needs Plans Formulary (List of Covered Drugs)

UPMC Health Plan Medicare Special Needs Plans may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, add prior authorization, quantity limits, and/or step therapy restrictions on a drug, and/or move a drug to a higher cost-sharing tier, we will notify you of the change at least 60 days before the date that 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 the drug from the market, we will immediately remove the drug from our formulary. The table below outlines changes to our formulary that will impact you.

You may request a coverage determination or exception by contacting Member Services at **1-800-606-8648** or, for TTY users, **1-866-407-8762**, from 8 a.m. to 8 p.m., seven days a week.** Generally, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug*** | Alternative Drug Tier |
|---|--|-----------------------|--|---------------------|-----------------------|
| Please refer to the formulary table at the end of this document for the member cost-sharing. | | | | | |
| 3/1/2016 | <i>risedronate tablet, delayed release (DR/EC) 35 mg</i> | Addition | Drug added to Tier 1 with Quantity Limits and Step Therapy | N/A | N/A |
| 3/1/2016 | <i>molindone tablet 10 mg</i> | Addition | Drug added to Tier 3 with PA | N/A | N/A |
| 3/1/2016 | <i>molindone tablet 25 mg</i> | Addition | Drug added to Tier 3 with PA | N/A | N/A |
| 3/1/2016 | <i>molindone tablet 5 mg</i> | Addition | Drug added to Tier 3 with PA | N/A | N/A |
| 3/1/2016 | <i>rivastigmine patch 24 hours 13.3 mg/24 hour</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 3/1/2016 | <i>nevirapine tablet extended release 24 hour 100 mg</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 3/1/2016 | PIMTREA (28) TABLET 0.15-0.02 MG X 21/0.01 MG X 5 | Change in Tiers | Drug moved from Tier 3 to Tier 1 | N/A | N/A |

| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug**** | Alternative Drug Tier |
|---|--|---------------------------|---|----------------------|-----------------------|
| Please refer to the formulary table at the end of this document for the member cost-sharing. | | | | | |
| 3/1/2016 | COPAXONE SYRINGE 40 MG/ML | Addition | Drug added to Tier 4 with Quantity Limits | N/A | N/A |
| 3/1/2016 | PLEGRIDY SYRINGE 125 MCG/0.5 ML | Addition | Drug added to Tier 4 with Quantity Limits | N/A | N/A |
| 3/1/2016 | PLEGRIDY PEN INJECTOR 63 MCG/0.5 ML-94 MCG/0.5 ML | Addition | Drug added to Tier 4 with Quantity Limits | N/A | N/A |
| 3/1/2016 | ORBACTIV RECON SOLN 400 MG | Addition | Drug added to Tier 4 | N/A | N/A |
| 3/1/2016 | OTREXUP (PF) AUTO-INJECTOR 7.5 MG/0.4 ML | Addition | Drug added to Tier 3 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | ZUBSOLV TABLET 11.4-2.9 MG | Addition | Drug added to Tier 2 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | <i>amino acids 15% parenteral solution 15%</i> | Addition | Drug added to Tier 1 with B vs. D Determination | N/A | N/A |
| 3/1/2016 | ABILIFY MAINTENA SUSPENSION, EXTENDED REL SYRINGE 300 MG | Change in Quantity Limits | Quantity Limits changed from 1/28 days to 2/28 days with PA | N/A | N/A |
| 3/1/2016 | TOUJEO SOLOSTAR INSULIN PEN 300 UNIT/ML (1.5 ML) | Addition | Drug added to Tier 2 with Quantity Limits | N/A | N/A |
| 3/1/2016 | ZARXIO SYRINGE 300 MCG/0.5 ML | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 3/1/2016 | ZARXIO SYRINGE 480 MCG/0.8 ML | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 3/1/2016 | JULEBER TABLET 0.15-0.03 MG | Addition | Drug added to Tier 1 | N/A | N/A |
| 3/1/2016 | JADENU TABLET 180 MG | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 3/1/2016 | JADENU TABLET 360 MG | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 3/1/2016 | JADENU TABLET 90 MG | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 3/1/2016 | <i>nitrofurantoin monohyd/m-cryst capsule 100 mg (75/25)</i> | Addition | Drug added to Tier 1 with Quantity Limits | N/A | N/A |

| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug*** | Alternative Drug Tier |
|---|---|-----------------------|--|---------------------|-----------------------|
| Please refer to the formulary table at the end of this document for the member cost-sharing. | | | | | |
| 3/1/2016 | LAYOLIS FE TABLET, CHEWABLE 0.8 MG-25 MCG (24) AND 75 MG (4) | Addition | Drug added to Tier 1 | N/A | N/A |
| 3/1/2016 | STIOLTO RESPIMAT MIST 2.5-2.5 MCG/ACTUATION | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2016 | <i>doxycycline monohydrate tablet 50 mg</i> | Change in Tiers | Drug moved from Tier 3 to Tier 1 | N/A | N/A |
| 3/1/2016 | KIMIDESS (28) TABLET 0.15-0.02 MG X 21/0.01 MG X 5 | Addition | Drug added to Tier 1 | N/A | N/A |
| 3/1/2016 | ORKAMBI TABLET 200-125 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | ENTRESTO TABLET 24-26 MG | Addition | Drug added to Tier 2 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | ENTRESTO TABLET 49-51 MG | Addition | Drug added to Tier 2 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | ENTRESTO TABLET 97-103 MG | Addition | Drug added to Tier 2 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | AFREZZA CARTRIDGE, W/INHALATION DEVICE 8 UNIT (60)/12 UNIT (30) | Addition | Drug added to Tier 3 with PA | N/A | N/A |
| 3/1/2016 | AVASTIN SOLUTION 25 MG/ML (16 ML) | Addition | Drug added to Tier 4 | N/A | N/A |
| 3/1/2016 | <i>sumatriptan succinate pen injector 6 mg/0.5 ml (auto-injector)</i> | Addition | Drug added to Tier 1 with Quantity Limits | N/A | N/A |
| 3/1/2016 | <i>sumatriptan succinate cartridge 6 mg/0.5 ml</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 3/1/2016 | <i>sumatriptan succinate cartridge 4 mg/0.5 ml</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 3/1/2016 | KEYTRUDA SOLUTION 100 MG/4 ML (25 MG/ML) | Addition | Drug added to Tier 4 | N/A | N/A |
| 3/1/2016 | CYRAMZA SOLUTION 10 MG/ML | Addition | Drug added to Tier 4 with B vs. D Determination | N/A | N/A |

| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug*** | Alternative Drug Tier |
|---|--|-----------------------|--|---------------------|-----------------------|
| Please refer to the formulary table at the end of this document for the member cost-sharing. | | | | | |
| 3/1/2016 | CYRAMZA SOLUTION 10 MG/ML (50 ML) | Addition | Drug added to Tier 4 with B vs. D Determination | N/A | N/A |
| 3/1/2016 | ACTEMRA SOLUTION 80 MG/4 ML (20 MG/ML) | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | ACTEMRA SOLUTION 400 MG/20 ML (20 MG/ML) | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | KLOR-CON SPRINKLE CAPSULE, EXTENDED RELEASE 8 MEQ | Addition | Drug added to Tier 1 | N/A | N/A |
| 3/1/2016 | KLOR-CON SPRINKLE CAPSULE, EXTENDED RELEASE 10 MEQ | Addition | Drug added to Tier 1 | N/A | N/A |
| 3/1/2016 | REXULTI TABLET 0.25 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | REXULTI TABLET 0.5 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | REXULTI TABLET 1 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | REXULTI TABLET 2 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | REXULTI TABLET 3 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | REXULTI TABLET 4 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | PRALUENT PEN - PEN INJECTOR 150 MG/ML | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | PRALUENT SYRINGE – SYRINGE 150 MG/ML | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | PRALUENT SYRINGE – SYRINGE 75 MG/ML | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | PRALUENT PEN - PEN INJECTOR 750 MG/ML | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |

| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug**** | Alternative Drug Tier |
|---|---|-----------------------|--|----------------------|-----------------------|
| Please refer to the formulary table at the end of this document for the member cost-sharing. | | | | | |
| 3/1/2016 | TECHNIVIE TABLET 12.5-75-50 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | ODOMZO CAPSULE 200 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | <i>thiotepa recon soln 15 mg</i> | Addition | Drug added to Tier 4 | N/A | N/A |
| 3/1/2016 | DAKLINZA TABLET 30 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | DAKLINZA TABLET 60 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | SETLAKIN TABLETS, DOSE PACK, 3 MONTH 0.15-30 MG-MCG | Addition | Drug added to Tier 1 | N/A | N/A |
| 3/1/2016 | MYORISAN CAPSULE 30 MG | Addition | Drug added to Tier 3 | N/A | N/A |
| 3/1/2016 | SYNJARDY TABLET 5-500 MG | Addition | Drug added to Tier 2 with Quantity Limits | N/A | N/A |
| 3/1/2016 | SYNJARDY TABLET 12.5-500 MG | Addition | Drug added to Tier 2 with Quantity Limits | N/A | N/A |
| 3/1/2016 | SYNJARDY TABLET 5-1,000 MG | Addition | Drug added to Tier 2 with Quantity Limits | N/A | N/A |
| 3/1/2016 | SYNJARDY TABLET 12.5-1,000 MG | Addition | Drug added to Tier 2 with Quantity Limits | N/A | N/A |
| 3/1/2016 | <i>levofloxacin in D5W piggyback 750 mg/150 ml</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 3/1/2016 | REPATHA SURECLICK PEN INJECTOR 140 MG/ML | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | REPATHA SYRINGE-SYRINGE 140 MG/ML | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | BRILINTA TABLET 60 MG | Addition | Drug added to Tier 2 with Quantity Limits | N/A | N/A |
| 3/1/2016 | ZUBSOLV TABLET 2.9-0.71 MG | Addition | Drug added to Tier 2 with Quantity Limits and PA | N/A | N/A |

| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug**** | Alternative Drug Tier |
|---|---|-----------------------|--|----------------------|-----------------------|
| Please refer to the formulary table at the end of this document for the member cost-sharing. | | | | | |
| 3/1/2016 | SPIRIVA RESPIMAT MIST 1.25 MCG/ACTUATION | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2016 | LONSURF TABLET 15-6.14 MG | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 3/1/2016 | LONSURF TABLET 20-8.19 MG | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 3/1/2016 | BEKYREE (28) TABLET 0.15-0.02 MG X 21/0.01 MG X 5 | Addition | Drug added to Tier 1 | N/A | N/A |
| 3/1/2016 | FERRIPROX SOLUTION 100 MG/ML | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 3/1/2016 | GAVILYTE-H AND BISACODYL KIT 5-210 MG-GRAM | Addition | Drug added to Tier 3 | | |
| 3/1/2016 | NUCALA RECON SOLN 100 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | GLEOSTINE CAPSULE 5 MG | Addition | Drug added to Tier 3 with PA | N/A | N/A |
| 3/1/2016 | TAGRISSE TABLET 40 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | TAGRISSE TABLET 80 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | GENVOYA TABLET 150-150-200-10 MG | Addition | Drug added to Tier 4 | N/A | N/A |
| 3/1/2016 | DARZALEX SOLUTION 20 MG/ML | Addition | Drug added to Tier 4 | N/A | N/A |
| 3/1/2016 | COTELLIC TABLET 20 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | BLISOVI 24 FE TABLET 1 MG-20 MGC (24)/75 MG (4) | Addition | Drug added to Tier 1 | N/A | N/A |
| 3/1/2016 | PRADAXA CAPSULE 110 MG | Addition | Drug added to Tier 3 with Quantity Limits | N/A | N/A |
| 3/1/2016 | NINLARO CAPSULE 2.3 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |

| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug**** | Alternative Drug Tier |
|---|--|-----------------------|--|----------------------|-----------------------|
| Please refer to the formulary table at the end of this document for the member cost-sharing. | | | | | |
| 3/1/2016 | NINARO CAPSULE 3 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | NINLARO CAPSULE 4 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | BLISOVI FE 1/20 (28) TABLET 1 MG-20 MCG (21)/75 MG (7) | Addition | Drug added to Tier 1 | N/A | N/A |
| 3/1/2016 | EMPLICITI RECON SOLN 300 MG | Addition | Drug added to Tier 4 with B vs. D Determination | N/A | N/A |
| 3/1/2016 | ALECENSA CAPSULE 150 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | <i>methyltestosterone capsule 10 mg</i> | Addition | Drug added to Tier 3 with PA | N/A | N/A |
| 3/1/2016 | <i>pimozide tablet 2 mg</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 3/1/2016 | <i>tetrabenazine tablet 25 mg</i> | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | BETIMOL DROPS 0.25% | Addition | Drug added to Tier 3 | N/A | N/A |
| 3/1/2016 | <i>aspirin-dipyridamole capsule, ER multiphase 12 hour 25-200 mg</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 3/1/2016 | <i>bexarotene capsule 75 mg</i> | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 3/1/2016 | <i>erythromycin capsule, delayed release (DR/EC) 250 mg</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 3/1/2016 | <i>linezolid suspension for reconstitution 100 mg/5 ml</i> | Addition | Drug added to Tier 4 | N/A | N/A |
| 3/1/2016 | <i>pimozide tablet 1 mg</i> | Addition | Drug added to Tier 1 | N/A | NA |
| 3/1/2016 | <i>trimipramine capsule 100 mg</i> | Addition | Drug added to Tier 1 with PA | N/A | N/A |
| 3/1/2016 | <i>trimipramine capsule 25 mg</i> | Addition | Drug added to Tier 1 with PA | N/A | N/A |

| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug**** | Alternative Drug Tier |
|---|---|-----------------------|--|----------------------|-----------------------|
| Please refer to the formulary table at the end of this document for the member cost-sharing. | | | | | |
| 3/1/2016 | <i>trimipramine capsule 50 mg</i> | Addition | Drug added to Tier 1 with PA | N/A | N/A |
| 3/1/2016 | <i>moxifloxacin-sod. ace, sul-water piggyback 400 mg/250 ml</i> | Addition | Drug added to Tier 3 | N/A | N/A |
| 3/1/2016 | <i>dutasteride capsule 0.5 mg</i> | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2016 | IRESSA TABLET 250 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | <i>aripiprazole tablet, disintegrating 10 mg</i> | Addition | Drug added to Tier 3 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | <i>aripiprazole tablet, disintegrating 15 mg</i> | Addition | Drug added to Tier 3 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | <i>paliperidone tablet extended release 24 hour 3 mg</i> | Addition | Drug added to Tier with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | <i>paliperidone tablet extended release 24 hour 6 mg</i> | Addition | Drug added to Tier with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | <i>paliperidone tablet extended release 24 hour 9 mg</i> | Addition | Drug added to Tier with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | <i>rivastigmine patch 24 hour 4.6 mg/24 hour</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 3/1/2016 | <i>rivastigmine patch 24 hour 9.5 mg/24 hour</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 3/1/2016 | <i>drospirenone-ethinyl estradiol tablet 3-0.02 mg</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 3/1/2016 | <i>levonorg-eth estrad triphasic tablet 50-30 (6)/75-40 (5)/125-30 (10)</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 3/1/2016 | <i>azithromycin tablet 250 mg (6 pack)</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 3/1/2016 | <i>peg-electrolyte soln recon soln 420 gram</i> | Addition | Drug added to Tier 1 | N/A | N/A |

| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug*** | Alternative Drug Tier |
|---|---|------------------------------|--|----------------------------|------------------------------|
| Please refer to the formulary table at the end of this document for the member cost-sharing. | | | | | |
| 3/1/2016 | <i>tetrabenazine tablet 12.5 mg</i> | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | HUMIRA PEN CROHN'S-UC-HS START PEN INJECTOR KIT 4 MG/0.8 ML | Change in Quantity Limits | Quantity Limits changed from 9.6/365 days to 19.2/365 days with PA | N/A | N/A |
| 3/1/2016 | CRESTOR TABLET 40 MG | Addition | Drug added to Tier 3 with PA | N/A | N/A |
| 3/1/2016 | CRESTOR TABLET 5 MG | Addition | Drug added to Tier 3 with PA | N/A | N/A |
| 3/1/2016 | CRESTOR TABLET 10 MG | Addition | Drug added to Tier 3 with PA | N/A | N/A |
| 3/1/2016 | CRESTOR TABLET 20 MG | Addition | Drug added to Tier 3 with PA | N/A | N/A |
| 3/1/2016 | <i>fenofibric acid tablet 105 mg</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 3/1/2016 | <i>phenoxybenzamine capsule 10 mg</i> | Addition | Drug added to Tier 4 | N/A | N/A |
| 3/1/2016 | <i>paliperidone tablet extended release 24 hour 1.5 mg</i> | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 3/1/2016 | <i>verapamil tablet extended release 120 mg</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 3/1/2016 | <i>risedronate tablet 35 mg</i> | Addition | Drug added to Tier 1 with Quantity Limits and Step Therapy | N/A | N/A |
| 3/1/2016 | <i>risedronate tablet 35 mg (4 pack)</i> | Addition | Drug added to Tier 1 with Quantity Limits and Step Therapy | N/A | N/A |
| 3/1/2016 | <i>risedronate tablet 35 mg (12 pack)</i> | Addition | Drug added to Tier 1 with Quantity Limits and Step Therapy | N/A | N/A |

| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug*** | Alternative Drug Tier |
|---|---|-----------------------|--|---------------------|-----------------------|
| Please refer to the formulary table at the end of this document for the member cost-sharing. | | | | | |
| 3/1/2016 | SYNTHYROID TABLET 25 MCG | Addition | Drug added to Tier 3 | N/A | N/A |
| 3/1/2016 | SYNTHYROID TABLET 75 MCG | Addition | Drug added to Tier 3 | N/A | N/A |
| 3/1/2016 | SYNTHYROID TABLET 112 MCG | Addition | Drug added to Tier 3 | N/A | N/A |
| 3/1/2016 | SYNTHYROID TABLET 125 MCG | Addition | Drug added to Tier 3 | N/A | N/A |
| 3/1/2016 | SYNTHYROID TABLET 150 MCG | Addition | Drug added to Tier 3 | N/A | N/A |
| 3/1/2016 | SYNTHYROID TABLET 175 MCG | Addition | Drug added to Tier 3 | N/A | N/A |
| 3/1/2016 | SYNTHYROID TABLET 300 MCG | Addition | Drug added to Tier 3 | N/A | N/A |
| 3/1/2016 | SYNTHYROID TABLET 50 MCG | Addition | Drug added to Tier 3 | N/A | N/A |
| 3/1/2016 | SYNTHYROID TABLET 100 MCG | Addition | Drug added to Tier 3 | N/A | N/A |
| 3/1/2016 | SYNTHYROID TABLET 200 MCG | Addition | Drug added to Tier 3 | N/A | N/A |
| 3/1/2016 | SYNTHYROID TABLET 137 MCG | Addition | Drug added to Tier 3 | N/A | N/A |
| 3/1/2016 | SYNTHYROID TABLET 88 MCG | Addition | Drug added to Tier 3 | N/A | N/A |
| 3/1/2016 | <i>dutasteride-tamsulosin capsule, ER multiphase 24 hour 0.5-0.4 mg</i> | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2016 | <i>memantine tablet 10 mg</i> | Addition | Drug added to Tier 1 with PA | N/A | N/A |
| 3/1/2016 | <i>memantine tablet 5 mg</i> | Addition | Drug added to Tier 1 with PA | N/A | N/A |
| 3/1/2016 | <i>memantine tablets, dose pack 5-10 mg</i> | Addition | Drug added to Tier 2 with Quantity Limits and PA | N/A | N/A |

| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug*** | Alternative Drug Tier |
|---|--|---------------------------|--|---------------------|-----------------------|
| Please refer to the formulary table at the end of this document for the member cost-sharing. | | | | | |
| 3/1/2016 | <i>memantine solution 2 mg/ml</i> | Addition | Drug added to Tier 1 with PA | N/A | N/A |
| 4/1/2016 | <i>alendronate solution 75 mg/75 ml</i> | Addition | Drug added to Tier 3 | N/A | N/A |
| 4/1/2016 | BLISOVI FE 1.5/30 (28) TABLET 1.5 MG-30 MCG (21)/75 MG (7) | Addition | Drug added to Tier 1 | N/A | N/A |
| 4/1/2016 | <i>doxycycline hyclate recon soln 100 mg</i> | Change in Tiers | Drug moved from Tier 3 to Tier 1 | N/A | N/A |
| 4/1/2016 | DUOPA INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 4/1/2016 | EMEND RECON SOLN 150 MG | Addition | Drug added to Tier 3 | N/A | N/A |
| 4/1/2016 | EMPLICITI RECON SOLN 400 MG | Addition | Drug added to Tier 4 with B vs. D Determination | N/A | N/A |
| 4/1/2016 | ENBREL RECON SOLN 25 MG (1 ML) | Change in Quantity Limits | Quantity Limits changed from 8/28 days to 16/28 days with PA | N/A | N/A |
| 4/1/2016 | EPIPEN 2-PAK AUTO-INJECTOR 0.3 MG/0.3 ML | Change in Tiers | Drug moved from Tier 2 to Tier 1 | N/A | N/A |
| 4/1/2016 | EPIPEN JR 2-PAK AUTO-INJECTOR 0.15 MG/0.3 ML | Change in Tiers | Drug moved from Tier 2 to Tier 1 | N/A | N/A |
| 4/1/2016 | <i>fenofibric acid tablet 35 mg</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 4/1/2016 | GAVILYTE-H AND BISACODYL KIT 5-210 MG-GRAM | Change in Tiers | Drug moved from Tier 3 to Tier 1 | N/A | N/A |
| 4/1/2016 | HUMIRA PEDIATRIC CROHN'S START SYRINGE KIT 40 MG/0.8 ML (6 PACK) | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 4/1/2016 | HUMIRA PEDIATRIC CROHN'S START SYRINGE KIT 40 MG/0.8 ML | Addition | Drug added to Tier 4 with PA | N/A | N/A |

| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug*** | Alternative Drug Tier |
|---|---|---------------------------|---|---------------------|-----------------------|
| Please refer to the formulary table at the end of this document for the member cost-sharing. | | | | | |
| 4/1/2016 | HUMIRA PEN PEN INJECTOR KIT 40 MG/0.8 ML | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 4/1/2016 | INVEGA TRINZA SYRINGE 273 MG/0.875 ML | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 4/1/2016 | INVEGA TRINZA SYRINGE 410 MG/1.315 ML | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 4/1/2016 | INVEGA TRINZA SYRINGE 546 MG/1.75 ML | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 4/1/2016 | INVEGA TRINZA SYRINGE 819 MG/2.625 ML | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 4/1/2016 | KAITLIB FE TABLET, CHEWABLE 0.8 MG-25 MCG (24) AND 75 MG (4) | Addition | Drug added to Tier 1 | N/A | N/A |
| 4/1/2016 | KEVEYIS TABLET 50 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 4/1/2016 | <i>lincomycin solution 300 mg/ml</i> | Addition | Drug added to Tier 3 | N/A | N/A |
| 4/1/2016 | LUPRON DEPOT (4 MONTH) SYRINGE KIT 30 MG | Change in Quantity Limits | Quantity Limits changed from 1/112 days to 1/84 days with PA | N/A | N/A |
| 4/1/2016 | NIPENT RECON SOLN 10 MG | Addition | Drug added to Tier 4 | N/A | N/A |
| 4/1/2016 | <i>norgestimate-ethinyl estradiol capsule 0.18/0.215/0.25 mg-25 mcg</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 4/1/2016 | <i>phenytoin sodium extended capsule 200 mg</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 4/1/2016 | <i>phenytoin sodium capsule 300 mg</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 4/1/2016 | <i>risedronate tablet 35 mg (12 pack)</i> | Change in Quantity Limits | Quantity Limits changed from 4/28 days to 12/84 days and Step Therapy | N/A | N/A |

| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug*** | Alternative Drug Tier |
|---|--|------------------------------|---|----------------------------|------------------------------|
| Please refer to the formulary table at the end of this document for the member cost-sharing. | | | | | |
| 4/1/2016 | STRENSIQ SOLUTION 40 MG/ML | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 4/1/2016 | STRENSIQ SOLUTION 80 MG/0.8 ML | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 4/1/2016 | TRI-LO-ESTARYLIA TABLET 0.18/0.215/0.25 MG-25 MCG | Addition | Drug added to Tier 1 | N/A | N/A |
| 4/1/2016 | TRI-LO-SPRINTEC TABLET 0.18/0.215/0.25 MG-25 MCG | Addition | Drug added to Tier 1 | N/A | N/A |
| 4/1/2016 | VELTASSA POWDER IN PACKET 8.4 GRAM | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 4/1/2016 | VELTASSA POWDER IN PACKET 16.8 GRAM | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 4/1/2016 | VELTASSA POWDER IN PACKET 25.2 GRAM | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 4/1/2016 | VIBERZI TABLET 75 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 4/1/2016 | VIBERZI TABLET 100 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 4/1/2016 | VIENVA TABLET 0.1-20 MG-MCG | Addition | Drug added to Tier 1 | N/A | N/A |
| 4/1/2016 | VIIBRYD TABLETS, DOSE PACK 10 MG (7)-20 MG (23) | Addition | Drug added to Tier 3 with Quantity Limits and PA | N/A | N/A |
| 4/1/2016 | ZYPREXA RELPREW SUSPENSION FOR RECONSTITUTION 210 MG | Change in Quantity Limits | Quantity Limits changed from 2/28 days to 3/28 days with PA | N/A | N/A |
| 5/1/2016 | ABILIFY MAINTENA SUSPENSION, EXTENDED REL RECON 300 MG | Change in Prior Auth | PA requirements removed | N/A | N/A |
| 5/1/2016 | ABILIFY MAINTENA SUSPENSION, EXTENDED REL SYRINGE 300 MG | Change in Prior Auth | PA requirements removed | N/A | N/A |

| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug*** | Alternative Drug Tier |
|---|--|-----------------------|----------------------------------|---------------------|-----------------------|
| Please refer to the formulary table at the end of this document for the member cost-sharing. | | | | | |
| 5/1/2016 | ABILIFY MAINTENA SUSPENSION, EXTENDED REL SYRINGE 400 MG | Change in Prior Auth | PA requirements removed | N/A | N/A |
| 5/1/2016 | DURAMORPH (PF) SOLUTION 0.5 MG/ML | Change in Prior Auth | PA requirements removed | N/A | N/A |
| 5/1/2016 | DURAMORPH (PF) SOLUTION 1 MG/ML | Change in Prior Auth | PA requirements removed | N/A | N/A |
| 5/1/2016 | <i>fluconazole in dextrose (iso-o) piggyback 400 mg/200 ml</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 5/1/2016 | FYAVOLV TABLET 1-5 MG/MCG | Addition | Drug added to Tier 1 | N/A | N/A |
| 5/1/2016 | INVEGA SUSTENNA SYRINGE 78 MG/0.5 ML | Change in Prior Auth | PA requirements removed | N/A | N/A |
| 5/1/2016 | INVEGA SUSTENNA SYRINGE 234 MG/1.5 ML | Change in Prior Auth | PA requirements removed | N/A | N/A |
| 5/1/2016 | INVEGA SUSTENNA SYRINGE 156 MG/ML | Change in Prior Auth | PA requirements removed | N/A | N/A |
| 5/1/2016 | INVEGA SUSTENNA SYRINGE 117 MG/0.75 ML | Change in Prior Auth | PA requirements removed | N/A | N/A |
| 5/1/2016 | INVEGA SUSTENNA SYRINGE 39 MG/0.25 ML | Change in Prior Auth | PA requirements removed | N/A | N/A |
| 5/1/2016 | INVEGA TRINZA SYRINGE 273 MG/0.875 ML | Change in Prior Auth | PA requirements removed | N/A | N/A |
| 5/1/2016 | INVEGA TRINZA SYRINGE 410 MG/1.315 ML | Change in Prior Auth | PA requirements removed | N/A | N/A |
| 5/1/2016 | INVEGA TRINZA SYRINGE 546 MG/1.75 ML | Change in Prior Auth | PA requirements removed | N/A | N/A |
| 5/1/2016 | INVEGA TRINZA SYRINGE 819 MG/2.625 ML | Change in Prior Auth | PA requirements removed | N/A | N/A |
| 5/1/2016 | NORTREL 1/35 (21) TABLET 1-35MG-MCG | Change in Tiers | Drug moved from Tier 3 to Tier 1 | N/A | N/A |

| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug**** | Alternative Drug Tier |
|---|---|-----------------------|--|----------------------|-----------------------|
| Please refer to the formulary table at the end of this document for the member cost-sharing. | | | | | |
| 5/1/2016 | NUTROPIN AQ NUSPIN PEN INJECTOR 20 MG/2 ML (10 MG/ML) | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 5/1/2016 | NUTROPIN AQ NUSPIN PEN INJECTOR 10 MG/2 ML (5 MG/ML) | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 5/1/2016 | PLEGRIDY PEN INJECTOR 125 MCG/0.5 ML | Addition | Drug added to Tier 4 with Step Therapy | N/A | N/A |
| 5/1/2016 | PLEGRIDY PEN INJECTOR 63 MCG/0.5 ML-94 MCG/0.5 ML | Addition | Drug added to Tier 4 with Step Therapy | N/A | N/A |
| 5/1/2016 | RISPERDAL CONSTA SYRINGE 12.5 MG/2 ML | Change in Prior Auth | PA requirements removed | N/A | N/A |
| 5/1/2016 | RISPERDAL CONSTA SYRINGE 37.5 MG/2 ML | Change in Prior Auth | PA requirements removed | N/A | N/A |
| 5/1/2016 | RISPERDAL CONSTA SYRINGE 50 MG/2 ML | Change in Prior Auth | PA requirements removed | N/A | N/A |
| 5/1/2016 | RISPERDAL CONSTA SYRINGE 25 MG/2 ML | Change in Prior Auth | PA requirements removed | N/A | N/A |
| 5/1/2016 | <i>testosterone gel in packet 1% (50 mg/5 gram)</i> | Change in Tiers | Drug moved from Tier 4 to Tier 3 with PA | N/A | N/A |
| 5/1/2016 | <i>testosterone enanthate oil 200 mg/ml</i> | Change in Prior Auth | PA requirements removed | N/A | N/A |
| 5/1/2016 | VRAYLAR CAPSULE 1.5 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 5/1/2016 | VRAYLAR CAPSULE 3 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 5/1/2016 | VRAYLAR CAPSULE 4.5 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 5/1/2016 | VRAYLAR CAPSULE 6 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 5/1/2016 | ZYPREXA RELPREW SUSPENSION FOR RECONSTITUTION 210 MG | Change in Prior Auth | PA requirements removed | N/A | N/A |

| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug*** | Alternative Drug Tier |
|---|--------------------------------------|-----------------------|-------------------------------------|--|-----------------------|
| Please refer to the formulary table at the end of this document for the member cost-sharing. | | | | | |
| 6/1/2016 | NAMENDA TABLET 10 MG | Removal | Generic will be available in Tier 1 | <i>memantine hcl tablet 10 mg</i> | 1 |
| 6/1/2016 | NAMENDA TABLET 5 MG | Removal | Generic will be available in Tier 1 | <i>memantine hcl tablet 5 mg</i> | 1 |
| 6/1/2016 | NAMENDA TITRATION PACK 5-10 MG | Removal | Generic will be available in Tier 2 | <i>memantine titration pack 5-10 mg</i> | 2 |
| 6/1/2016 | NAMENDA ORAL SOLUTION 10 MG/5 ML | Removal | Generic will be available in Tier 1 | <i>memantine hydrochloride oral solution 2 mg/ml</i> | 1 |
| 6/1/2016 | AGGRENOX CAPSULE 25 MG-200 MG | Removal | Generic will be available in Tier 1 | <i>aspirin-dipyridam er 25-200 mg</i> | 1 |
| 6/1/2016 | TARGRETIN CAPSULE 75 MG | Removal | Generic will be available in Tier 4 | <i>bexarotene capsule 75 mg</i> | 4 |
| 6/1/2016 | XENAZINE TABLET 12.5 MG | Removal | Generic will be available in Tier 4 | <i>tetrabenazine tablet 12.5 mg</i> | 4 |
| 6/1/2016 | XENAZINE TABLET 25 MG | Removal | Generic will be available in Tier 4 | <i>tetrabenazine tablet 25 mg</i> | 4 |
| 6/1/2016 | VIRAMUNE XR TABLET 100 MG | Removal | Generic will be available in Tier 1 | <i>nevirapine tablet, extended release 100 mg</i> | 1 |
| 6/1/2016 | EXELON PATCH, TRANSDERMAL 13.3 MG/HR | Removal | Generic will be available in Tier 1 | <i>rivastigine patch, transdermal 0.554 mg/hr</i> | 1 |
| 6/1/2016 | EXELON PATCH, TRANSDERMAL 4.6 MG/HR | Removal | Generic will be available in Tier 1 | <i>rivastigmine patch, transdermal 0.192 mg/hr</i> | 1 |
| 6/1/2016 | EXELON PATCH, TRANSDERMAL 9.5 MG/HR | Removal | Generic will be available in Tier 1 | <i>rivastigmine patch, transdermal 0.396 mg/hr</i> | 1 |
| 6/1/2016 | ANDROID CAPSULE 10 MG | Removal | Generic will be available in Tier 3 | <i>methyltestosterone capsule 10 mg</i> | 3 |
| 6/1/2016 | ORAP TABLET 2 MG | Removal | Generic will be available in Tier 1 | <i>pimozide tablet 2 mg</i> | 1 |

| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug*** | Alternative Drug Tier |
|---|---|-----------------------|---|---|-----------------------|
| Please refer to the formulary table at the end of this document for the member cost-sharing. | | | | | |
| 6/1/2016 | ORAP TABLET 1 MG | Removal | Generic will be available in Tier 1 | <i>pimozide tablet 1 mg</i> | 1 |
| 6/1/2016 | ZYVOX ORAL SUSPENSION 100 MG/5 ML | Removal | Generic will be available in Tier 4 | <i>linezolid oral suspension 20 mg/ml</i> | 4 |
| 6/1/2016 | AVODART CAPSULE 0.5 MG | Removal | Generic will be available in Tier 1 | <i>dutasteride capsule 0.5 mg</i> | 1 |
| 6/1/2016 | JALYN CAPSULE 0.5 MG/0.4 MG | Removal | Generic will be available in Tier 2 | <i>dutasteride capsule 5 mg/tamsulosin hydrochloride capsule 0.4 mg</i> | 2 |
| 6/1/2016 | INVEGA EXTENDED RELEASE TABLET 1.5 MG | Removal | Generic will be available in Tier 4 | <i>paliperidone extended release tablet 1.5 mg</i> | 4 |
| 6/1/2016 | INVEGA EXTENDED RELEASE TABLET 3 MG | Removal | Generic will be available in Tier 4 | <i>paliperidone extended release tablet 3 mg</i> | 4 |
| 6/1/2016 | INVEGA EXTENDED RELEASE TABLET 6 MG | Removal | Generic will be available in Tier 4 | <i>paliperidone extended release tablet 6 mg</i> | 4 |
| 6/1/2016 | INVEGA EXTENDED RELEASE TABLET 9 MG | Removal | Generic will be available in Tier 4 | <i>paliperidone extended release tablet 9 mg</i> | 4 |
| 6/1/2016 | MAKENA OIL 250 MG/ML (1ML) | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 6/1/2016 | SUBSYS SPRAY, NON-AEROSOL 100 MCG/SPRAY | Change in Access | Limited availability restrictions removed | N/A | N/A |
| 6/1/2016 | SUBSYS SPRAY, NON-AEROSOL 200 MCG/SPRAY | Change in Access | Limited availability restrictions removed | N/A | N/A |
| 6/1/2016 | SUBSYS SPRAY, NON-AEROSOL 400 MCG/SPRAY | Change in Access | Limited availability restrictions removed | N/A | N/A |
| 6/1/2016 | SUBSYS SPRAY, NON-AEROSOL 600 MCG/SPRAY | Change in Access | Limited availability restrictions removed | N/A | N/A |

| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug*** | Alternative Drug Tier |
|---|---|------------------------|--|---------------------|-----------------------|
| Please refer to the formulary table at the end of this document for the member cost-sharing. | | | | | |
| 6/1/2016 | SUBSYS SPRAY, NON-AEROSOL 800 MCG/SPRAY | Change in Access | Limited availability restrictions removed | N/A | N/A |
| 6/1/2016 | VERSACLOZ SUSPENSION 50 MG/ML | Change in Step Therapy | Removed Step Therapy requirements | N/A | N/A |
| 6/1/2016 | BENLYSTA RECON SOLN 400 MG | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 6/1/2016 | <i>cefazolin recon soln 1 gram</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 6/1/2016 | <i>fluconazole in NaCl (iso-osm) piggyback 200 mg/100 ml</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 6/1/2016 | UPTRAVI TABLET 1,000 MCG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 6/1/2016 | UPTRAVI TABLET 1,200 MCG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 6/1/2016 | UPTRAVI TABLET 1,400 MCG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 6/1/2016 | UPTRAVI TABLET 1,600 MCG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 6/1/2016 | UPTRAVI TABLET 200 MCG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 6/1/2016 | UPTRAVI TABLET 400 MCG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 6/1/2016 | UPTRAVI TABLET 600 MCG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 6/1/2016 | UPTRAVI TABLET 800 MCG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 6/1/2016 | UPTRAVI TABLETS, DOSE PACK 200 MCG (140)-800 MCG (60) | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 6/1/2016 | HUMULIN R U-500 (CONC) KWIKPEN INSULIN PEN 500 UNIT/ML (3 ML) | Addition | Drug added to Tier 2 with Quantity Limits | N/A | N/A |

| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug**** | Alternative Drug Tier |
|---|--|------------------------|--|----------------------|-----------------------|
| Please refer to the formulary table at the end of this document for the member cost-sharing. | | | | | |
| 6/1/2016 | SPRITAM TABLET FOR SUSPENSION 1,000 MG | Addition | Drug added to Tier 3 with PA | N/A | N/A |
| 6/1/2016 | SPRITAM TABLET FOR SUSPENSION 250 MG | Addition | Drug added to Tier 3 with PA | N/A | N/A |
| 6/1/2016 | SPRITAM TABLET FOR SUSPENSION 500 MG | Addition | Drug added to Tier 3 with PA | N/A | N/A |
| 6/1/2016 | SPRITAM TABLET FOR SUSPENSION 750 MG | Addition | Drug added to Tier 3 with PA | N/A | N/A |
| 6/1/2016 | XELJANZ XR TABLET EXTENDED RELEASE 24 HR 11 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 6/1/2016 | ODEFSEY TABLET 200-25-25 MG | Addition | Drug added to Tier 4 | N/A | N/A |
| 6/1/2016 | VRAYLAR CAPSULE, DOSE PACK 1.5 MG (1)-3 MG (6) | Addition | Drug added to Tier 3 with Quantity Limits and PA | N/A | N/A |
| 6/1/2016 | <i>metoprolol tartrate syringe 5 mg/5 ml</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 6/1/2016 | <i>carbamazepine tablet extended release 12 hr 100 mg</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 6/1/2016 | ERYGEL GEL 2% | Addition | Drug added to Tier 1 | N/A | N/A |
| 6/1/2016 | <i>levalbuterol HCl solution for nebulization 0.31 mg/3 ml</i> | Change in Step Therapy | Removed Step Therapy requirements | N/A | N/A |
| 6/1/2016 | <i>levalbuterol HCl solution for nebulization 0.63 mg/3 ml</i> | Change in Step Therapy | Removed Step Therapy requirements | N/A | N/A |
| 6/1/2016 | <i>levalbuterol HCl solution for nebulization 1.25 mg/0.5 ml</i> | Change in Step Therapy | Removed Step Therapy requirements | N/A | N/A |
| 6/1/2016 | <i>albuterol sulfate solution for nebulization 0.63 mg/3 ml</i> | Change in Step Therapy | Removed Step Therapy requirements | N/A | N/A |
| 6/1/2016 | <i>albuterol sulfate solution for nebulization 1.25 mg/3 ml</i> | Change in Step Therapy | Removed Step Therapy requirements | N/A | N/A |
| 6/1/2016 | <i>albuterol sulfate solution for nebulization 5 mg/ml</i> | Change in Step Therapy | Removed Step Therapy requirements | N/A | N/A |

| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug*** | Alternative Drug Tier |
|---|---|------------------------|--|---------------------|-----------------------|
| Please refer to the formulary table at the end of this document for the member cost-sharing. | | | | | |
| 6/1/2016 | <i>albuterol sulfate solution for nebulization 2.5 mg/3 ml (0.083%)</i> | Change in Step Therapy | Removed Step Therapy requirements | N/A | N/A |
| 6/1/2016 | <i>budesonide suspension for nebulization 5 mg/ml</i> | Addition | Drug added to Tier 3 with B vs. D Determination | N/A | N/A |
| 6/1/2016 | <i>omega-3 acid ethyl esters capsule 1 gram</i> | Change in Tiers | Drug moved from Tier 3 to Tier 2 | N/A | N/A |
| 6/1/2016 | ZYPREXA RELPREW SUSPENSION FOR RECONSTITUTION 210 MG | Change in Access | Limited availability restrictions removed | N/A | N/A |
| 6/1/2016 | <i>ivandronate solution 3 mg/3 ml</i> | Change in Step Therapy | Removed Step Therapy requirements | N/A | N/A |
| 7/1/2016 | AVYCAZ RECON SOLN 2.5 GRAM | Addition | Drug added to Tier 4 | N/A | N/A |
| 7/1/2016 | <i>azathioprine sodium recon soln 100 mg</i> | Addition | Drug added to Tier 1 with B vs. D determination | N/A | N/A |
| 7/1/2016 | BUTALBITAL COMPOUND W/CODEINE CAPSULE 30-50-325-40 MG | Addition | Drug added to Tier 1 with Quantity Limits | N/A | N/A |
| 7/1/2016 | COLY-MYCIN S DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML | Addition | Drug added to Tier 3 | N/A | N/A |
| 7/1/2016 | DESCOVY TABLET 200-25 MG | Addition | Drug added to Tier 4 | N/A | N/A |
| 7/1/2016 | <i>diclofenac sodium gel 1%</i> | Addition | Drug added to Tier 3 with Quantity Limits | N/A | N/A |
| 7/1/2016 | KUVAN POWDER IN PACKET 100 MG | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 7/1/2016 | MENHIBRIX (PF) RECON SOLN 5-2.5 MCG/0.5 ML | Addition | Drug added to Tier 2 | N/A | N/A |
| 7/1/2016 | ORALAIR TABLET 300 INDX REACTIVITY | Addition | Drug added to Tier 3 with Quantity Limits and PA | N/A | N/A |

| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug**** | Alternative Drug Tier |
|---|---|---------------------------|---|----------------------|-----------------------|
| Please refer to the formulary table at the end of this document for the member cost-sharing. | | | | | |
| 7/1/2016 | OTREXUP (PF) AUTO-INJECTOR 17.5 MG/0.4 ML | Addition | Drug added to Tier 3 with Quantity Limits and PA | N/A | N/A |
| 7/1/2016 | OTREXUP (PF) AUTO-INJECTOR 22.5 MG/0.4 ML | Addition | Drug added to Tier 3 with Quantity Limits and PA | N/A | N/A |
| 7/1/2016 | <i>pantoprazole recon soln 40 mg</i> | Addition | Drug added to Tier 1 with Quantity Limits | N/A | N/A |
| 7/1/2016 | ROWEEPRA TABLET 500 MG | Addition | Drug added to Tier 2 | N/A | N/A |
| 7/1/2016 | TALTZ AUTOINJECTOR AUTO-INJECTOR 80 MG/ML | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 7/1/2016 | TALTZ SYRINGE 80 MG/ML | Addition | Drug added to Tier 4 with Quantity Limits and | N/A | N/A |
| 7/1/2016 | TRESIBA FLEXTOUCH U-100 INSULIN PEN 100 UNIT/ML (3 ML) | Addition | Drug added to Tier 2 with Quantity Limits | N/A | N/A |
| 7/1/2016 | TRESIBA FLEXTOUCH U-200 INSULIN PEN 200 UNIT/ML (3 ML) | Addition | Drug added to Tier 2 with Quantity Limits | N/A | N/A |
| 7/1/2016 | UPTRAVI TABLETS, DOSE PACK 200 MCG (140)-800 MCG (60) | Change in Quantity Limits | Quantity Limits changed from 200/365 days to 400/365 days with PA | N/A | N/A |
| 7/1/2016 | VENCLEXTA TABLET 100 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 7/1/2016 | VENCLEXTA TABLET 10 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 7/1/2016 | VENCLEXTA TABLET 50 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 7/1/2016 | VENCLEXTA STARTING PACK TABLETS, DOSE PACK 10 MG-50 MG-100 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 8/1/2016 | BRIVIACT SOLUTION 50 MG/5 ML | Addition | Drug added to Tier 4 with PA | N/A | N/A |

| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug*** | Alternative Drug Tier |
|---|--|------------------------------|--|----------------------------|------------------------------|
| Please refer to the formulary table at the end of this document for the member cost-sharing. | | | | | |
| 8/1/2016 | BRIVIACT SOLUTION 10 MG/ML | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| | BRIVIACT TABLET 10 MG | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 8/1/2016 | BRIVIACT TABLET 25 MG | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 8/1/2016 | BRIVIACT TABLET 50MG | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 8/1/2016 | BRIVIACT TABLET 75 MG | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 8/1/2016 | BRIVIACT TABLET 100 MG | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 8/1/2016 | BUPHENYL TABLET 500 MG | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 8/1/2016 | CABOMETYX TABLET 20 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 8/1/2016 | CABOMETYX TABLET 40 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 8/1/2016 | CABOMETYX TABLET 60 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 8/1/2016 | DYSPORT RECON SOLN 500 UNIT | Addition | Drug added t Teir 3 with Quantity Limits and PA | N/A | N/A |
| 8/1/2016 | ELITEK RECON SOLN 7.5 MG | Addition | Drug added to Tier 4 | N/A | N/A |
| 8/1/2016 | INTRON A RECON SOLN 10 MILLION UNIT (1 ML) | Change in Prior Auth | Removed Prior Auth Requirements | N/A | N/A |
| 8/1/2016 | INTRON A RECON SOLN 18 MILLION UNIT (1 ML) | Change in Prior Auth | Removed Prior Auth Requirements | N/A | N/A |
| 8/1/2016 | INTRON A RECON SOLN 50 MILLION UNIT (1 ML) | Change in Prior Auth | Removed Prior Auth Requirements | N/A | N/A |
| 8/1/2016 | INTRON A SOLUTION 6 MILLION UNIT/ML | Change in Prior Auth | Removed Prior Auth Requirements | N/A | N/A |

| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug**** | Alternative Drug Tier |
|---|--|-----------------------|--|----------------------|-----------------------|
| Please refer to the formulary table at the end of this document for the member cost-sharing. | | | | | |
| 8/1/2016 | LENVIMA CAPSULE 8 MG/DAY (4 MG X 2) | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 8/1/2016 | LENVIMA CAPSULE 18 MG/DAY (10 MG X 1-4 MG X 2) | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 8/1/2016 | <i>miglitol tablet 25 mg</i> | Addition | Drug added to Tier 3 | N/A | N/A |
| 8/1/2016 | <i>miglitol tablet 50 mg</i> | Addition | Drug added to Tier 3 | N/A | N/A |
| 8/1/2016 | <i>miglitol tablet 100 mg</i> | Addition | Drug added to Tier 3 | N/A | N/A |
| 8/1/2016 | <i>naloxone solution 0.4 mg/ml</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 8/1/2016 | NUPLAZID TABLET 17 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 8/1/2016 | PROCTO-MED HC CREAM 2.5% | Addition | Drug added to Tier 1 | N/A | N/A |
| 8/1/2016 | <i>rosuvastatin tablet 40 mg</i> | Addition | Drug added to Tier 3 with PA | N/A | N/A |
| 8/1/2016 | <i>rosuvastatin tablet 5 mg</i> | Addition | Drug added to Tier 3 with PA | N/A | N/A |
| 8/1/2016 | <i>rosuvastatin tablet 10 mg</i> | Addition | Drug added to Tier 3 with PA | N/A | N/A |
| 8/1/2016 | <i>rosuvastatin tablet 20 mg</i> | Addition | Drug added to Tier 3 with PA | N/A | N/A |
| 8/1/2016 | TECENTRIQ SOLUTION 1,200 MG/20 ML (60 MG/ML) | Addition | Drug added to Tier 4 | N/A | N/A |
| 8/1/2016 | TRINTELLIX TABLET 5 MG | Addition | Drug added to Tier 3 with Quantity Limits and PA | N/A | N/A |
| 8/1/2016 | TRINTELLIX TABLET 10 MG | Addition | Drug added to Tier 3 with Quantity Limits and PA | N/A | N/A |
| 8/1/2016 | TRINTELLIX TABLET 20 MG | Addition | Drug added to Tier 3 with Quantity Limits and PA | N/A | N/A |

| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug**** | Alternative Drug Tier |
|---|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| Please refer to the formulary table at the end of this document for the member cost-sharing. | | | | | |
| 8/1/2016 | TRUVADA TABLET 100-150 MG | Addition | Drug added to Tier 4 | N/A | N/A |
| 8/1/2016 | TRUVADA TABLET 133-200 MG | Addition | Drug added to Tier 4 | N/A | N/A |
| 8/1/2016 | TRUVADA TABLET 167-250 MG | Addition | Drug added to Tier 4 | N/A | N/A |
| 8/1/2016 | UCERIS FOAM 2 MG/ACTUATION | Addition | Drug added to Tier 3 with PA | N/A | N/A |
| 8/1/2016 | VENCLEXTA TABLET 10 MG | Addition | Drug added to Tier 3 with Quantity Limits and PA | N/A | N/A |
| 8/1/2016 | VENCLEXTA TABLET 50 MG | Addition | Drug added to Tier 3 with Quantity Limits and PA | N/A | N/A |
| 9/1/2016 | BRIVIACT SOLUTION 10 MG/ML | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 9/1/2016 | BRIVIACT SOLUTION 50 MG/5 ML | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 9/1/2016 | BRIVIACT TABLET 10 MG | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 9/1/2016 | BRIVIACT TABLET 25 MG | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 9/1/2016 | BRIVIACT TABLET 50 MG | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 9/1/2016 | BRIVIACT TABLET 75 MG | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 9/1/2016 | BRIVIACT TABLET 100 MG | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 9/1/2016 | BUPHENYL TABLET 500 MG | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 9/1/2016 | CABOMETYX TABLET 20 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 9/1/2016 | CABOMETYX TABLET 40 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |

| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug**** | Alternative Drug Tier |
|---|--|-----------------------|--|----------------------|-----------------------|
| Please refer to the formulary table at the end of this document for the member cost-sharing. | | | | | |
| 9/1/2016 | CABOMETYX TABLET 60 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 9/1/2016 | DYSPORT RECON SOLN 500 UNIT | Addition | Drug added to Tier 3 with Quantity Limits and PA | N/A | N/A |
| 9/1/2016 | ELITEK RECON SOLN 7.5 MG | Addition | Drug added to Tier 4 | N/A | N/A |
| 9/1/2016 | INTRON A SOLUTION 6 MILLION UNIT/ML | Change in Prior Auth | Removed Prior Auth Requirements | N/A | N/A |
| 9/1/2016 | INTRON A RECON SOLN 10 MILLION UNIT (1 ML) | Change in Prior Auth | Removed Prior Auth Requirements | N/A | N/A |
| 9/1/2016 | INTRON A RECON SOLN 18 MILLION UNIT (1 ML) | Change in Prior Auth | Removed Prior Auth Requirements | N/A | N/A |
| 9/1/2016 | INTRON A RECON SOLN 50 MILLION UNIT (1 ML) | Change in Prior Auth | Removed Prior Auth Requirements | N/A | N/A |
| 9/1/2016 | LENVIMA CAPSULE 8 MG/DAY (4 MG X 2) | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 9/1/2016 | LENVIMA CAPSULE 18 MG/DAY (10 MG X 1-4 MG X 2) | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 9/1/2016 | <i>miglitol tablet 25 mg</i> | Addition | Drug added to Tier 3 | N/A | N/A |
| 9/1/2016 | <i>miglitol tablet 50 mg</i> | Addition | Drug added to Tier 3 | N/A | N/A |
| 9/1/2016 | <i>miglitol tablet 100 mg</i> | Addition | Drug added to Tier 3 | N/A | N/A |
| 9/1/2016 | <i>naloxone solution 0.4 mg/ml</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 9/1/2016 | NUPLAZID TABLET 17 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 9/1/2016 | PROCTO-MED HC CREAM 2.5% | Addition | Drug added to Tier 1 | N/A | N/A |
| 9/1/2016 | <i>rosuvastatin tablet 5 mg</i> | Addition | Drug added to Tier 3 with PA | N/A | N/A |

| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug**** | Alternative Drug Tier |
|---|---|-----------------------|--|---|-----------------------|
| Please refer to the formulary table at the end of this document for the member cost-sharing. | | | | | |
| 9/1/2016 | <i>rosuvastatin tablet 10 mg</i> | Addition | Drug added to Tier 3 with PA | N/A | N/A |
| 9/1/2016 | <i>rosuvastatin tablet 20 mg</i> | Addition | Drug added to Tier 3 with PA | N/A | N/A |
| 9/1/2016 | <i>rosuvastatin tablet 40 mg</i> | Addition | Drug added to Tier 3 with PA | N/A | N/A |
| 9/1/2016 | TECENTRIQ SOLUTION 1,200 MG/20 ML (60 MG/ML) | Addition | Drug added to Tier 4 | N/A | N/A |
| 9/1/2016 | TRINTELLIX TABLET 5 MG | Addition | Drug added to Tier 3 with Quantity Limits and PA | N/A | N/A |
| 9/1/2016 | TRINTELLIX TABLET 10 MG | Addition | Drug added to Tier 3 with Quantity Limits and PA | N/A | N/A |
| 9/1/2016 | TRINTELLIX TABLET 20 MG | Addition | Drug added to Tier 3 with Quantity Limits and PA | N/A | N/A |
| 9/1/2016 | TRUVADA TABLET 100-150 MG | Addition | Drug added to Tier 4 | N/A | N/A |
| 9/1/2016 | TRUVADA TABLET 133-200 MG | Addition | Drug added to Tier 4 | N/A | N/A |
| 9/1/2016 | TRUVADA TABLET 167-250 MG | Addition | Drug added to Tier 4 | N/A | N/A |
| 9/1/2016 | UCERIS FOAM 2 MG/ACTUATION | Addition | Drug added to Tier 3 with PA | N/A | N/A |
| 9/1/2016 | VENCLEXTA TABLET 10 MG | Addition | Drug added to Tier 3 with Quantity Limits and PA | N/A | N/A |
| 9/1/2016 | VENCLEXTA TABLET 50 MG | Addition | Drug added to Tier 3 with Quantity Limits and PA | N/A | N/A |
| 10/1/2016 | TEGRETOL XR TABLET 100 MG | Removal | Generic will be available in Tier 1 | <i>carbamazepine extended release tablet 12 hr 100 mg</i> | 1 |
| 10/1/2016 | <i>ampicillin-sulbactam recon soln 1.5 gram</i> | Addition | Drug added to Tier 3 | N/A | N/A |
| 10/1/2016 | <i>bupropion HCl (smoking deter) tablet extended release 150 mg</i> | Addition | Drug added to Tier 1 | N/A | N/A |

| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug*** | Alternative Drug Tier |
|---|--|-----------------------|---|---------------------|-----------------------|
| Please refer to the formulary table at the end of this document for the member cost-sharing. | | | | | |
| 10/1/2016 | CHOLESTYRAMINE LIGHT POWDER 4 GRAM | Addition | Drug added to Tier 3 | N/A | N/A |
| 10/1/2016 | EMEND SUPSPENSION FOR RECONSTITUTION 125 MG (25 MG/ML FINAL CONC.) | Addition | Drug added to Tier 3 with Quantity Limits and B vs. D Determination | N/A | N/A |
| 10/1/2016 | FLUOCINONIDE-E CREAM 0.05% | Addition | Drug added to Tier 2 | N/A | N/A |
| 10/1/2016 | FULYZAQ TABLET, DELAYED RELEASE 125 MG | Addition | Drug added to Tier 3 with Quantity Limits and PA | N/A | N/A |
| 10/1/2016 | GENGRAF CAPSULE 50 MG | Addition | Drug added to Tier 1 with B vs. D Determination | N/A | N/A |
| 10/1/2016 | HUMIRA PEN PSORIASIS-UVEITIS PEN INJECTOR KIT 40 MG/0.8 ML | Addition | Drug added to Tier 4 with Quantity Limits or PA | N/A | N/A |
| 10/1/2016 | JENTADUETO XR TABLET, IR-ER, BIPHASIC 24 HR 2.5-1,000 MG | Addition | Drug added to Tier 2 | N/A | N/A |
| 10/1/2016 | JENTADUETO XR TABLET, IR-ER, BIPHASIC 24 HR 5-1,000 MG | Addition | Drug added to Tier 2 | N/A | N/A |
| 10/1/2016 | <i>nilutamide tablet 150 mg</i> | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 10/1/2016 | <i>norgestimate-ethinyl tablet 0.18/0.215/0.25 mg – 35 mcg</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 10/1/2016 | OCALIVA TABLET 10 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 10/1/2016 | OCALIVA TABLET 5 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 10/1/2016 | ORENCIA CLICKJECT AUTO-INJECTOR 125 MG/ML | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 10/1/2016 | OTREXUP (PF) AUTO-INJECTOR 12.5 MG/0.4 ML | Addition | Drug added to Tier 3 with Quantity Limits and PA | N/A | N/A |

| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug*** | Alternative Drug Tier |
|---|---|-----------------------|--|---------------------|-----------------------|
| Please refer to the formulary table at the end of this document for the member cost-sharing. | | | | | |
| 10/1/2016 | <i>prednisone tablets, dose pack 10 mg</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 10/1/2016 | <i>prednisone tablets, dose pack 10 mg (48 pack)</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 10/1/2016 | <i>prednisone tablets, dose pack 5 mg</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 10/1/2016 | <i>prednisone tablets, dose pack 5 mg (48 pack)</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 10/1/2016 | REPATHA PUSHTRONEX WEARABLE INJECTOR 420 MG/3.5 ML | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 10/1/2016 | SPS SUSPENSION 15 GRAM/60 ML | Addition | Drug added to Tier 3 | N/A | N/A |
| 10/1/2016 | <i>sumatriptan succinate pen injector 4 mg/0.5 ml</i> | Addition | Drug added to Tier 1 | N/A | N/A |
| 10/1/2016 | ZINBRYTA SYRINGE 150 MG/ML | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 11/1/2016 | AFREZZA CARTRIDGE WITH INHALER 4 UNIT (90)/8 UNIT (90) | Addition | Drug added to Tier 3 with PA | N/A | N/A |
| 11/1/2016 | ARISTADA SUSPENSION, EXTENDED REL SYRINGE 441 MG/1.6 ML | Change in Prior Auth | Removed Prior Auth Requirements | N/A | N/A |
| 11/1/2016 | ARISTADA SUSPENSION, EXTENDED REL SYRINGE 662 MG/2.4 ML | Change in Prior Auth | Removed Prior Auth Requirements | N/A | N/A |
| 11/1/2016 | ARISTADA SUSPENSION, EXTENDED REL SYRINGE 882 MG/3.2 ML | Change in Prior Auth | Removed Prior Auth Requirements | N/A | N/A |
| 11/1/2016 | CAZIENT (28) TABLET 0.1/.125/.15-25 MG-MCG | Addition | Drug added to Tier 1 | N/A | N/A |
| 11/1/2016 | EPCLUSA TABLET 400-100 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |

| Effective Date of Change | Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug*** | Alternative Drug Tier |
|---|---|------------------------------|--|----------------------------|------------------------------|
| Please refer to the formulary table at the end of this document for the member cost-sharing. | | | | | |
| 11/1/2016 | ERAXIS (WATER DILUENT) RECON SOLN 50 MG | Addition | Drug added to Tier 3 | N/A | N/A |
| 11/1/2016 | FLOXIN DROPS .3% | Addition | Drug added to Tier 1 | N/A | N/A |
| 11/1/2016 | LARISSIA TABLET 0.1-20 MG-MCG | Addition | Drug added to Tier 1 | N/A | N/A |
| 11/1/2016 | LOW-OGESTREL (28) TABLET 0.3-30 MG-MCG | Addition | Drug added to Tier 1 | N/A | N/A |
| 11/1/2016 | PROLASTIN-C RECON SOLN 1 MG | Addition | Drug added to Tier 4 with PA | N/A | N/A |
| 11/1/2016 | RELISTOR TABLET 150 MG | Addition | Drug added to Tier 4 with Quantity Limits and PA | N/A | N/A |
| 11/1/2016 | YONDELIS RECON SOLN 1 MG | Addition | Drug added to Tier 4 | N/A | N/A |
| 11/1/2016 | ZURAMPIC TABLET 200 MG | Addition | Drug added to Tier 3 with Quantity Limits and PA | N/A | N/A |

*For non-maintenance prescription drug changes, UPMC Health Plan Medicare Special Needs Plans will continue to cover the prescription drugs for enrollees taking the drug at the time of the change for the remainder of the plan year, as long as that drug continues to be medically necessary and prescribed by your physician and the drug was **not** removed for safety reasons. The appropriate member cost-sharing will apply based on what tier or exception tier the prescription drug is on and what stage of coverage (e.g., Initial Coverage Stage, Coverage Gap Stage) the member is in.

**Our hours of operation change twice a year. You can call us October 1 through February 14, from 8 a.m. to 8 p.m., seven days a week. From February 15 through September 30, you can call us from 8 a.m. to 8 p.m., Monday through Friday, and from 8 a.m. to 3 p.m., Saturday.

***Alternative drugs are drugs in the same therapeutic category/class or cost-sharing tier as the affected drug. Only your physician can determine if the alternate drug listed here is appropriate for you given the individualized nature of drug therapy. Please consult with your physician whether this is an appropriate drug for you.

UPMC *for Life* Dual is an HMO SNP plan with a Medicare contract and a contract with the Pennsylvania Medical Assistance (Medicaid) program. Enrollment in UPMC *for Life* Dual depends on contract renewal. UPMC *for Life* Dual is a product of and operated by UPMC *for You*, Inc.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium, and/or copayments/coinsurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Formulary Drug Tiers

The formulary drug tier table provides the tier description (e.g., generic) and member cost sharing for prescription drugs on each drug tier. Please refer to the tables below.

If you have additional questions please contact Member Services at **1-800-606-8648** or, for TTY users, **1-866-407-8762**. Our hours of operation change twice a year. You can call us October 1 through February 14, from 8 a.m. to 8 p.m., seven days a week. From February 15 through September 30, you can call us from 8 a.m. to 8 p.m., Monday through Friday, and from 8 a.m. to 3 p.m., Saturday.

If you have full Medical Assistance, the drug tiers and cost-sharing amounts in 2016 for UPMC *for Life* Dual (HMO SNP) are:

| Drug Tier Number | Drug Tier Description | Member Cost-Sharing (30- or 90-day supply) |
|------------------|--|---|
| 1 | Generic drug tier | <ul style="list-style-type: none"> • \$0, \$1.20, or \$2.95 copay for a 30-day retail supply • \$0, \$1.20, or \$2.95 copay for a 90-day retail supply • \$0, \$1.20, or \$2.95 copay for a 90-day mail-order supply |
| 2 | Preferred Brand drug tier | <ul style="list-style-type: none"> • \$0, \$3.60, or \$7.40 copay for a 30-day retail supply • \$0, \$3.60, or \$7.40 copay for a 90-day retail supply • \$0, \$3.60, or \$7.40 copay for a 90-day mail-order supply |
| 3 | Non-preferred Brand drug tier | <ul style="list-style-type: none"> • \$0, \$3.60, or \$7.40 copay for a 30-day retail supply • \$0, \$3.60, or \$7.40 copay for a 90-day retail supply • \$0, \$3.60, or \$7.40 copay for a 90-day mail-order supply |
| 4 | Specialty drug tier | <ul style="list-style-type: none"> • \$0, \$1.20, \$2.95, \$3.60 or \$7.40 copay for a 30-day retail or mail-order supply (only) |
| 5 | Select Care drug tier <ul style="list-style-type: none"> • Select \$0 Generic drugs | <ul style="list-style-type: none"> • \$0, \$1.20, or \$2.95 copay for a 30-day retail supply • \$0, \$1.20, or \$2.95 copay for a 90-day retail supply • \$0, \$1.20, or \$2.95 copay for a 90-day mail-order supply |

NOTE: Drugs are provided in a long-term care facility up to a 31-day supply.



Formulary ID: 00016312 Version: 17

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