

## 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, 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 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
<b>Please refer to the formulary drug table at the end of this document for the member cost-sharing.</b>					
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 1 with PA	N/A	N/A
3/1/2016	<i>molindone tablet 25 mg</i>	Addition	Drug added to Tier 1 with PA	N/A	N/A
3/1/2016	<i>molindone tablet 5 mg</i>	Addition	Drug added to Tier 1 with PA	N/A	N/A
3/1/2016	<i>rivastigmine patch 24 hour 13.3 mg/24 hours</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	COPAXONE SYRINGE 40 MG/ML	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
<b>Please refer to the formulary drug table at the end of this document for the member cost-sharing.</b>					
3/1/2016	PLEGRIDY SYRINGE 125 MCG/0.5 ML	Addition	Drug added to Tier 1 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 1 with Quantity Limits	N/A	N/A
3/1/2016	ORBACTIV RECON SOLN 400 MG	Addition	Drug added to Tier 1	N/A	N/A
3/1/2016	OTREXUP (PF) AUTO INJECTOR 7.5 MG/0.4 ML	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	ZUBSOLV TABLET 11.4-2.9 MG	Addition	Drug added to Tier 1 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	TOUJEO SOLOSTAR INSULIN PEN 300 UNIT/ML (1.5 ML)	Addition	Drug added to Tier 1 with Quantity Limits	N/A	N/A
3/1/2016	ZARXIO SYRINGE 300 MCG/0.5 ML	Addition	Drug added to Tier 1 with PA	N/A	N/A
3/1/2016	ZARXIO SYRINGE 480 MCG/0.8 ML	Addition	Drug added to Tier 1 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 1 with PA	N/A	N/A
3/1/2016	JADENU TABLET 360 MG	Addition	Drug added to Tier 1 with PA	N/A	N/A
3/1/2016	JADENU TABLET 90 MG	Addition	Drug added to Tier 1 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
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 1		

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug***	Alternative Drug Tier
<b>Please refer to the formulary drug table at the end of this document for the member cost-sharing.</b>					
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 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	ENTRESTO TABLET 24-26 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	ENTRESTO TABLE 49-51 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	ENTRESTO TABLE 97-103 MG	Addition	Drug added to Tier 1 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 Tie 1 with PA	N/A	N/A
3/1/2016	AVASTIN SOLUTION 25 MG/ML (16 ML)	Addition	Drug added to Tier 1	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 10 MG/4 ML (25 MG/ML)	Addition	Drug added to Tier 1	N/A	N/A
3/1/2016	CYRAMZA SOLUTION 10 MG/ML	Addition	Drug added to Tier 1 with B vs. D Determination	N/A	N/A
3/1/2016	CYRAMZA SOLUTION 10 MG/ML (50 ML)	Addition	Drug added to Tier 1 with B vs. D Determination	N/A	N/A
3/1/2016	ACTEMRA SOLUTION 80 MG/4 ML (20 MG/ML)	Addition	Drug addd to Tier 1 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 1 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
<b>Please refer to the formulary drug table at the end of this document for the member cost-sharing.</b>					
3/1/2016	KLOR-CON SPRINKLE CAPSULE, EXTENDED 8 MEQ	Addition	Drug added to Tier 1	N/A	N/A
3/1/2016	KLOR-CON SPRINKLE CAPSULE, EXTENDED 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 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	REXULTI TABLET 0.5 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	REXULTI TABLET 1 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	REXULTI TABLET 2 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	REXULTI TABLET 3 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	REXULTI TABLET 4 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	PRALUENT PEN PEN INJECTOR 150 MG/ML	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	PRALUENT SYRINGE SYRINGE 150 MG/ML	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	PRALUENT SYRINGE SYRINGE 75 MG/ML	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	PRALUENT PEN PEN INJECTOR 75 MG/ML	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	TECHNIVIE TABLET 12.5-75-50 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	ODOMZO CAPSULE 200 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	<i>thiotepa recon soln 15 mg</i>	Addition	Drug added to Tier 1	N/A	N/A
3/1/2016	DAKLINZA TABLET 30 MG	Addition	Drug added to Tier 1 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
<b>Please refer to the formulary drug table at the end of this document for the member cost-sharing.</b>					
3/1/2016	DAKLINZA TABLET 60 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	SETLAKIN TABLETS, DOSE PACK, 3 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 1	N/A	N/A
3/1/2016	SYNJARDY TABLET 5-500 MG	Addition	Drug added to Tier 1 with Quantity Limits	N/A	N/A
3/1/2016	SYNJARDY TABLET 12.5-500 MG	Addition	Drug added to Tier 1 with Quantity Limits	N/A	N/A
3/1/2016	SYNJARDY TABLET 5-1,000 MG	Addition	Drug added to Tier 1 with Quantity Limits	N/A	N/A
3/1/2016	SYNJARDY TABLET 12.5-1,000 MG	Addition	Drug added to Tier 1 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 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	REPATHA SYRINGE SYRINGE 140 MG/ML	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	BRILINTA TABLET 60 MG	Addition	Drug added to Tier 1 with Quantity Limits	N/A	N/A
3/1/2016	ZUBSOLV TABLET 2.9-0.71 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	SPIRIVA RESPIMAT MIST 1.25 MCG/ACTUATION	Addition	Drug added to Tier 1	N/A	N/A
3/1/2016	LONSURF TABLET 15-6.14 MG	Addition	Drug added to Tier 1 with PA	N/A	N/A
3/1/2016	LONSURF TABLET 20-8.19 MG	Addition	Drug added to Tier 1 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

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug***	Alternative Drug Tier
<b>Please refer to the formulary drug table at the end of this document for the member cost-sharing.</b>					
3/1/2016	FERRIPROX SOLUTIN 100 MG/ML	Addition	Drug added to Tier 1 with PA	N/A	N/A
3/1/2016	GAVILYTE-H AND BISACODYL KIT 5-210 MG-GRAM	Addition	Drug added to Tier 1	N/A	N/A
3/1/2016	NUCALA RECON SOLN 100 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	GLEOSTINE CAPSULE 5 MG	Addition	Drug added to Tier 1 with PA	N/A	N/A
3/1/2016	TAGRISSE TABLET 40 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	TAGRISSE TABLET 80 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	GENVOYA TABLET 150-150-200-10 MG	Addition	Drug added to Tier 1	N/A	N/A
3/1/2016	DARZALEX SOLUTION 20 MG/ML	Addition	Drug added to Tier 1	N/A	N/A
3/1/2016	COTELLIC TABLET 20 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	BLISOVI 24 FE TABLET 1 MG-20 MCG (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 1 with Quantity Limits	N/A	N/A
3/1/2016	NINLARO CAPSULE 2.3 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	NINLARO CAPSULE 3 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	NINLARO CAPSULE 4 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	BLISOVI FE 1/20 (28) TABLET 1 MG-2 MCG (21)/75 MG (7)	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
<b>Please refer to the formulary drug table at the end of this document for the member cost-sharing.</b>					
3/1/2016	EMPLICITI RECON SOLN 300 MG	Addition	Drug added to Tier 1 with B vs. D Determination	N/A	N/A
3/1/2016	ALECENSA CAPSULE 150 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	<i>methyltestosterone capsule 10 mg</i>	Addition	Drug added to Tier 1 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 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	BETIMOL DROPS 0.25%	Addition	Drug added to Tier 1	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 1 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 1	N/A	N/A
3/1/2016	<i>pimozide tablet 1 mg</i>	Addition	Drug added to Tier 1	N/A	N/A
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
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 1	N/A	N/A

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug***	Alternative Drug Tier
<b>Please refer to the formulary drug table at the end of this document for the member cost-sharing.</b>					
3/1/2016	<i>dutasteride capsule 0.5 mg</i>	Addition	Drug added to Tier 1	N/A	N/A
3/1/2016	IRESSA TABLET 250 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	<i>aripiprazole tablet, disintegrating 10 mg</i>	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	<i>aripiprazole tablet, disintegrating 15 mg</i>	Addition	Drug added to Tier 1 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 1 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 1 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 1 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
3/1/2016	<i>tetrabenazine tablet 12.5 mg</i>	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
3/1/2016	CRESTOR TABLET 40 MG	Addition	Drug added to Tier 1 with PA	N/A	N/A
3/1/2016	CRESTOR TABLET 5 MG	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
<b>Please refer to the formulary drug table at the end of this document for the member cost-sharing.</b>					
3/1/2016	CRESTOR TABLET 10 MG	Addition	Drug added to Tier 1 with PA	N/A	N/A
3/1/2016	CRESTOR TABLET 20 MG	Addition	Drug added to Tier 1 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> <i>paliperidone tablet extended release 24 hour 1.5 mg</i>	Addition	Drug added to Tier 1 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	N/A	N/A
3/1/2016	<i>risedronate tablet 35 mg (4 pack)</i>	Addition	Drug added to Tier 1 with Quantity Limits	N/A	N/A
3/1/2016	<i>risedronate tablet 35 mg (12 pack)</i>	Addition	Drug added to Tier 1 with Quantity Limits	N/A	N/A
3/1/2016	SYNTHYROID TABLET 25 MCG	Addition	Drug added to Tier 1	N/A	N/A
3/1/2016	SYNTHYROID TABLET 75 MCG	Addition	Drug added to Tier 1	N/A	N/A
3/1/2016	SYNTHYROID TABLET 112 MCG	Addition	Drug added to Tier 1	N/A	N/A
3/1/2016	SYNTHYROID TABLET 125 MCG	Addition	Drug added to Tier 1	N/A	N/A
3/1/2016	SYNTHYROID TABLET 150 MCG	Addition	Drug added to Tier 1	N/A	N/A
3/1/2016	SYNTHYROID TABLET 175 MCG	Addition	Drug added to Tier 1	N/A	N/A
3/1/2016	SYNTHYROID TABLET 300 MCG	Addition	Drug added to Tier 1	N/A	N/A
3/1/2016	SYNTHYROID TABLET 50 MCG	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
<b>Please refer to the formulary drug table at the end of this document for the member cost-sharing.</b>					
3/1/2016	SYNTHYROID TABLET 100 MCG	Addition	Drug added to Tier 1	N/A	N/A
3/1/2016	SYNTHYROID TABLET 200 MCG	Addition	Drug added to Tier 1	N/A	N/A
3/1/2016	SYNTHYROID TABLET 137 MCG	Addition	Drug added to Tier 1	N/A	N/A
3/1/2016	SYNTHYROID TABLET 88 MCG	Addition	Drug added to Tier 1	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 1	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 1 with Quantity Limits and PA	N/A	N/A
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 70 mg/75 ml</i>	Addition	Drug added to Tier 1	N/A	N/A
4/1/2016	BLISOVI FE 1.5/30 (28)	Addition	Drug added to Tier 1	N/A	N/A
4/1/2016	DUOPA INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Addition	Drug added to Tier 1 with PA	N/A	N/A
4/1/2016	EMEND RECON SOLN 150 MG	Addition	Drug added to Tier 1	N/A	N/A
4/1/2016	EMPLICITI RECON SOLN 400 MG	Addition	Drug added to Tier 1 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

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug***	Alternative Drug Tier
<b>Please refer to the formulary drug table at the end of this document for the member cost-sharing.</b>					
4/1/2016	<i>fenofibric acid tablet 35 mg</i>	Addition	Drug added 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 1 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 1 with PA	N/A	N/A
4/1/2016	HUMIRA PEN PEN INJECTOR KIT 40 MG/0.8 ML	Addition	Drug added to Tier 1 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 1 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 1 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 1 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 1 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 1 with Quantity Limits and PA	N/A	N/A
4/1/2016	<i>lincomycin solution 300 mg/ml</i>	Addition	Drug added to Tier 1	N/A	N/A
4/1/2016	LUPRON DEPOT (4 MONTH) SYRINGE KIT 30 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
4/1/2016	NIPENT RECON SOLN 10 MG	Addition	Drug added to Tier 1	N/A	N/A
4/1/2016	<i>norgestimate-ethinyl estradiol tablet 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

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug***	Alternative Drug Tier
<b>Please refer to the formulary drug table at the end of this document for the member cost-sharing.</b>					
4/1/2016	<i>phenytoin sodium capsule 300 mg</i>	Addition	Drug added to Tier 1	N/A	N/A
4/1/2016	<i>risendronate tablet 35 mg (12 pack)</i>	Change in Quantity Limits	Quantity Limits changed from 4/28 days to 12/84 days with Step Therapy	N/A	N/A
4/1/2016	STRENSIQ SOLUTION 40 MG/ML	Addition	Drug added to Tier 1 with PA	N/A	N/A
4/1/2016	STRENSIQ SOLUTION 80 MG/0.8 ML	Addition	Drug added to Tier 1 with PA	N/A	N/A
4/1/2016	TRI-LO-ESTARYLLA 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 1 with Quantity Limits and PA	N/A	N/A
4/1/2016	VELTASSA POWDER IN PACKET 16.8 GRAM	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
4/1/2016	VELTASSA POWDER IN PACKET 25.2 GRAM	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
4/1/2016	VIBERZI TABLET 75 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
4/1/2016	VIBERZI TABLET 100 MG	Addition	Drug added to Tier 1 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 1 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

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug***	Alternative Drug Tier
<b>Please refer to the formulary drug table at the end of this document for the member cost-sharing.</b>					
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
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	CRESTOR TABLET 5 MG	Change in Prior Auth	Added as a prerequisite for Vytorin	N/A	N/A
5/1/2016	CRESTOR TABLET 10 MG	Change in Prior Auth	Added as a prerequisite for Vytorin	N/A	N/A
5/1/2016	CRESTOR TABLET 20 MG	Change in Prior Auth	Added as a prerequisite for Vytorin	N/A	N/A
5/1/2016	CRESTOR TABLET 40 MG	Change in Prior Auth	Added as a prerequisite for Vytorin	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 39 MG/0.25 ML	Change in Prior Auth	PA requirements removed	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 117 MG/0.75 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

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug***	Alternative Drug Tier
<b>Please refer to the formulary drug table at the end of this document for the member cost-sharing.</b>					
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 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	NUTROPIN AQ NUSPIN PEN INJECTOR 10 MG/2 ML (5 MG/ML)	Addition	Drug added to Tier 1 with PA	N/A	N/A
5/1/2016	NUTROPIN AQ NUSPIN PEN INJECTOR 20 MG/2 ML (10 MG/ML)	Addition	Drug added to Tier 1 with PA	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 1 with Quantity Limits	N/A	N/A
5/1/2016	PLEGRIDY PEN INJECTOR 125 MCG/0.5 ML	Addition	Drug added to Tier 1 with Quantity Limits	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 25 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	VRAYLAR CAPSULE 1.5 MG	Addition	Drug added to Tier 1 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
<b>Please refer to the formulary drug table at the end of this document for the member cost-sharing.</b>					
5/1/2016	VRAYLAR CAPSULE 3 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
5/1/2016	VRAYLAR CAPSULE 4.5 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
5/1/2016	VRAYLAR CAPSULE 6 MG	Addition	Drug added to Tier 1 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
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 1	<i>memantine titration pack 5-10 mg</i>	1
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 1	<i>bexarotene capsule 75 mg</i>	1
6/1/2016	XENAZINE TABLET 12.5 MG	Removal	Generic will be available in Tier 1	<i>tetrabenazine tablet 12.5 mg</i>	1
6/1/2016	XENAZINE TABLET 25 MG	Removal	Generic will be available in Tier 1	<i>tetrabenazine tablet 25 mg</i>	1
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

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug***	Alternative Drug Tier
<b>Please refer to the formulary drug table at the end of this document for the member cost-sharing.</b>					
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 1	<i>methyltestosterone capsule 10 mg</i>	1
6/1/2016	ORAP TABLET 2 MG	Removal	Generic will be available in Tier 1	<i>pimozide tablet 2 mg</i>	1
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 1	<i>linezolid oral suspension 20 mg/ml</i>	1
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 1	<i>dutasteride capsule 5 mg/tamsulosin hydrochloride capsule 0.4 mg</i>	1
6/1/2016	INVEGA EXTENDED RELEASE TABLET 1.5 MG	Removal	Generic will be available in Tier 1	<i>paliperidone extended release tablet 1.5 mg</i>	1
6/1/2016	INVEGA EXTENDED RELEASE TABLET 3 MG	Removal	Generic will be available in Tier 1	<i>paliperidone extended release tablet 3 mg</i>	1
6/1/2016	INVEGA EXTENDED RELEASE TABLET 6 MG	Removal	Generic will be available in Tier 1	<i>paliperidone extended release tablet 6 mg</i>	1
6/1/2016	INVEGA EXTENDED RELEASE TABLET 9 MG	Removal	Generic will be available in Tier 1	<i>paliperidone extended release tablet 9 mg</i>	1



Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug***	Alternative Drug Tier
<b>Please refer to the formulary drug table at the end of this document for the member cost-sharing.</b>					
6/1/2016	MAKENA OIL 250 MG/ML (1ML)	Addition	Drug added to Tier 1 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
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 Access	Limited availability restrictions removed	N/A	N/A
6/1/2016	BENLYSTA RECON SOLN 400 MG	Addition	Drug added to Tier 1 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 1 with Quantity Limits and PA	N/A	N/A
6/1/2016	UPTRAVI TABLET 1,200 MCG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
6/1/2016	UPTRAVI TABLET 1,400 MCG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
6/1/2016	UPTRAVI TABLET 1,600 MCG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
6/1/2016	UPTRAVI TABLET 200 MCG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
6/1/2016	UPTRAVI TABLET 400 MCG	Addition	Drug added to Tier 1 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
<b>Please refer to the formulary drug table at the end of this document for the member cost-sharing.</b>					
6/1/2016	UPTRAVI TABLET 600 MCG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
6/1/2016	UPTRAVI TABLET 800 MCG	Addition	Drug added to Tier 1 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 1 with Quantity Limits and PA	N/A	N/A
6/1/2016	HUMULIN R U-500 (CONC) KWIKPEN INSULIN PENN 500 UNIT/ML (3 ML)	Addition	Drug added to Tier 1 with Quantity Limits and Step Therapy	N/A	N/A
6/1/2016	SPRITAM TABLET FOR SUSPENSION 1,000 MG	Addition	Drug added to Tier 1 with PA	N/A	N/A
6/1/2016	SPRITAM TABLET FOR SUSPENSION 250 MG	Addition	Drug added to Tier 1 with PA	N/A	N/A
6/1/2016	SPRITAM TABLET FOR SUSPENSION 500 MG	Addition	Drug added to Tier 1 with PA	N/A	N/A
6/1/2016	SPRITAM TABLET FOR SUSPENSION 750 MG	Addition	Drug added to Tier 1 with PA	N/A	N/A
6/1/2016	XELJANZ XR TABLET EXTENDED RELEASE 24 HR 11 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	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/3 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
<b>Please refer to the formulary drug table at the end of this document for the member cost-sharing.</b>					
6/1/2016	<i>budesonide suspension for nebulization 1 mg/2 ml</i>	Addition	Drug added to Tier 1 with B vs. D Determination	N/A	N/A
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	ZYPREXA RELPREW SUSPENSION FOR RECONSTITUTION 210 MG	Change in Access	Limited availability restrictions removed	N/A	N/A
6/1/2016	<i>ibandronate 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 1	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 1	N/A	N/A
7/1/2016	DESCOVY TABLET 200-25 MG	Addition	Drug added to Tier 1	N/A	N/A
7/1/2016	<i>diclofenac sodium gel 1%</i>	Addition	Drug added to Tier 1 with Quantity Limits	N/A	N/A
7/1/2016	KUVAN POWDER IN PACKET 100 MG	Addition	Drug added to Tier 1 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 1	N/A	N/A
7/1/2016	ORALAIR TABLET 300 INDX REACTIVITY	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
7/1/2016	OTREXUP (PF) AUTO-INJECTOR 17.5 MG/0.4 ML	Addition	Drug added to Tier 1 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
<b>Please refer to the formulary drug table at the end of this document for the member cost-sharing.</b>					
7/1/2016	OTREXUP (PF) AUTO-INJECTOR 22.5 MG/0.4 ML	Addition	Drug added to Tier 1 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 1	N/A	N/A
7/1/2016	TALTZ AUTOINJECTOR 80 MG/ML	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
7/1/2016	TALTZ SYRINGE 80 MG/ML	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
7/1/2016	TRESIBA FLEXTOUCH U-100 INSULIN PEN	Addition	Drug added to Tier 1 with Quantity Limits	N/A	N/A
7/1/2016	TRESIBA FLEXTOUCH U-200 INSULIN PEN	Addition	Drug added to Tier 1 with Quantity Limits	N/A	N/A
7/1/2016	UPTRAVI TABLETS, DOSE PACK	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 1 with Quantity Limits and PA	N/A	N/A
7/1/2016	VENCLEXTA TABLET 10 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
7/1/2016	VENCLEXTA TABLET 50 MG	Addition	Drug added to Tier 1 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 1 with Quantity Limits and PA	N/A	N/A
8/1/2016	BRIVIACT SOLUTION 50 MG/5 ML	Addition	Drug added to Tier 1 with PA	N/A	N/A
8/1/2016	BRIVIACT SOLUTION 10 MG/ML	Addition	Drug added to Tier 1 with PA	N/A	N/A
8/1/2016	BRIVIACT TABLET 10 MG	Addition	Drug add 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
<b>Please refer to the formulary drug table at the end of this document for the member cost-sharing.</b>					
8/1/2016	BRIVIACT TABLET 25 MG	Addition	Drug add to Tier 1 with PA	N/A	N/A
8/1/2016	BRIVIACT TABLET 50 MG	Addition	Drug add to Tier 1 with PA	N/A	N/A
8/1/2016	BRIVIACT TABLET 75 MG	Addition	Drug add to Tier 1 with PA	N/A	N/A
8/1/2016	BRIVIACT TABLET 100 MG	Addition	Drug add to Tier 1 with PA	N/A	N/A
8/1/2016	BUPHENYL TABLET 500 MG	Addition	Drug added to Tier 1 with PA	N/A	N/A
8/1/2016	CABOMETYX TABLET 20 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
8/1/2016	CABOMETYX TABLET 40 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
8/1/2016	CABOMETYX TABLET 60 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
8/1/2016	DYSPORT RECN SOLN 500 UNIT	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
8/1/2016	ELITEK RECON SOLN 7.5 MG	Addition	Drug added to Tier 1	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
8/1/2016	LENVIMA CAPSULE 8 MG/DAY (4 MG X 2)	Addition	Drug added to Tier 1 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 1 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
<b>Please refer to the formulary drug table at the end of this document for the member cost-sharing.</b>					
8/1/2016	<i>miglitol tablet 25 mg</i>	Addition	Drug added to Tier 1	N/A	N/A
8/1/2016	<i>miglitol tablet 50 mg</i>	Addition	Drug added to Tier 1	N/A	N/A
8/1/2016	<i>miglitol tablet 100 mg</i>	Addition	Drug added to Tier 1	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 1 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 5 mg</i>	Addition	Drug added to Tier 1 with PA	N/A	N/A
8/1/2016	<i>rosuvastatin tablet 10 mg</i>	Addition	Drug added to Tier 1 with PA	N/A	N/A
8/1/2016	<i>rosuvastatin tablet 20 mg</i>	Addition	Drug added to Tier 1 with PA	N/A	N/A
8/1/2016	<i>rosuvastatin tablet 40 mg</i>	Addition	Drug added to Tier 1 with PA	N/A	N/A
8/1/2016	TECENTRIQ SOLUTION 1,200 MG/20 ML (60 MG/ML)	Addition	Drug added to Tier 1	N/A	N/A
8/1/2016	TRINTELLIX TABLET 5 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
8/1/2016	TRINTELLIX TABLET 10 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
8/1/2016	TRINTELLIX TABLET 20 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
8/1/2016	TRUVADA TABLET 100-150 MG	Addition	Drug added to Tier 1	N/A	N/A
8/1/2016	TRUVADA TABLET 133-200 MG	Addition	Drug added to Tier 1	N/A	N/A

<b>Effective Date of Change</b>	<b>Name of Affected Drug</b>	<b>Description of Change</b>	<b>Reason for Change</b>	<b>Alternative Drug***</b>	<b>Alternative Drug Tier</b>
<b>Please refer to the formulary drug table at the end of this document for the member cost-sharing.</b>					
8/1/2016	TRUVADA TABLET 167-250 MG	Addition	Drug added to Tier 1	N/A	N/A
8/1/2016	UCERIS FOAM 2 MG/ACTUATION	Addition	Drug added to Tier 1	N/A	N/A
8/1/2016	VENCLEXTA TABLET 10 MG	Addition	Drug added to Tier 1 with Quantity Limits and PA	N/A	N/A
8/1/2016	VENCLEXTA TABLET 50 MG	Addition	Drug added to Tier 1 with Quantity Limits and 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 SOLUTION 10 MG/ML	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 SOLUTION 50 MG/5 ML	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
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

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug****	Alternative Drug Tier
<b>Please refer to the formulary drug table at the end of this document for the member cost-sharing.</b>					
9/1/2016	ELITEK RECON SOLN 7.5 MG	Addition	Drug added to Tier 4	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	INTRON A SOLUTION 6 MILION UNIT/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
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



Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug****	Alternative Drug Tier
<b>Please refer to the formulary drug table at the end of this document for the member cost-sharing.</b>					
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 TABET 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 12 HR 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
10/1/2016	CHOLESTYRAMINE LIGHT POWDER 4 GRAM	Addition	Drug added to Tier 3	N/A	N/A

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug***	Alternative Drug Tier
<b>Please refer to the formulary drug table at the end of this document for the member cost-sharing.</b>					
10/1/2016	EMEND SUSPENSION FOR RECONSTRUCTION 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 and 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 2.5 MG/0.4 ML	Addition	Drug added to Tier 3 with Quantity Limits and PA	N/A	N/A
10/1/2016	<i>prednisone tablets, dose pack 10 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
<b>Please refer to the formulary drug table at the end of this document for the member cost-sharing.</b>					
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 PUSHTRONIX 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
11/1/2016	ERAXIS (WATER DILUENT) RECON SOLN 50 MG	Addition	Drug added to Tier 3	N/A	N/A

<b>Effective Date of Change</b>	<b>Name of Affected Drug</b>	<b>Description of Change</b>	<b>Reason for Change</b>	<b>Alternative Drug***</b>	<b>Alternative Drug Tier</b>
<b>Please refer to the formulary drug table at the end of this document for the member cost-sharing.</b>					
11/1/2016	FLOXIN DROPS 0.3%	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 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 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* Options is an HMO SNP plan with a Medicare contract. Enrollment in UPMC *for Life* Options depends on contract renewal. UPMC *for Life* Options is a product of and operated by UPMC Health Plan 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 description (e.g., generic) and member cost-sharing for prescription drugs. 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 cost sharing amounts in 2016 for UPMC *for Life* Options (HMO SNP) are:**

<b>Drug Tier Number</b>	<b>Drug Tier Description</b>	<b>Member Cost-Sharing (30- or 90-day supply)</b>
<b>1</b>	All Covered Formulary Drugs	<ul style="list-style-type: none"><li>• \$0, \$1.20, \$2.95, \$3.60 or \$7.40 copay for a 30-day retail or mail-order supply (only)</li></ul>

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

**If you do not have full Medical Assistance, the cost sharing amounts in 2016 for UPMC *for Life* Options (HMO SNP) are:**

<b>Drug Tier Number</b>	<b>Drug Tier Description</b>	<b>Member Cost-Sharing (30- or 90-day supply)</b>
<b>1</b>	All Covered Formulary Drugs	<ul style="list-style-type: none"><li>• 25% coinsurance for a 30-day retail supply</li><li>• 25% coinsurance for a 90-day retail supply</li><li>• 25% coinsurance for a 90-day mail-order supply*</li><li>• 25% coinsurance amount for a 31-day long term care facility supply</li></ul>

\*Specialty drugs are provided as a 30-day supply only.



Formulary ID: 00016311 Version: 16

Posted Date: 10/1/2016

2016\_SNPOptFA\_Nov\_16SNPID0108