



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

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	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	Yuvafem 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	Eucria 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
7/1/2017	Clindacin P swab 1%	Addition	Drug Added to Tier 2	N/A	N/A
7/1/2017	levoleucovorin recon soln 50mg	Addition	Drug Added to Tier 5	N/A	N/A
7/1/2017	Vibativ recon soln 750mg	Addition	Drug Added to Tier 5	N/A	N/A
7/1/2017	Esbriet tablet 267mg	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.					
7/1/2017	Esbriet tablet 801mg	Addition	Drug Added to Tier 5 with Quantity Limits and Prior Authorization	N/A	N/A
7/1/2017	Bavencio solution 20mg/mL	Addition	Drug Added to Tier 5 with Prior Authorization	N/A	N/A
7/1/2017	Roweepra tablet 1,000mg	Addition	Drug Added to Tier 2	N/A	N/A
7/1/2017	Roweepra tablet 750mg	Addition	Drug Added to Tier 2	N/A	N/A
7/1/2017	Gammaplex solution 10%	Addition	Drug Added to Tier 5 with Prior Authorization	N/A	N/A
7/1/2017	Nitrostat tablet 0.3mg	Deletion	Removed Brand; Generic Covered	N/A	N/A
7/1/2017	Nitrostat tablet 0.4mg	Deletion	Removed Brand; Generic Covered	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.					
7/1/2017	Nitrostat tablet 0.6mg	Deletion	Removed Brand; Generic Covered	N/A	N/A
7/1/2017	busulfan solution 60mg/10 mL	Addition	Drug Added to Tier 5	N/A	N/A
7/1/2017	Tamiflu capsule 75mg	Deletion	Removed Brand; Generic Covered	N/A	N/A
7/1/2017	Nilandron tablet 150mg	Deletion	Removed Brand; Generic Covered	N/A	N/A
7/1/2017	tazarotene cream 0.1%	Addition	Drug Added to Tier 4 with Prior Authorization	N/A	N/A
7/1/2017	Emend capsule 80mg	Deletion	Removed Brand; Generic Covered	N/A	N/A
7/1/2017	Emend capsule 125mg	Deletion	Removed Brand; Generic Covered	N/A	N/A
7/1/2017	Cubicin recon soln 500mg	Deletion	Removed Brand; Generic Covered	N/A	N/A
7/1/2017	Intron A solution 10 millionunit/mL	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.					
7/1/2017	Epzicom tablet 600-300mg	Deletion	Removed Brand; Generic Covered	N/A	N/A
7/1/2017	Azilect tablet 1mg	Deletion	Removed Brand; Generic Covered	N/A	N/A
7/1/2017	Azilect tablet 0.5mg	Deletion	Removed Brand; Generic Covered	N/A	N/A
7/1/2017	Emend capsule 40mg	Deletion	Removed Brand; Generic Covered	N/A	N/A
7/1/2017	Seroquel XR tablet extended release 24 hr 200mg	Deletion	Removed Brand; Generic Covered	N/A	N/A
7/1/2017	Seroquel XR tablet extended release 24 hr 300mg	Deletion	Removed Brand; Generic Covered	N/A	N/A
7/1/2017	Seroquel XR tablet extended release 24 hr 400mg	Deletion	Removed Brand; Generic Covered	N/A	N/A
7/1/2017	Tamiflu capsule 30mg	Deletion	Removed Brand; Generic Covered	N/A	N/A
7/1/2017	Tamiflu capsule 45mg	Deletion	Removed Brand; Generic Covered	N/A	N/A
7/1/2017	Xopenex HFA HFA aerosol inhaler 45mcg/actuation	Deletion	Removed Brand; Generic Covered	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.					
7/1/2017	Emend capsule,dose pack 125 mg (1)-80 mg (2)	Deletion	Removed Brand; Generic Covered	N/A	N/A
7/1/2017	Kinrix (PF) suspension 25 Lf-58 mcg-10Lf/0.5 mL	Addition	Drug Added to Tier 3	N/A	N/A
7/1/2017	Seroquel XR tablet extended release 24 hr 50mg	Deletion	Removed Brand; Generic Covered	N/A	N/A
7/1/2017	Valcyte recon soln 50mg/mL	Deletion	Removed Brand; Generic Covered	N/A	N/A
7/1/2017	Vagifem tablet 10mcg	Deletion	Removed Brand; Generic Covered	N/A	N/A
8/1/2017	Seroquel XR tablet extended release 24 hr 150mg	Deletion	Removed Brand; Generic Covered	N/A	N/A
8/1/2017	Zejula capsule 100mg	Addition	Drug Added to Tier 5 with Quantity Limits and Prior Authorization	N/A	N/A
8/1/2017	Rydapt capsule 25mg	Addition	Drug Added to Tier 5 with Quantity Limits and Prior Authorization	N/A	N/A
8/1/2017	Imfinzi solution 50mg/mL	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.					
8/1/2017	Imfinzi solution 50mg/mL (10 mL)	Addition	Drug Added to Tier 5	N/A	N/A
8/1/2017	Alunbrig tablet 30mg	Addition	Drug Added to Tier 5 with Quantity Limits and Prior Authorization	N/A	N/A
8/1/2017	Xatmep solution 2.5mg/mL	Addition	Drug Added to Tier 4 with Prior Authorization	N/A	N/A
8/1/2017	Kisqali Femara Co-Pack tablet 200 mg/day(200mg x 1)-2.5 mg	Addition	Drug Added to Tier 5 with Quantity Limits and Prior Authorization	N/A	N/A
8/1/2017	Kisqali Femara Co-Pack tablet 400 mg/day(200mg x 2)-2.5 mg	Addition	Drug Added to Tier 5 with Quantity Limits and Prior Authorization	N/A	N/A
8/1/2017	Kisqali Femara Co-Pack tablet 600 mg/day(200mg x 3)-2.5 mg	Addition	Drug Added to Tier 5 with Quantity Limits and Prior Authorization	N/A	N/A
8/1/2017	clofarabine solution 20mg/20 mL	Addition	Drug Added to Tier 5	N/A	N/A
8/1/2017	Kaletra solution 400-100mg/5 mL	Deletion	Brand Removed; Generic Covered	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: 00017201, Version 16

Posted Date: 08/24/2017

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

