



Addendum

Changes to 2017 MedStar Medicare Choice (HMO) Formulary (List of Covered Drugs)

MedStar Medicare Choice (HMO) 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 MedStar Medicare Choice (HMO) Member Services at **855-222-1041** or, for TTY users, **855-250-5604**, October 1 through February 14, seven days a week, from 8 a.m. to 8 p.m. From February 15 through September 30, Monday through Friday from 8 a.m. to 8 p.m., and Saturday 8 a.m. to 3 p.m. ** Generally, MedStar Medicare Choice (HMO) 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 drug tier chart at that end of this document for the member cost-sharing by tier level. | | | | | |
| 3/1/2017 | abacavir-lamivudine tablet 600-300mg | Addition | Drug added to Tier 5 | N/A | N/A |
| 3/1/2017 | Adriamycin solution 20mg/10 mL | Addition | Drug added to Tier 2 | 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 drug tier chart at that end of this document for the member cost-sharing by tier level. | | | | | |
| 3/1/2017 | Afrezza cartridge with inhaler 4 unit (90)/8 unit (90) | Addition | Drug added to Tier 4 with Prior Authorization | N/A | N/A |
| 3/1/2017 | Afrezza cartridge with inhaler 4 unit/8 unit/12 unit (60) | Addition | Drug added to Tier 4 with Prior Authorization | N/A | N/A |
| 3/1/2017 | Ala-Cort cream 2.5% | Addition | Drug added to Tier 1 | N/A | N/A |
| 3/1/2017 | Ala-Cort cream 1% | Addition | Drug added to Tier 1 | N/A | N/A |
| 3/1/2017 | allopurinol sodium recon soln 500mg | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2017 | Alyacen 1/35 (28) tablet 1-35mg-mcg | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2017 | Amabelz tablet 0.5-0.1mg | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2017 | Amabelz tablet 1-0.5mg | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2017 | Amethia Lo tablets,dose pack,3 month 0.10 mg-20 mcg(84)/10 mcg (7) | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2017 | Amitiza capsule 24mcg | Addition | Drug added to Tier 4 with Prior Authorization | 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 drug tier chart at that end of this document for the member cost-sharing by tier level. | | | | | |
| 3/1/2017 | Amitiza capsule 8mcg | Addition | Drug added to Tier 4 with Prior Authorization | N/A | N/A |
| 3/1/2017 | aprepitant capsule 80mg | Addition | Drug added to Tier 4 with Quantity Limits and Part B vs Part D Determination | N/A | N/A |
| 3/1/2017 | aprepitant capsule 125mg | Addition | Drug added to Tier 4 with Quantity Limits and Part B vs Part D Determination | N/A | N/A |
| 3/1/2017 | aprepitant capsule 40mg | Addition | Drug added to Tier 4 with Quantity Limits and Part B vs Part D Determination | N/A | N/A |
| 3/1/2017 | aprepitant capsule,dose pack 125 mg (1)-80 mg (2) | Addition | Drug added to Tier 4 with Quantity Limits and Part B vs Part D Determination | N/A | N/A |
| 3/1/2017 | aripiprazole tablet 15mg | Update | Prior Authorization Removed | N/A | N/A |
| 3/1/2017 | aripiprazole tablet 10mg | Update | Prior Authorization Removed | N/A | N/A |
| 3/1/2017 | aripiprazole tablet 30mg | Update | Prior Authorization Removed | N/A | N/A |
| 3/1/2017 | aripiprazole tablet 20mg | Update | Prior Authorization Removed | N/A | N/A |
| 3/1/2017 | aripiprazole tablet 5mg | Update | Prior Authorization 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 drug tier chart at that end of this document for the member cost-sharing by tier level. | | | | | |
| 3/1/2017 | aripiprazole tablet 2mg | Update | Prior Authorization Removed | N/A | N/A |
| 3/1/2017 | Aristada suspension,extended rel syring 441mg/1.6 mL | Update | Prior Authorization Removed | N/A | N/A |
| 3/1/2017 | Aristada suspension,extended rel syring 662mg/2.4 mL | Update | Prior Authorization Removed | N/A | N/A |
| 3/1/2017 | Aristada suspension,extended rel syring 882mg/3.2 mL | Update | Prior Authorization Removed | N/A | N/A |
| 3/1/2017 | azithromycin tablet 500mg (3 pack) | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2017 | Basaglar KwikPen insulin pen 100 unit/mL(3 mL) | Addition | Drug added to Tier 4 with Quantity Limits | N/A | N/A |
| 3/1/2017 | bupropion HCl (smoking deter) tablet extended release 150mg | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2017 | Camrese Lo tablets,dose pack,3 month 0.10 mg-20 mcg(84)/10 mcg (7) | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2017 | Caziant (28) tablet 0.1/.125/.15-25mg-mcg | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2017 | Cholestyramine Light powder 4gram | Addition | Drug added to Tier 3 | N/A | N/A |
| 3/1/2017 | daptomycin recon soln 500mg | Addition | Drug added to Tier 5 | N/A | N/A |
| 3/1/2017 | digoxin tablet 125mcg | Update | Drug moved from Tier 2 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 drug tier chart at that end of this document for the member cost-sharing by tier level. | | | | | |
| 3/1/2017 | Emend suspension for reconstitution 125 mg (25 mg/mL final conc.) | Addition | Drug added to Tier 4 with Quantity Limits and Part B vs Part D Determination | N/A | N/A |
| 3/1/2017 | Epclusa tablet 400-100mg | Addition | Drug added to Tier 5 with Quantity Limits and Prior Authorization | N/A | N/A |
| 3/1/2017 | epinephrine auto-injector 0.15mg/0.3 mL | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2017 | epirubicin solution 200mg/100 mL | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2017 | Eraxis(Water Diluent) recon soln 50mg | Addition | Drug added to Tier 4 | N/A | N/A |
| 3/1/2017 | erythromycin ethylsuccinate suspension for reconstitution 200mg/5 mL | Addition | Drug added to Tier 4 | N/A | N/A |
| 3/1/2017 | ethynodiol diac-eth estradiol tablet 1-50mg-mcg | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2017 | Femynor tablet 0.25-35mg-mcg | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2017 | Floxin drops 0.3% | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2017 | Fluocinonide-E cream 0.05% | 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 |
|--|--|-----------------------|---|---------------------|-----------------------|
| Please refer to the formulary drug tier chart at that end of this document for the member cost-sharing by tier level. | | | | | |
| 3/1/2017 | GamaSTAN S/D solution 15-18% range (2 mL) | Addition | Drug added to Tier 3 with Prior Authorization | N/A | N/A |
| 3/1/2017 | GamaSTAN S/D solution 15-18% range (10 mL) | Addition | Drug added to Tier 3 with Prior Authorization | N/A | N/A |
| 3/1/2017 | Gammagard S-D (IgA < 1 mcg/mL) recon soln 5gram | Addition | Drug added to Tier 5 with Prior Authorization | N/A | N/A |
| 3/1/2017 | Gammagard S-D (IgA < 1 mcg/mL) recon soln 10gram | Addition | Drug added to Tier 5 with Prior Authorization | N/A | N/A |
| 3/1/2017 | Gengraf capsule 50mg | Addition | Drug added to Tier 2 with Part B vs Part D Determination | N/A | N/A |
| 3/1/2017 | Humira Pen Psoriasis-Uveitis pen injector kit 40mg/0.8 m | Addition | Drug added to Tier 5 with Quantity Limits and Prior Authorization | N/A | N/A |
| 3/1/2017 | Imogam Rabies-HT (PF) solution 150unit/mL | Addition | Drug added to Tier 3 | N/A | N/A |
| 3/1/2017 | Invokamet XR tablet, IR - ER, biphasic 24hr 150-1,000mg | Addition | Drug added to Tier 3 with Quantity Limits | N/A | N/A |
| 3/1/2017 | Invokamet XR tablet, IR - ER, biphasic 24hr 150-500mg | Addition | Drug added to Tier 3 with Quantity Limits | N/A | N/A |
| 3/1/2017 | Invokamet XR tablet, IR - ER, biphasic 24hr 50-1,000mg | Addition | Drug added to Tier 3 with Quantity Limits | N/A | N/A |
| 3/1/2017 | Invokamet XR tablet, IR - ER, biphasic 24hr 50-500mg | Addition | Drug added to Tier 3 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 drug tier chart at that end of this document for the member cost-sharing by tier level. | | | | | |
| 3/1/2017 | Kinrix (PF) syringe 25 Lf-58 mcg-10Lf/0.5 mL | Addition | Drug added to Tier 3 | N/A | N/A |
| 3/1/2017 | Kyprolis recon soln 30mg | Addition | Drug added to Tier 5 | N/A | N/A |
| 3/1/2017 | Kyprolis recon soln 60mg | Addition | Drug added to Tier 5 | N/A | N/A |
| 3/1/2017 | L norgest/e.estradiol-e.estradiol tablets,dose pack,3 month 0.15 mg-30 mcg(84)/10 mcg (7) | Update | Drug moved from Tier 4 to Tier 2 | N/A | N/A |
| 3/1/2017 | Larissia tablet 0.1-20mg-mcg | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2017 | Lartruvo solution 10mg/mL | Addition | Drug added to Tier 5 | N/A | N/A |
| 3/1/2017 | levalbuterol HCl solution for nebulization 1.25mg/0.5 mL (2.5 mg/mL) | Addition | Drug added to Tier 2 with Part B vs Part D Determination | N/A | N/A |
| 3/1/2017 | levalbuterol tartrate HFA aerosol inhaler 45mcg/actuation | Addition | Drug added to Tier 4 with Quantity Limits and Step Therapy | N/A | N/A |
| 3/1/2017 | Lorcet HD tablet 10-325mg | Addition | Drug added to Tier 2 with Quantity Limits | N/A | N/A |
| 3/1/2017 | Low-Ogestrel (28) tablet 0.3-30mg-mcg | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2017 | metformin tablet extended release 24 hr 500mg | Addition | Drug added to Tier 6 | N/A | N/A |

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|--|---|-----------------------|---|---------------------|-----------------------|
| Please refer to the formulary drug tier chart at that end of this document for the member cost-sharing by tier level. | | | | | |
| 3/1/2017 | methotrexate sodium solution 25mg/mL | Addition | Drug added to Tier 2 with Part B vs Part D Determination | N/A | N/A |
| 3/1/2017 | methylphenidate capsule, ER biphasic 30-70 20mg | Addition | Drug added to Tier 4 with Quantity Limits and Prior Authorization | N/A | N/A |
| 3/1/2017 | methylphenidate capsule, ER biphasic 30-70 40mg | Addition | Drug added to Tier 4 with Quantity Limits and Prior Authorization | N/A | N/A |
| 3/1/2017 | Morgidox capsule 50mg | Addition | Drug added to Tier 3 | N/A | N/A |
| 3/1/2017 | mycophenolate mofetil HCl recon soln 500mg | Addition | Drug added to Tier 4 with Part B vs Part D Determination | N/A | N/A |
| 3/1/2017 | Mytesi tablet, delayed release (DR/EC) 125mg | Addition | Drug added to Tier 4 with Prior Authorization | N/A | N/A |
| 3/1/2017 | nifedipine tablet extended release 24hr 30mg | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2017 | nifedipine tablet extended release 24hr 60mg | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2017 | nifedipine tablet extended release 24hr 90mg | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2017 | nilutamide tablet 150mg | Addition | Drug added to Tier 5 | 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 drug tier chart at that end of this document for the member cost-sharing by tier level. | | | | | |
| 3/1/2017 | nitroglycerin tablet 0.3mg | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2017 | nitroglycerin tablet 0.4mg | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2017 | nitroglycerin tablet 0.6mg | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2017 | noreth-ethinyl estradiol-iron tablet,chewable 0.4mg-35mcg(21)and 75 mg (7) | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2017 | norethindrone ac-eth estradiol tablet 1-20mg-mcg | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2017 | norgestimate-ethinyl estradiol tablet 0.18/0.215/0.25mg-35 mcg (28) | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2017 | Nyata powder 100,000unit/gram | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2017 | Ocaliva tablet 5mg | Addition | Drug added to Tier 5 with Quantity Limits and Prior Authorization | N/A | N/A |
| 3/1/2017 | Ocaliva tablet 10mg | Addition | Drug added to Tier 5 with Quantity Limits and Prior Authorization | N/A | N/A |
| 3/1/2017 | ofloxacin tablet 300mg | Addition | Drug added to Tier 2 | 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 drug tier chart at that end of this document for the member cost-sharing by tier level. | | | | | |
| 3/1/2017 | Orencia ClickJect auto-injector 125mg/mL | Addition | Drug added to Tier 5 with Quantity Limits and Prior Authorization | N/A | N/A |
| 3/1/2017 | Orkambi tablet 100-125mg | Addition | Drug added to Tier 5 with Quantity Limits and Prior Authorization | N/A | N/A |
| 3/1/2017 | oseltamivir capsule 75mg | Addition | Drug added to Tier 3 with Quantity Limits | N/A | N/A |
| 3/1/2017 | oseltamivir capsule 30mg | Addition | Drug added to Tier 3 with Quantity Limits | N/A | N/A |
| 3/1/2017 | oseltamivir capsule 45mg | Addition | Drug added to Tier 3 with Quantity Limits | N/A | N/A |
| 3/1/2017 | Otrexup (PF) auto-injector 12.5mg/0.4 mL | Addition | Drug added to Tier 4 with Quantity Limits and Prior Authorization | N/A | N/A |
| 3/1/2017 | Pancreaze capsule,delayed release(DR/EC) 2,600-6,200-10,850 unit | Addition | Drug added to Tier 4 with Step Therapy | N/A | N/A |
| 3/1/2017 | Pediarix (PF) syringe 10 mcg-25Lf-25mcg-10Lf/0.5 mL | Addition | Drug added to Tier 3 | N/A | N/A |
| 3/1/2017 | Pertzye capsule,delayed release(DR/EC) 4,000-14,375-15,125 unit | Addition | Drug added to Tier 4 with Step Therapy | N/A | N/A |
| 3/1/2017 | prednisone tablets,dose pack 5mg (48 pack) | 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 drug tier chart at that end of this document for the member cost-sharing by tier level. | | | | | |
| 3/1/2017 | prednisone tablets,dose pack 5mg | Addition | Drug added to Tier 1 | N/A | N/A |
| 3/1/2017 | prednisone tablets,dose pack 10mg (48 pack) | Addition | Drug added to Tier 1 | N/A | N/A |
| 3/1/2017 | prednisone tablets,dose pack 10mg | Addition | Drug added to Tier 1 | N/A | N/A |
| 3/1/2017 | quetiapine tablet extended release 24 hr 200mg | Addition | Drug added to Tier 4 with Prior Authorization | N/A | N/A |
| 3/1/2017 | quetiapine tablet extended release 24 hr 300mg | Addition | Drug added to Tier 4 with Prior Authorization | N/A | N/A |
| 3/1/2017 | quetiapine tablet extended release 24 hr 400mg | Addition | Drug added to Tier 4 with Prior Authorization | N/A | N/A |
| 3/1/2017 | quetiapine tablet extended release 24 hr 50mg | Addition | Drug added to Tier 4 with Prior Authorization | N/A | N/A |
| 3/1/2017 | quetiapine tablet extended release 24 hr 150mg | Addition | Drug added to Tier 4 with Prior Authorization | N/A | N/A |
| 3/1/2017 | rasagiline tablet 1mg | Addition | Drug added to Tier 3 | N/A | N/A |
| 3/1/2017 | rasagiline tablet 0.5mg | Addition | Drug added to Tier 3 | N/A | N/A |
| 3/1/2017 | Relistor tablet 150mg | Addition | Drug added to Tier 5 with Quantity Limits and Prior Authorization | 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 drug tier chart at that end of this document for the member cost-sharing by tier level. | | | | | |
| 3/1/2017 | Repatha Pushtronex wearable injector 420mg/3.5 mL | Addition | Drug added to Tier 5 with Quantity Limits and Prior Authorization | N/A | N/A |
| 3/1/2017 | rosuvastatin tablet 40mg | Update | Prior Authorization Removed | N/A | N/A |
| 3/1/2017 | rosuvastatin tablet 5mg | Update | Prior Authorization Removed | N/A | N/A |
| 3/1/2017 | rosuvastatin tablet 10mg | Update | Prior Authorization Removed | N/A | N/A |
| 3/1/2017 | rosuvastatin tablet 20mg | Update | Prior Authorization Removed | N/A | N/A |
| 3/1/2017 | Rubraca tablet 300mg | Addition | Drug added to Tier 5 with Prior Authorization | N/A | N/A |
| 3/1/2017 | Rubraca tablet 200mg | Addition | Drug added to Tier 5 with Prior Authorization | N/A | N/A |
| 3/1/2017 | SPS (with sorbitol) suspension 15-20gram/60 mL | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2017 | Stelara solution 130mg/26 mL | Addition | Drug added to Tier 5 with Quantity Limits and Prior Authorization | N/A | N/A |
| 3/1/2017 | Stimate spray,non-aerosol 150 mcg/spray(0.1 mL) | Addition | Drug added to Tier 5 | N/A | N/A |
| 3/1/2017 | sumatriptan succinate pen injector 4mg/0.5 mL | Addition | Drug added to Tier 4 with Quantity Limits | N/A | N/A |
| 3/1/2017 | Sylatron kit 300mcg | Update | Prior Authorization 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 drug tier chart at that end of this document for the member cost-sharing by tier level. | | | | | |
| 3/1/2017 | Sylatron kit 600mcg | Update | Prior Authorization Removed | N/A | N/A |
| 3/1/2017 | Sylatron kit 200mcg | Update | Prior Authorization Removed | N/A | N/A |
| 3/1/2017 | Trelstar suspension for reconstitution 22.5mg | Addition | Drug added to Tier 5 with Quantity Limits and Prior Authorization | N/A | N/A |
| 3/1/2017 | valganciclovir recon soln 50mg/mL | Addition | Drug added to Tier 5 | N/A | N/A |
| 3/1/2017 | Vascepa capsule 0.5gram | Addition | Drug added to Tier 3 | N/A | N/A |
| 3/1/2017 | Vemlidy tablet 25mg | Addition | Drug added to Tier 5 with Prior Authorization | N/A | N/A |
| 3/1/2017 | Yondelis recon soln 1mg | Addition | Drug added to Tier 5 | N/A | N/A |
| 3/1/2017 | Yuvaferm tablet 10mcg | Addition | Drug added to Tier 4 | N/A | N/A |
| 3/1/2017 | Zarah tablet 3-0.03mg | Addition | Drug added to Tier 2 | N/A | N/A |
| 3/1/2017 | Zinbryta syringe 150mg/mL | Addition | Drug added to Tier 5 with Quantity Limits and Prior Authorization | N/A | N/A |
| 3/1/2017 | Zinplava solution 25mg/mL | Addition | Drug added to Tier 5 with Prior Authorization | 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 drug tier chart at that end of this document for the member cost-sharing by tier level. | | | | | |
| 3/1/2017 | Zurampic tablet 200mg | Addition | Drug added to Tier 4 with Prior Authorization | N/A | N/A |
| 4/1/2017 | amiodarone tablet 100mg | Addition | Drug added to Tier 2 | N/A | N/A |
| 4/1/2017 | Entresto tablet 24-26mg | Update | Remove Prior Authorization | N/A | N/A |
| 4/1/2017 | Entresto tablet 49-51mg | Update | Remove Prior Authorization | N/A | N/A |
| 4/1/2017 | Entresto tablet 97-103mg | Update | Remove Prior Authorization | N/A | N/A |
| 4/1/2017 | estradiol-norethindrone acet tablet 0.5-0.1mg | Update | Moved to Tier 2 | N/A | N/A |
| 4/1/2017 | estradiol-norethindrone acet tablet 1-0.5mg | Update | Moved to Tier 2 | N/A | N/A |
| 4/1/2017 | Eucrisa ointment 2% | Addition | Drug added to Tier 4 with Prior Authorization | N/A | N/A |
| 4/1/2017 | lopinavir-ritonavir solution 400-100mg/5 mL | Addition | Drug added to Tier 4 | N/A | N/A |
| 4/1/2017 | norgestimate-ethinyl estradiol tablet 0.25-35mg-mcg | Addition | Drug added to Tier 2 | 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 drug tier chart at that end of this document for the member cost-sharing by tier level. | | | | | |
| 4/1/2017 | ranitidine HCl solution 50 mg/2 mL(25 mg/mL) | Addition | Drug added to Tier 2 | N/A | N/A |
| 4/1/2017 | Ribasphere RibaPak tablets,dose pack 200 mg (7)-400 mg (7) | Addition | Drug added to Tier 5 | N/A | N/A |
| 4/1/2017 | Seroquel XR tablet extended release 24 hr 200mg | Update | Remove Quantity Limits | N/A | N/A |
| 4/1/2017 | Seroquel XR tablet extended release 24 hr 300mg | Update | Remove Quantity Limits | N/A | N/A |
| 4/1/2017 | Seroquel XR tablet extended release 24 hr 400mg | Update | Remove Quantity Limits | N/A | N/A |
| 4/1/2017 | Seroquel XR tablet extended release 24 hr 50mg | Update | Remove Quantity Limits | N/A | N/A |
| 4/1/2017 | Seroquel XR tablet extended release 24 hr 150mg | Update | Remove Quantity Limits | N/A | N/A |
| 4/1/2017 | Stimate spray,non-aerosol 150 mcg/spray(0.1 mL) | Addition | Drug added to Tier 4 | N/A | N/A |
| 5/1/2017 | calcium acetate tablet 667mg | Addition | Drug added to Tier 2 | N/A | N/A |
| 5/1/2017 | ceftriaxone recon soln 10gram | Addition | Drug added to Tier 4 | N/A | N/A |
| 5/1/2017 | desloratadine tablet 5mg | Addition | Drug added to Tier 4 | 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 drug tier chart at that end of this document for the member cost-sharing by tier level. | | | | | |
| 5/1/2017 | desvenlafaxine tablet extended release 24 hr 100mg | Addition | Drug added to Tier 4 with Quantity Limits and Step Therapy | N/A | N/A |
| 5/1/2017 | desvenlafaxine tablet extended release 24 hr 50mg | Addition | Drug added to Tier 4 with Quantity Limits and Step Therapy | N/A | N/A |
| 5/1/2017 | Klor-Con M10 tablet,ER particles/crystals 10mEq | Addition | Drug added to Tier 2 | N/A | N/A |
| 5/1/2017 | Klor-Con M20 tablet,ER particles/crystals 20mEq | Addition | Drug added to Tier 2 | N/A | N/A |
| 5/1/2017 | Linzess capsule 72mcg | Addition | Drug added to Tier 3 with Quantity Limits | N/A | N/A |
| 5/1/2017 | Menomune - A/C/Y/W-135 (PF) recon soln 50mcg | Addition | Drug added to Tier 3 | N/A | N/A |
| 5/1/2017 | methylphenidate capsule,ER biphasic 50-50 60mg | Addition | Drug added to Tier 4 with Quantity Limits and Prior Authorization | N/A | N/A |
| 5/1/2017 | methylphenidate capsule, ER biphasic 30-70 20mg | Addition | Drug added to Tier 4 with Quantity Limits and Prior Authorization | N/A | N/A |
| 5/1/2017 | methylphenidate capsule, ER biphasic 30-70 40mg | Addition | Drug added to Tier 4 with Quantity Limits and Prior Authorization | N/A | N/A |
| 5/1/2017 | potassium chloride tablet,ER particles/crystals 20mEq | Addition | Drug added to Tier 2 | 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 drug tier chart at that end of this document for the member cost-sharing by tier level. | | | | | |
| 5/1/2017 | potassium chloride tablet,ER particles/crystals 10mEq | Addition | Drug added to Tier 2 | N/A | N/A |
| 5/1/2017 | Selzentry tablet 25mg | Addition | Drug added to Tier 4 | N/A | N/A |
| 5/1/2017 | Selzentry tablet 75mg | Addition | Drug added to Tier 5 | N/A | N/A |
| 6/1/2017 | desvenlafaxine succinate tablet extended release 24 hr 25mg | Addition | Drug added to Tier 4 with Quantity Limits and Step Therapy | N/A | N/A |
| 6/1/2017 | desvenlafaxine succinate tablet extended release 24 hr 100mg | Addition | Drug added to Tier 4 with Quantity Limits and Step Therapy | N/A | N/A |
| 6/1/2017 | desvenlafaxine succinate tablet extended release 24 hr 50mg | Addition | Drug added to Tier 4 with Quantity Limits and Step Therapy | N/A | N/A |
| 6/1/2017 | Emflaza tablet 6mg | Addition | Drug added to Tier 5 with Prior Authorization | N/A | N/A |
| 6/1/2017 | Emflaza tablet 30mg | Addition | Drug added to Tier 5 with Prior Authorization | N/A | N/A |
| 6/1/2017 | Emflaza tablet 18mg | Addition | Drug added to Tier 5 with Prior Authorization | N/A | N/A |
| 6/1/2017 | Emflaza tablet 36mg | Addition | Drug added to Tier 5 with Prior Authorization | 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 drug tier chart at that end of this document for the member cost-sharing by tier level. | | | | | |
| 6/1/2017 | Emflaza suspension 22.75mg/mL | Addition | Drug added to Tier 5 with Prior Authorization | N/A | N/A |
| 6/1/2017 | Kisqali tablet 200 mg/day (200 mg x 1) | Addition | Drug added to Tier 5 with Quantity Limits and Prior Authorization | N/A | N/A |
| 6/1/2017 | Kisqali tablet 400 mg/day (200 mg x 2) | Addition | Drug added to Tier 5 with Quantity Limits and Prior Authorization | N/A | N/A |
| 6/1/2017 | Kisqali tablet 600 mg/day (200 mg x 3) | Addition | Drug added to Tier 5 with Quantity Limits and Prior Authorization | N/A | N/A |
| 6/1/2017 | Xermelo tablet 250mg | Addition | Drug added to Tier 5 with Quantity Limits and Prior Authorization | N/A | N/A |

*For non-maintenance prescription drug changes, MedStar Medicare Choice (HMO) 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.

**We are available to take your call: October 1 through February 14, seven days a week from 8 a.m. to 8 p.m. From February 15 through September 30 from 8 a.m. to 8 p.m., Monday through Friday, and 8 a.m. to 3 p.m. on 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.

MedStar Medicare Choice (HMO) has a contract with Medicare. Enrollment in MedStar Medicare Choice depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits may change on January 1 of each year.

The Formulary may change at any time. You will receive notice when necessary.

Formulary ID: 00017198, Version 14

Posted Date: 06/29/2017

MedStar Medicare Choice (HMO) Formulary Drug Tiers

The formulary drug tier table provides the tier description (e.g., preferred generic) and member cost-sharing for prescription drugs on each tier for the MedStar Medicare Choice (HMO) Plan.

If you have additional questions, please contact MedStar Medicare Choice (HMO) Member Services at **855-222-1041** or, for TTY users, **855-250-5604**, October 1 through February 14, seven days a week from 8 a.m. to 8 p.m. From February 15 through September 30 Monday through Friday from 8 a.m. to 8 p.m., and Saturday 8 a.m. to 3 p.m.

MedStar Medicare Choice (HMO) drug tiers and cost-sharing amounts after the annual deductible of \$200 (Excludes Tier 1, 2 & 6) for 2017:

| Drug Tier Number | Drug Tier Description | Member Cost-Sharing (30, 60, or 90-day supply) Retail | Member Cost-Sharing (30, 60, or 90-day supply) Mail-order |
|------------------|-----------------------------|--|---|
| 1 | Preferred Generic drug tier | <ul style="list-style-type: none"> \$4 copayment for a 30-day retail supply \$8 copayment for a 60-day retail supply \$12 copayment for a 90-day retail supply | <ul style="list-style-type: none"> \$4 copayment for a 30-day mail-order supply \$8 copayment for a 60-day mail-order supply \$10 copayment for a 90-day mail-order supply |
| 2 | Generic drug tier | <ul style="list-style-type: none"> \$15 copayment for a 30-day retail supply \$30 copayment for a 60-day retail supply \$45 copayment for a 90-day retail supply | <ul style="list-style-type: none"> \$15 copayment for a 30-day mail-order supply \$30 copayment for a 60-day mail-order supply \$37.50 copayment for a 90-day mail-order supply |
| 3 | Preferred Brand drug tier | <ul style="list-style-type: none"> \$47 copayment for a 30-day retail supply \$94 copayment for a 60-day retail supply \$141 copayment for a 90-day retail supply | <ul style="list-style-type: none"> \$47 copayment for a 30-day mail-order supply \$94 copayment for a 60-day mail-order supply \$117.50 copayment for a 90-day mail-order supply |

| Drug Tier Number | Drug Tier Description | Member Cost-Sharing (30, 60, or 90-day supply) Retail | Member Cost-Sharing (30, 60, or 90-day supply) Mail-order |
|-------------------------|--------------------------------------|--|--|
| 4 | Non-Preferred Brand drug tier | <ul style="list-style-type: none"> • \$100 copayment for a 30-day retail supply • \$200 copayment for a 60-day retail supply • \$300 copayment for a 90-day retail supply | <ul style="list-style-type: none"> • \$100 copayment for a 30-day mail-order supply • \$200 copayment for a 60-day mail-order supply • \$250 copayment for a 90-day mail-order supply |
| 5 | Specialty drug tier | <ul style="list-style-type: none"> • 29% coinsurance for a maximum 30-day retail supply (only) | <ul style="list-style-type: none"> • 29% coinsurance for a maximum 30-day mail-order supply (only) |
| 6 | Adherence drug tier | <ul style="list-style-type: none"> • \$3 copayment for a 30-day retail supply • \$6 copayment for a 60-day retail supply • \$9 copayment for a 90-day retail supply | <ul style="list-style-type: none"> • \$3 copayment for a 30-day mail-order supply • \$6 copayment for a 60-day mail-order supply • \$7.50 copayment for a 90-day mail-order supply |

NOTE: Drugs are provided in a Long-Term Care Facility for up to a 31-day supply

