

2018 Medicare Part D Formulary Change

We may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, or add prior authorizations, quantity limits and/or step therapy restrictions on a drug [or move a drug to a higher cost-sharing tier], we will let you know 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 and let you know.

The product changes noted below will be implemented on the Medicare Part D Plan formulary.

To see if your drug is on this list, please refer to the tables below:

New Added Products: **Effective 11/1/2018**

Drug	Cost sharing	Restrictions*
AURYXIA 210 MG IRON TABLET	Tier 5	PA
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER	Tier 3	QL
DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER	Tier 3	QL
HUMIRA PEN CROHN’S-ULC COLITIS-HID SUP STARTER 80 MG/0.8 ML SUBCUT KIT	Tier 5	QL
HUMIRA PEN PSORIASIS-UVEITIS 80 MG/0.8 ML(1)-40 MG/0.4 ML(2)SUBCUT KIT	Tier 5	QL

Future Removed Products: **Effective 11/1/2018**

Drug	Reason
KETOPROFEN 75 MG CAPSULE	Removed from Formulary
VESTURA (28) 3 MG-0.02 MG TABLET	Removed from Formulary
ZENPEP 3,000 UNIT-10,000 UNIT-16,000 UNIT CAPSULE,DELAYED RELEASE	Removed from Formulary

New Added Products: **Effective 10/1/2018**

Drug	Cost sharing	Restrictions*
CIMDUO 300 MG-300 MG TABLET	Tier 5	QL
XELJANZ 10 MG TABLET	Tier 5	ST
ZENPEP 15,000 UNIT-47,000 UNIT-63,000 UNIT CAPSULE,DELAYED RELEASE	Tier 3	
ZENPEP 3,000 UNIT-10,000 UNIT-14,000 UNIT CAPSULE,DELAYED RELEASE	Tier 3	

Future Removed Products: **Effective 10/1/2018**

Drug	Reason
AURYXIA 210 MG IRON TABLET	Removed from Formulary
AVELOX 400 MG/250 ML IN SODIUM CHLORIDE(ISO-OSM) INTRAVENOUS PIGGYBACK	Removed from Formulary
CLARAVIS 20 MG CAPSULE	Removed from Formulary
CLARAVIS 30 MG CAPSULE	Removed from Formulary
CLARAVIS 40 MG CAPSULE	Removed from Formulary
LANOXIN 187.5 MCG TABLET	Removed from Formulary
ZENPEP 15,000 UNIT-51,000 UNIT-82,000 UNIT CAPSULE,DELAYED RELEASE	Removed from Formulary
ZENPEP 25,000 UNIT-85,000 UNIT-136,000 UNIT CAPSULE,DELAYED RELEASE	Removed from Formulary
ZENPEP 5,000 UNIT-17,000 UNIT-27,000 UNIT CAPSULE,DELAYED RELEASE	Removed from Formulary

New Added Products: **Effective 9/1/2018**

Drug	Cost sharing	Restrictions*
ARNUITY ELLIPTA 50 MCG/ACTUATION POWDER FOR INHALATION	Tier 3	
ENDARI 5 GRAM ORAL POWDER PACKET	Tier 5	PA QL LA
JYNARQUE 45 MG (AM)/15 MG (PM) TABLETS	Tier 5	PA QL LA
JYNARQUE 60 MG (AM)/30 MG (PM) TABLETS	Tier 5	PA QL LA
JYNARQUE 90 MG (AM)/30 MG (PM) TABLETS	Tier 5	PA QL LA

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Drug	Cost sharing	Restrictions*
MIGLUSTAT 100 MG CAPSULE	Tier 5	LA
OXACILLIN 1 GRAM SOLUTION FOR INJECTION	Tier 2	
SYMDEKO 100 MG-150 MG (DAY)/150 MG (NIGHT) TABLETS	Tier 5	PA QL LA
YONSA 125 MG TABLET	Tier 5	PA QL

Future Removed Products: **Effective 9/1/2018**

Drug	Reason
DESMOPRESSIN 0.1 MG/ML (REFRIGERATE) NASAL SOLUTION	Removed from Formulary
GLEOSTINE 5 MG CAPSULE	Removed from Formulary
KETOPROFEN 50 MG CAPSULE	Removed from Formulary
ZENPEP 10,000 UNIT-34,000 UNIT-55,000 UNIT CAPSULE, DELAYED RELEASE	Removed from Formulary

New Added Products: **Effective 8/1/2018**

Drug	Cost sharing	Restrictions*
BACLOFEN 5 MG TABLET	Tier 2	
COLESEVELAM 625 MG TABLET	Tier 2	
ESTARYLLA 0.25 MG-35 MCG TABLET	Tier 2	
HUMIRA 20 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT	Tier 5	QL
NORVIR 100 MG ORAL POWDER PACKET	Tier 3	QL
SYMFI 600 MG-300 MG-300 MG TABLET	Tier 5	QL
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE	Tier 3	
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE	Tier 3	
SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE	Tier 3	
SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE	Tier 3	

Future Removed Products: **Effective 8/1/2018**

Drug	Reason
CIPROFLOXACIN 400 MG/40 ML INTRAVENOUS SOLUTION	Removed from Formulary
METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION	Removed from Formulary
TRIAMTERENE 50 MG-HYDROCHLOROTHIAZIDE 25 MG CAPSULE	Removed from Formulary
ZOVIA 1/50E (28) 1 MG-50 MCG TABLET	Removed from Formulary

New Added Products: **Effective 7/1/2018**

Drug	Cost sharing	Restrictions*
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN	Tier 3	
HUMIRA 10 MG/0.1 ML SUBCUTANEOUS SYRINGE KIT	Tier 5	QL
HUMIRA 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT	Tier 5	QL
HUMIRA PEDIATRIC CROHN'S START 80 MG/0.8 ML-40 MG/0.4 ML SUBCUT SYR KT	Tier 5	QL
HUMIRA PEDIATRIC CROHN'S STARTER 80 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT	Tier 5	QL
HUMIRA SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	Tier 5	QL
HUMIRA PEN 40 MG/0.4 ML SUBCUTANEOUS KIT	Tier 5	QL
METHYLPHENIDATE LA 10 MG CAPSULE,EXTENDED RELEASE BIPHASIC 50-50	Tier 2	
SYEDA 3 MG-0.03 MG TABLET	Tier 2	
TASIGNA 50 MG CAPSULE	Tier 5	PA
ZENPEP 10,000 UNIT-32,000 UNIT-42,000 UNIT CAPSULE,DELAYED RELEASE	Tier 3	

Future Removed Products: **Effective 7/1/2018**

Drug	Reason
CLOPIDOGREL 300 MG TABLET	Removed from Formulary

New Added Products: **Effective 6/1/2018**

Drug	Cost sharing	Restrictions*
ABILIFY MAINTENA 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	Tier 5	
ALIMTA 100 MG INTRAVENOUS SOLUTION	Tier 5	PA
DALIRESP 250 MCG TABLET	Tier 4	
FABRAZYME 5 MG INTRAVENOUS SOLUTION	Tier 5	PA
FIASP U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	Tier 3	
GLATOPA 40 MG/ML SUBCUTANEOUS SYRINGE	Tier 5	PA
IBU 600 MG TABLET	Tier 1	
IBU 800 MG TABLET	Tier 1	
ILARIS (PF) 150 MG/ML SUBCUTANEOUS SOLUTION	Tier 5	PA LA
IMBRUVICA 140 MG TABLET	Tier 5	PA QL
IMBRUVICA 280 MG TABLET	Tier 5	PA QL
IMBRUVICA 420 MG TABLET	Tier 5	PA QL
IMBRUVICA 560 MG TABLET	Tier 5	PA QL
IMBRUVICA 70 MG CAPSULE	Tier 5	PA QL
INTRON A 10 MILLION UNIT/ML INJECTION SOLUTION	Tier 5	PA
ISENTRESS HD 600 MG TABLET	Tier 5	QL
LAMOTRIGINE 25 MG (35) TABLETS IN A DOSE PACK	Tier 2	
LAMOTRIGINE 25 MG (42)-100 MG (7) TABLETS IN A DOSE PACK	Tier 2	
LAMOTRIGINE 25 MG (84)-100 MG (14) TABLETS IN A DOSE PACK	Tier 2	
LEVOLEUCOVORIN 50 MG INTRAVENOUS POWDER FOR SOLUTION	Tier 4	PA
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR	Tier 3	

Drug	Cost sharing	Restrictions*
OZEMPIC 1 MG/0.75 ML (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR	Tier 3	
RITONAVIR 100 MG TABLET	Tier 2	QL
RUBRACA 250 MG TABLET	Tier 5	PA QL LA
SYMFI LO 400 MG-300 MG-300 MG TABLET	Tier 5	QL
SYNAGIS 100 MG/ML INTRAMUSCULAR SOLUTION	Tier 5	PA LA
TIAGABINE 12 MG TABLET	Tier 2	
TIAGABINE 16 MG TABLET	Tier 2	
TRIAMCINOLONE ACETONIDE 40 MG/ML SUSPENSION FOR INJECTION	Tier 2	
VIRAMUNE 50 MG/5 ML ORAL SUSPENSION	Tier 4	QL
ZYTIGA 500 MG TABLET	Tier 5	QL

Future Removed Products: **Effective 6/1/2018**

Drug	Reason
GENGRAF 50 MG CAPSULE	Removed from Formulary
ILARIS (PF) 180 MG/1.2 ML (150 MG/ML) SUBCUTANEOUS SOLUTION	Removed from Formulary
KEYTRUDA 50 MG INTRAVENOUS SOLUTION	Removed from Formulary
NEVIRAPINE 50 MG/5 ML ORAL SUSPENSION	Removed from Formulary
OXYCODONE-ACETAMINOPHEN 5 MG-325 MG/5 ML ORAL SOLUTION	Removed from Formulary
ZENPEP 40,000 UNIT-136,000 UNIT-218,000 UNIT CAPSULE, DELAYED RELEASE	Removed from Formulary

Cost Sharing Tier Changes: **Effective 6/1/2018**

Drug	New Tier	Old Tier	Restrictions*
XARELTO 10 MG TABLET	3	4	
XARELTO 15 MG (42)-20 MG (9) TABLETS IN A DOSE PACK	3	4	
XARELTO 15 MG TABLET	3	4	
XARELTO 20 MG TABLET	3	4	

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New Added Products: **Effective 5/1/2018**

Drug	Cost sharing	Restrictions*
ABACAVIR 20 MG/ML ORAL SOLUTION	Tier 2	QL
BIKTARVY 50 MG-200 MG-25 MG TABLET	Tier 5	QL
DIGOX 125 MCG TABLET	Tier 1	
DIGOX 250 MCG TABLET	Tier 1	
EFAVIRENZ 200 MG CAPSULE	Tier 2	QL
EFAVIRENZ 600 MG TABLET	Tier 2	QL
ENSKYCE 0.15 MG-0.03 MG TABLET	Tier 2	
ERLEADA 60 MG TABLET	Tier 5	PA QL
L NORGEST/E ESTRADIOL-E ESTRAD 0.10 MG-20 MCG (84)/10 MCG(7) TABS,3MOS	Tier 2	
MEMANTINE 14 MG CAPSULE SPRINKLE,EXTENDED RELEASE 24HR	Tier 2	PA
MEMANTINE 21 MG CAPSULE SPRINKLE,EXTENDED RELEASE 24HR	Tier 2	PA
MEMANTINE 28 MG CAPSULE SPRINKLE,EXTENDED RELEASE 24HR	Tier 2	PA
MEMANTINE 7 MG CAPSULE SPRINKLE,EXTENDED RELEASE 24HR	Tier 2	PA
METHOTREXATE SODIUM 25 MG/ML INJECTION SOLUTION (INJ)	Tier 2	PA
NALOXONE 0.4 MG/ML INJECTION SYRINGE	Tier 2	
VIDEX EC 125 MG CAPSULE,DELAYED RELEASE	Tier 4	QL
ZENPEP 25,000-79,000-105,000 UNIT CAPSULE,DELAYED RELEASE	Tier 3	
ZENPEP 5,000-17,000-24,000 UNIT CAPSULE,DELAYED RELEASE	Tier 3	

Future Removed Products: **Effective 5/1/2018**

Drug	Reason
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Drug	Reason
DIDANOSINE 125 MG CAPSULE,DELAYED RELEASE	Removed from Formulary
TRISENOX 10 MG/10 ML INTRAVENOUS SOLUTION	Removed from Formulary

Cost Sharing Tier Changes: **Effective 5/1/2018**

Drug	New Tier	Old Tier	Restrictions*
ROSUVASTATIN 10 MG TABLET	1	2	QL
ROSUVASTATIN 20 MG TABLET	1	2	QL
ROSUVASTATIN 40 MG TABLET	1	2	QL
ROSUVASTATIN 5 MG TABLET	1	2	QL

New Added Products: **Effective 4/1/2018**

Drug	Cost sharing	Restrictions*
ALTAVERA (28) 0.15 MG-0.03 MG TABLET	Tier 2	
ALUNBRIG 180 MG TABLET	Tier 5	PA QL
ALUNBRIG 90 MG (7)-180 MG (23) TABLETS IN A DOSE PACK	Tier 5	PA QL
ALUNBRIG 90 MG TABLET	Tier 5	PA QL
ATAZANAVIR 150 MG CAPSULE	Tier 2	QL
ATAZANAVIR 200 MG CAPSULE	Tier 2	QL
ATAZANAVIR 300 MG CAPSULE	Tier 2	QL
BYETTA 10 MCG/DOSE(250 MCG/ML)2.4 ML SUBCUTANEOUS PEN INJECTOR	Tier 3	
BYETTA 5 MCG/DOSE (250 MCG/ML)1.2 ML SUBCUTANEOUS PEN INJECTOR	Tier 3	
CARVEDILOL PHOSPHATE ER 10 MG CAPSULE,EXT.RELEASE24HR MULTIPHASE	Tier 4	ST
CARVEDILOL PHOSPHATE ER 20 MG CAPSULE,EXT.RELEASE24HR MULTIPHASE	Tier 4	ST
CARVEDILOL PHOSPHATE ER 40 MG CAPSULE,EXT.RELEASE24HR MULTIPHASE	Tier 4	ST
ELIQUIS 5 MG (74 TABS) TABLETS IN A DOSE PACK	Tier 3	

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Drug	Cost sharing	Restrictions*
ESTRADIOL 0.01% (0.1 MG/GRAM) VAGINAL CREAM	Tier 2	
HERCEPTIN 150 MG INTRAVENOUS SOLUTION	Tier 5	PA
KURVELO 0.15 MG-0.03 MG TABLET	Tier 2	
LEVONORGESTREL 0.15 MG-ETHINYL ESTRADIOL 0.03 MG TABLET	Tier 2	
MAVYRET 100 MG-40 MG TABLET	Tier 5	PA QL
MEDROXYPROGESTERONE 150 MG/ML INTRAMUSCULAR SYRINGE	Tier 2	
NAPROXEN 500 MG TABLET	Tier 1	
ROWEEPRAXR TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL	Tier 4	
ROWEEPRAXR TABLET EXTENDED RELEASE 24 HOUR 750 MG ORAL	Tier 4	
SELZENTRY 20 MG/ML ORAL SOLUTION	Tier 4	
SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION	Tier 3	
TENOFOVIR DISOPROXIL FUMARATE 300 MG TABLET	Tier 2	QL
XIGDUO XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE	Tier 3	QL
ZENPEP 40,000-126,000-168,000 UNIT CAPSULE,DELAYED RELEASE	Tier 3	

Future Removed Products: **Effective 4/1/2018**

Drug	Reason
CORMAX 0.05 % SCALP SOLUTION	Removed from Formulary
ZENPEP 20,000 UNIT-68,000 UNIT-109,000 UNIT CAPSULE,DELAYED RELEASE	Removed from Formulary

New Added Products: **Effective 3/1/2018**

Drug	Cost sharing	Restrictions*
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Drug	Cost sharing	Restrictions*
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE	Tier 3	
ALIQOPA 60 MG INTRAVENOUS SOLUTION	Tier 5	PA LA
AMIODARONE 100 MG TABLET	Tier 2	
AMNESTEEM 10 MG CAPSULE	Tier 2	
AMNESTEEM 20 MG CAPSULE	Tier 2	
AMNESTEEM 40 MG CAPSULE	Tier 2	
ARIPIRAZOLE 1 MG/ML ORAL SOLUTION	Tier 4	
BENLYSTA 200 MG/ML SUBCUTANEOUS AUTO-INJECTOR	Tier 5	PA
BENLYSTA 200 MG/ML SUBCUTANEOUS SYRINGE	Tier 5	PA
BOSULIF 400 MG TABLET	Tier 5	PA
BYDUREON BCISE 2 MG/0.85 ML SUBCUTANEOUS AUTO-INJECTOR	Tier 3	
CALQUENCE 100 MG CAPSULE	Tier 5	PA QL LA
CARVEDILOL PHOSPHATE ER 80 MG CAPSULE,EXT.RELEASE24HR MULTIPHASE	Tier 4	ST
CASPOFUNGIN 50 MG INTRAVENOUS SOLUTION	Tier 5	PA
CASPOFUNGIN 70 MG INTRAVENOUS SOLUTION	Tier 5	PA
DUPIXENT 300 MG/2 ML SUBCUTANEOUS SYRINGE	Tier 5	PA
EFAVIRENZ 50 MG CAPSULE	Tier 2	QL
FOSAMPRENAVIR 700 MG TABLET	Tier 2	QL
FOSRENOL 1,000 MG CHEWABLE TABLET	Tier 3	
GLATIRAMER 20 MG/ML SUBCUTANEOUS SYRINGE	Tier 5	PA
GLATIRAMER 40 MG/ML SUBCUTANEOUS SYRINGE	Tier 5	PA
HALOPERIDOL DECANOATE 100 MG/ML INTRAMUSCULAR SOLUTION (1ML)	Tier 2	
HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SYRINGE	Tier 3	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	Tier 3	
IDHIFA 100 MG TABLET	Tier 5	PA QL LA

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Drug	Cost sharing	Restrictions*
IDHIFA 50 MG TABLET	Tier 5	PA QL LA
INGREZZA 40 MG CAPSULE	Tier 5	PA QL LA
INGREZZA 80 MG CAPSULE	Tier 5	PA QL LA
JULUCA 50 MG-25 MG TABLET	Tier 5	QL
KADCYLA 160 MG INTRAVENOUS SOLUTION	Tier 5	PA
KLOR-CON 20 MEQ ORAL PACKET	Tier 2	
L NORGEST/E ESTRADIOL-E ESTRAD 0.15 MG-20 MCG/0.15 MG-25 MCG TABS,3MOS	Tier 2	
LARTRUVO 10 MG/ML INTRAVENOUS SOLUTION (19 ML)	Tier 5	PA LA
LUPRON DEPOT-PED 30 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT	Tier 5	PA
LYNPARZA 100 MG TABLET	Tier 5	PA
LYNPARZA 150 MG TABLET	Tier 5	PA
MEROPENEM 1 GRAM INTRAVENOUS SOLUTION	Tier 2	PA
MESALAMINE 1.2 GRAM TABLET,DELAYED RELEASE	Tier 2	
METHOTREXATE SODIUM (PF) 25 MG/ML INJECTION SOLUTION (10 ML)	Tier 2	PA
METHOTREXATE SODIUM 25 MG/ML INJECTION SOLUTION	Tier 2	PA
METHYLPHENIDATE CD 20 MG MULTIPHASE 30-70 CAPSULE,EXTENDED RELEASE	Tier 2	
METHYLPHENIDATE CD 30 MG MULTIPHASE 30-70 CAPSULE,EXTENDED RELEASE	Tier 2	
METHYLPHENIDATE CD 40 MG MULTIPHASE 30-70 CAPSULE,EXTENDED RELEASE	Tier 2	
METHYLPHENIDATE ER 30 MG CAPSULE,EXTENDED RELEASE BIPHASIC 50-50	Tier 2	
MOXIFLOXACIN 0.5 % EYE DROPS	Tier 2	
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION	Tier 5	PA LA
NERLYNX 40 MG TABLET	Tier 5	PA QL LA
OPDIVO 100 MG/10 ML INTRAVENOUS SOLUTION	Tier 5	PA
OSELTAMIVIR 6 MG/ML ORAL SUSPENSION	Tier 2	

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Drug	Cost sharing	Restrictions*
OXALIPLATIN 100 MG INTRAVENOUS SOLUTION	Tier 4	PA
PEG 3350 240 GRAM-ELECTROLYTES 22.72 GRAM-6.72 G-5.84 G POWDR FOR SOLN	Tier 1	
PIPERACILLIN-TAZOBACTAM 2.25 GRAM INTRAVENOUS SOLUTION	Tier 2	PA
POTASSIUM CHLORIDE ER 10 MEQ TABLET,EXTENDED RELEASE	Tier 2	
POTASSIUM CHLORIDE ER 20 MEQ TABLET,EXTENDED RELEASE	Tier 2	
PRASUGREL 10 MG TABLET	Tier 2	
PRASUGREL 5 MG TABLET	Tier 2	
PRENATAL VITAMINS PLUS LOW IRON 27 MG IRON-1 MG TABLET	Tier 2	
PREVYMIS 240 MG TABLET	Tier 5	PA
PREVYMIS 240 MG/12 ML INTRAVENOUS SOLUTION	Tier 5	PA
PREVYMIS 480 MG TABLET	Tier 5	PA
PREVYMIS 480 MG/24 ML INTRAVENOUS SOLUTION	Tier 5	PA
RADICAVA 30 MG/100 ML INTRAVENOUS PIGGYBACK	Tier 5	PA
RISEDRONATE 35 MG TABLET	Tier 2	
RITUXAN 10 MG/ML CONCENTRATE,INTRAVENOUS (10 ML)	Tier 5	PA
SEVELAMER CARBONATE 0.8 GRAM ORAL POWDER PACKET	Tier 2	
SEVELAMER CARBONATE 2.4 GRAM ORAL POWDER PACKET	Tier 2	
SEVELAMER CARBONATE 800 MG TABLET	Tier 2	
TRAMADOL ER 100 MG TABLET,EXTENDED RELEASE 24HR MPHASE	Tier 2	QL
TRAMADOL ER 200 MG TABLET,EXTENDED RELEASE 24HR MPHASE	Tier 2	QL
TRAMADOL ER 300 MG TABLET,EXTENDED RELEASE 24HR MPHASE (MATRIX DELIVERY)	Tier 2	QL
TREANDA 25 MG INTRAVENOUS POWDER FOR SOLUTION	Tier 5	PA

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Drug	Cost sharing	Restrictions*
TRISENOX 2 MG/ML INTRAVENOUS SOLUTION	Tier 3	PA
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE	Tier 3	PA
TYMLOS 80 MCG/DOSE (3,120 MCG/1.56 ML) SUBCUTANEOUS PEN INJECTOR	Tier 5	QL
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	Tier 3	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SUSPENSION	Tier 3	
VERZENIO 100 MG TABLET	Tier 5	PA QL LA
VERZENIO 150 MG TABLET	Tier 5	PA QL LA
VERZENIO 200 MG TABLET	Tier 5	PA QL LA
VERZENIO 50 MG TABLET	Tier 5	PA QL LA
VIGABATRIN 500 MG ORAL POWDER PACKET	Tier 5	PA LA
XARELTO 10 MG TABLET	Tier 4	
XARELTO 15 MG (42)-20 MG (9) TABLETS IN A DOSE PACK	Tier 4	
XARELTO 15 MG TABLET	Tier 4	
XARELTO 20 MG TABLET	Tier 4	
XATMEP 2.5 MG/ML ORAL SOLUTION	Tier 5	PA
ZENPEP 20,000-63,000-84,000 UNIT CAPSULE, DELAYED RELEASE	Tier 3	

Future Removed Products: **Effective 3/1/2018**

Drug	Reason
ACETASOL HC 1 %-2 % EAR DROPS	Removed from Formulary
AMINOSYN II 7 % INTRAVENOUS SOLUTION	Removed from Formulary
AMPICILLIN 125 MG/5 ML ORAL SUSPENSION	Removed from Formulary
AMPICILLIN 250 MG CAPSULE	Removed from Formulary
AMPICILLIN 250 MG/5 ML ORAL SUSPENSION	Removed from Formulary
BROMFENAC 0.09 % EYE DROPS	Removed from Formulary
BUDESONIDE 32 MCG/ACTUATION NASAL SPRAY	Removed from Formulary

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Drug	Reason
ELIPHOS 667 MG TABLET	Removed from Formulary
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SUSPENSION	Removed from Formulary
MENOMUNE - A/C/Y/W-135 (PF) 50 MCG SUBCUTANEOUS SOLUTION	Removed from Formulary
NECON 1/50 (28) 1 MG-50 MCG TABLET	Removed from Formulary
NECON 10/11 (28) 0.5 MG-35 MCG(10)/1 MG-35 MCG(11) TABLET	Removed from Formulary
SUMATRIPTAN 6 MG/0.5 ML SUBCUTANEOUS SYRINGE	Removed from Formulary
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SUSPENSION	Removed from Formulary
ZAMICET 10 MG-325 MG/15 ML ORAL SOLUTION	Removed from Formulary
ZENCHENT FE 0.4 MG-35 MCG (21)/75 MG (7) CHEWABLE TABLET	Removed from Formulary

For more information about how these changes may affect your cost-sharing, such as copayments or coinsurance, or for more information about asking for an updated coverage determination or a formulary exception, please see the plan Evidence of Coverage.

Alternative drugs are drugs in the same therapeutic category/class as the affected drug. Only your doctor can determine alternative drugs that are appropriate for you given the individualized nature of drug therapy. Please talk to your doctor about any changes or recommendations to your medical care and prescription drug therapy. Alternative drugs and additional information about formulary changes can be found on the plan formulary,

*Indicates a restriction of Step Therapy, Prior Authorization or Quantity Level Limits may exit
LA = Limited Access, PA = Prior Authorization, QL = Quantity Limit, ST = Step Therapy

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayment/coinsurance may change on January 1, 2019

This document includes GuildNet Gold partial formulary as of 11/01/2018. For a complete, updated formulary, please visit our Web site at www.guildnetny.org or call the Member Service number below.

This information is available for free in other languages. Please contact Member Services number at 1-800-815-0000 for additional information. (TTY users should call 1-800-662-1220). Hours are Monday through Friday, 8am -8pm. Member Services has free language interpreter services available for non-English speakers.

Esta información esta disponible en otros idiomas a gratis. Por favor llame a Servicios a los Clientes, al 1-800-815-0000 por información adicional. (Los usuarios de TTY deben llamar al 1-800-662-122). Se atiende de lunes a viernes, de 8 a. m. a 8 p. m. Servicios a los Clientes tienen los servicios gratuitos de intérprete de idioma disponibles para altavoces de no-inglés.

GuildNet Gold is a HMO SNP plan with Medicare and New York State Medicaid contracts. Enrollment in GuildNet Gold depends on contract renewal.