



2016 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, scroll down or click this [SEARCH] button and enter the name of your drug in the pop-up task pane.

New Added Products: **Effective 11/1/2016**

Drug	Cost sharing	Restrictions*
CAZIENT (28) 0.1 MG/0.125 MG/0.15 MG-25 MCG TABLET	Tier 2	
LARISSIA 0.1 MG-20 MCG TABLET	Tier 2	
LOW-OGESTREL (28) 0.3 MG-30 MCG TABLET	Tier 2	
VIEKIRA XR 8.33 MG-50 MG-33.33 MG-200 MG TABLET, EXTENDED RELEASE	Tier 5	PA QL
YONDELIS 1 MG INTRAVENOUS SOLUTION	Tier 5	PA

Future Removed Products: **Effective 11/1/2016**

Drug	Reason
FORADIL AEROLIZER 12 MCG CAPSULE WITH INHALATION DEVICE	Removed from Formulary
RANITIDINE 25 MG/ML INJECTION SOLUTION	Removed from Formulary
RESERPINE 0.1 MG TABLET	Removed from Formulary
RESERPINE 0.25 MG TABLET	Removed from Formulary



Cost Sharing Tier Changes: **There were no cost sharing tier changes this month.**

New Added Products: **Effective 10/1/2016**

Drug	Cost sharing	Restrictions*
AMPICILLIN-SULBACTAM 1.5 GRAM SOLUTION FOR INJECTION	Tier 2	PA
BUPROPION HCL 150 MG TABLET,SUSTAINED RELEASE (AS A SMOKING DETERRENT)	Tier 2	
CHOLESTYRAMINE LIGHT 4 GRAM ORAL POWDER	Tier 2	
EMEND 125 MG (25 MG/ML FINAL CONC.) ORAL SUSPENSION	Tier 3	PA
FLUOCINONIDE-E 0.05% TOPICAL CREAM	Tier 2	
GENGRAF 50 MG CAPSULE	Tier 2	PA
HUMIRA PEN PSORIASIS-UVEITIS STARTER 40 MG/0.8 ML SUBCUTANEOUS KIT	Tier 5	ST QL
NILUTAMIDE 150 MG TABLET	Tier 2	
NORGESTIMATE-ETHINYL ESTRADIOL 0.18 MG/0.215MG/0.25MG-35 MCG(28)TABLET	Tier 2	
ORENCIA CLICKJECT 125 MG/ML SUBCUTANEOUS AUTO-INJECTOR	Tier 5	ST
PRAMIPEXOLE ER 3.75 MG TABLET,EXTENDED RELEASE 24 HR	Tier 2	
PREDNISONE 10 MG TABLETS IN A DOSE PACK	Tier 1	
PREDNISONE 10 MG TABLETS IN A DOSE PACK (48 PACK)	Tier 1	
PREDNISONE 5 MG TABLETS IN A DOSE PACK	Tier 1	
PREDNISONE 5 MG TABLETS IN A DOSE PACK (48 PACK)	Tier 1	
REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR	Tier 5	PA QL

Drug	Cost sharing	Restrictions*
SPS 15 GRAM/60 ML ORAL SUSPENSION	Tier 2	
SUMATRIPTAN 4 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	Tier 2	QL



Future Removed Products: **Effective 10/1/2016**

Drug	Reason
AMPICILLIN-SULBACTAM 1.5 GRAM INTRAVENOUS SOLUTION	Removed from Formulary
BUPROBAN 150 MG TABLET,EXTENDED RELEASE	Removed from Formulary
NAPHAZOLINE 0.1 % EYE DROPS	Removed from Formulary

Cost Sharing Tier Changes: **Effective 10/1/2016**

Drug	New Tier	Old Tier	Restrictions*
DAPSONE 100 MG TABLET	2	3	
DAPSONE 25 MG TABLET	2	3	

New Added Products: **Effective 9/1/2016**

Drug	Cost sharing	Restrictions*
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE	Tier 5	
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE	Tier 5	
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE	Tier 5	
DOFETILIDE 125 MCG CAPSULE	Tier 2	
DOFETILIDE 250 MCG CAPSULE	Tier 2	
DOFETILIDE 500 MCG CAPSULE	Tier 2	
DOXORUBICIN, PEGYLATED LIPOSOMAL 2 MG/ML INTRAVENOUS SUSPENSION	Tier 5	PA
DOXYCYCLINE HYCLATE 200 MG TABLET,DELAYED RELEASE	Tier 2	
FYCOMPA 0.5 MG/ML ORAL SUSPENSION	Tier 4	PA

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Drug	Cost sharing	Restrictions*
HIBERIX (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION	Tier 3	
HYDROXYPROGESTERONE CAPROATE 250 MG/ML INTRAMUSCULAR OIL	Tier 2	PA
LENVIMA 8 MG/DAY (4 MG X 2) CAPSULE (60 PACK)	Tier 5	PA
OXYCODONE-ACETAMINOPHEN 5 MG-325 MG/5 ML ORAL SOLUTION	Tier 2	QL
TIVICAY 10 MG TABLET	Tier 4	
TIVICAY 25 MG TABLET	Tier 5	

Future Removed Products: **Effective 9/1/2016**

Drug	Reason
CORTISPORIN-TC 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS,SUSPENSION	Removed from Formulary



Cost Sharing Tier Changes: **Effective 9/1/2016**

Drug	New Tier	Old Tier	Restrictions*
LOSARTAN 100 MG-HYDROCHLOROTHIAZIDE 12.5 MG TABLET	1	2	
LOSARTAN 100 MG-HYDROCHLOROTHIAZIDE 25 MG TABLET	1	2	
LOSARTAN 50 MG-HYDROCHLOROTHIAZIDE 12.5 MG TABLET	1	2	

New Added Products: **Effective 8/1/2016**

Drug	Cost sharing	Restrictions*
BRIVIACT 10 MG TABLET	Tier 5	PA
BRIVIACT 10 MG/ML ORAL SOLUTION	Tier 5	PA
BRIVIACT 100 MG TABLET	Tier 5	PA
BRIVIACT 25 MG TABLET	Tier 5	PA
BRIVIACT 50 MG TABLET	Tier 5	PA
BRIVIACT 50 MG/5 ML INTRAVENOUS SOLUTION	Tier 4	PA
BRIVIACT 75 MG TABLET	Tier 5	PA
CABOMETYX 20 MG TABLET	Tier 5	PA LA
CABOMETYX 40 MG TABLET	Tier 5	PA LA
CABOMETYX 60 MG TABLET	Tier 5	PA LA
DICLOFENAC 1 % TOPICAL GEL	Tier 2	
DOXYCYCLINE HYCLATE 50 MG TABLET,DELAYED RELEASE	Tier 2	
ELITEK 7.5 MG INTRAVENOUS SOLUTION	Tier 5	PA
LENVIMA 18 MG/DAY (10 MG X 1 AND 4 MG X 2) CAPSULE	Tier 5	PA
LENVIMA 8 MG/DAY (4 MG X 2) CAPSULE	Tier 5	PA
NALOXONE 0.4 MG/ML INJECTION SOLUTION	Tier 2	
NARCAN 4 MG/ACTUATION NASAL SPRAY	Tier 4	
NUPLAZID 17 MG TABLET	Tier 5	PA QL



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VIP Medicare Plans

Drug	Cost sharing	Restrictions*
ROSUVASTATIN 10 MG TABLET	Tier 2	
ROSUVASTATIN 20 MG TABLET	Tier 2	
ROSUVASTATIN 40 MG TABLET	Tier 2	
ROSUVASTATIN 5 MG TABLET	Tier 2	
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) INTRAVENOUS SOLUTION	Tier 5	PA LA
TRINTELLIX 10 MG TABLET	Tier 4	
TRINTELLIX 20 MG TABLET	Tier 4	
TRINTELLIX 5 MG TABLET	Tier 4	
TRUVADA 100 MG-150 MG TABLET	Tier 5	
TRUVADA 133 MG-200 MG TABLET	Tier 5	
TRUVADA 167 MG-250 MG TABLET	Tier 5	

Future Removed Products: **Effective 8/1/2016**

Drug	Reason
BRINTELLIX 10 MG TABLET	Removed from Formulary
BRINTELLIX 20 MG TABLET	Removed from Formulary
BRINTELLIX 5 MG TABLET	Removed from Formulary
LINDANE 1 % LOTION	Removed from Formulary
MYOZYME 50 MG INTRAVENOUS SOLUTION	Removed from Formulary

Cost Sharing Tier Changes: **There were no cost sharing tier changes this month.**

New Added Products: **Effective 7/1/2016**

Drug	Cost sharing	Restrictions*
AZATHIOPRINE 100 MG SOLUTION FOR INJECTION	Tier 2	PA
CHOLBAM 250 MG CAPSULE	Tier 5	PA
CHOLBAM 50 MG CAPSULE	Tier 5	PA

Updated: 11/2016

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ConnectiCare[®]
VIP Medicare Plans

Drug	Cost sharing	Restrictions*
DESCOVY 200 MG-25 MG TABLET	Tier 5	
MENHIBRIX (PF) 5 MCG-2.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION	Tier 3	
ROWEEPRA 500 MG TABLET	Tier 4	
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN	Tier 3	
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN	Tier 3	
VENCLEXTA 10 MG TABLET	Tier 4	PA LA
VENCLEXTA 100 MG TABLET	Tier 5	PA LA
VENCLEXTA 50 MG TABLET	Tier 4	PA LA
VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK	Tier 5	PA LA

Future Removed Products: **Effective 7/1/2016**

Drug	Reason
DAUNOXOME 2 MG/ML INTRAVENOUS SOLUTION	Removed from Formulary
GARAMYCIN 0.3 % EYE DROPS	Removed from Formulary
PROMACTA 75 MG TABLET	Removed from Formulary

Cost Sharing Tier Changes: **Effective 7/1/2016**

Drug	New Tier	Old Tier	Restrictions*
ALENDRONATE 10 MG TABLET	1	2	QL
ALENDRONATE 35 MG TABLET	1	2	QL
ALENDRONATE 40 MG TABLET	1	2	QL
ALENDRONATE 5 MG TABLET	1	2	QL
ALENDRONATE 70 MG TABLET	1	2	QL
ALENDRONATE 70 MG/75 ML ORAL SOLUTION	1	2	QL
ATORVASTATIN 10 MG TABLET	1	2	
ATORVASTATIN 20 MG TABLET	1	2	
ATORVASTATIN 40 MG TABLET	1	2	
ATORVASTATIN 80 MG TABLET	1	2	
LOSARTAN 100 MG TABLET	1	2	
LOSARTAN 25 MG TABLET	1	2	
LOSARTAN 50 MG TABLET	1	2	

New Added Products: **Effective 6/1/2016**

Drug	Cost sharing	Restrictions*
BENLYSTA 400 MG INTRAVENOUS SOLUTION	Tier 4	PA
CARBAMAZEPINE ER 100 MG TABLET, EXTENDED RELEASE, 12 HR	Tier 2	
CEFAZOLIN 1 GRAM INTRAVENOUS SOLUTION	Tier 2	PA
FLUCONAZOLE 200 MG/100 ML IN SOD. CHLORIDE (ISO) INTRAVENOUS PIGGYBACK	Tier 2	PA
METOPROLOL 5 MG/5 ML INTRAVENOUS SYRINGE	Tier 1	PA
MOMETASONE 50 MCG/ACTUATION NASAL SPRAY	Tier 2	QL
ODEFSEY 200 MG-25 MG-25 MG TABLET	Tier 5	
SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION	Tier 4	

Drug	Cost sharing	Restrictions*
SPRITAM 250 MG TABLET FOR ORAL SUSPENSION	Tier 4	
SPRITAM 500 MG TABLET FOR ORAL SUSPENSION	Tier 4	
SPRITAM 750 MG TABLET FOR ORAL SUSPENSION	Tier 4	
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK	Tier 4	QL

Future Removed Products: **Effective 6/1/2016**

Drug	Reason
AMNESTEEM 10 MG CAPSULE	Removed from Formulary
AMNESTEEM 20 MG CAPSULE	Removed from Formulary
AMNESTEEM 40 MG CAPSULE	Removed from Formulary
CEFAZOLIN 1 GRAM SOLUTION FOR INJECTION	Removed from Formulary
COMVAX (PF) 5 MCG-7.5 MCG-125 MCG/0.5 ML INTRAMUSCULAR SUSPENSION	Removed from Formulary
TREANDA 45 MG/0.5 ML INTRAVENOUS SOLUTION	Removed from Formulary

Cost Sharing Tier Changes: **There were no cost sharing tier changes this month.**

New Added Products: **Effective 5/1/2016**

Drug	Cost sharing	Restrictions*
FLUCONAZOLE 400 MG/200 ML IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK	Tier 2	PA
VRAYLAR 1.5 MG CAPSULE	Tier 5	QL
VRAYLAR 3 MG CAPSULE	Tier 5	QL
VRAYLAR 4.5 MG CAPSULE	Tier 5	QL
VRAYLAR 6 MG CAPSULE	Tier 5	QL



Future Removed Products: **Effective 5/1/2016**

Drug	Reason
ANDROGEL 1.25 GRAM/ACTUATION (1%) TRANSDERMAL GEL PUMP	Removed from Formulary
FLUCONAZOLE 400 MG/200 ML IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK	Removed from Formulary
REPREXAIN 2.5 MG-200 MG TABLET	Removed from Formulary

Cost Sharing Tier Changes: **There were no cost sharing tier changes this month.**

New Added Products: **Effective 4/1/2016**

Drug	Cost sharing	Restrictions*
BLISOVI 24 FE 1 MG-20 MCG (24)/75 MG (4) TABLET	Tier 2	
BLISOVI FE 1.5/30 (28) 1.5 MG-30 MCG (21)/75 MG (7) TABLET	Tier 2	
BLISOVI FE 1/20 (28) 1 MG-20 MCG (21)/75 MG (7) TABLET	Tier 2	
EMPLICITI 400 MG INTRAVENOUS SOLUTION	Tier 5	PA
FENOFIBRIC ACID 35 MG TABLET	Tier 2	
HUMIRA PEDIATRIC CROHN'S STARTER 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT	Tier 5	QL
HUMIRA PEDIATRIC CROHN'S STARTER 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT (6 PACK)	Tier 5	QL
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS	Tier 5	QL
INVEGA TRINZA 273 MG/0.875 ML INTRAMUSCULAR SYRINGE	Tier 5	PA
INVEGA TRINZA 410 MG/1.315 ML INTRAMUSCULAR SYRINGE	Tier 5	PA
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE	Tier 5	PA

Drug	Cost sharing	Restrictions*
INVEGA TRINZA 819 MG/2.625 ML INTRAMUSCULAR SYRINGE	Tier 5	PA
PHENYTOIN SODIUM EXTENDED 200 MG CAPSULE	Tier 2	
PHENYTOIN SODIUM EXTENDED 300 MG CAPSULE	Tier 2	
VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK	Tier 3	QL



Formulary Removals: **Effective 4/1/2016**

Drug	Reason
LOMUSTINE 10 MG CAPSULE	Removed from Formulary
LOMUSTINE 100 MG CAPSULE	Removed from Formulary
LOMUSTINE 40 MG CAPSULE	Removed from Formulary
TOBRAMYCIN 80 MG/100 ML IN 0.9 % SODIUM CHLORIDE INTRAVENOUS PIGGYBACK	Removed from Formulary
TRIAMCINOLONE ACETONIDE 55 MCG NASAL SPRAY AEROSOL	Removed from Formulary

New Added Products: **Effective 3/1/2016**

Drug	Cost sharing	Restrictions*
ACTEMRA 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION	Tier 5	PA ST
ACTEMRA 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION	Tier 5	PA ST
ALECENSA 150 MG CAPSULE	Tier 5	PA
AMINO ACIDS 15 % INTRAVENOUS SOLUTION	Tier 2	PA
ARIPIPRAZOLE 10 MG DISINTEGRATING TABLET	Tier 2	QL
ARIPIPRAZOLE 15 MG DISINTEGRATING TABLET	Tier 2	QL
ASPIRIN 25 MG-DIPYRIDAMOLE 200 MG CAPSULE,EXT.RELEASE 12 HR MULTIPHASE	Tier 2	
AVASTIN 25 MG/ML INTRAVENOUS SOLUTION (16 ML)	Tier 5	PA
AZITHROMYCIN 250 MG TABLET (6 PACK)	Tier 2	
BETIMOL 0.25 % EYE DROPS	Tier 4	
BEXAROTENE 75 MG CAPSULE	Tier 5	PA

Drug	Cost sharing	Restrictions*
BRILINTA 60 MG TABLET	Tier 3	
BUDESONIDE 1 MG/2 ML SUSPENSION FOR NEBULIZATION	Tier 2	PA
CALCIPOTRIENE-BETAMETHASONE 0.005 %-0.064 % TOPICAL OINTMENT	Tier 2	
COTELLIC 20 MG TABLET	Tier 5	PA LA
CYRAMZA 10 MG/ML INTRAVENOUS SOLUTION	Tier 5	PA
CYRAMZA 10 MG/ML INTRAVENOUS SOLUTION (50 ML)	Tier 5	PA
DARZALEX 20 MG/ML INTRAVENOUS SOLUTION	Tier 4	PA LA
DESOGESTREL-E. ESTRADIOL 0.15 MG-0.02 MG(21)/E. ESTRAD 0.01 MG(5) TABLET	Tier 2	
DROSPIRENONE 3 MG-ETHINYL ESTRADIOL 0.03 MG TABLET	Tier 2	
DROSPIRENONE-ETHINYL ESTRADIOL 3 MG-0.02 MG (24) TABLET	Tier 2	
DUTASTERIDE 0.5 MG CAPSULE	Tier 2	
DUTASTERIDE 0.5 MG-TAMSULOSIN ER 0.4 MG CAPSULE EXT.RELEASE 24HR MPHAS	Tier 2	
EMPLICITI 300 MG INTRAVENOUS SOLUTION	Tier 5	PA
ENVARUS XR 0.75 MG TABLET,EXTENDED RELEASE	Tier 4	PA
ENVARUS XR 1 MG TABLET,EXTENDED RELEASE	Tier 4	PA
ENVARUS XR 4 MG TABLET,EXTENDED RELEASE	Tier 4	PA
ERYTHROMYCIN 250 MG CAPSULE,DELAYED RELEASE	Tier 2	
FENOFIBRIC ACID 105 MG TABLET	Tier 2	
FLUVASTATIN ER 80 MG TABLET,EXTENDED RELEASE 24 HR	Tier 2	
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET	Tier 5	



Drug	Cost sharing	Restrictions*
GIANVI (28) 3 MG-20 MCG TABLET	Tier 2	
GLEOSTINE 5 MG CAPSULE	Tier 4	
HYDROCODONE 10 MG-IBUPROFEN 200 MG TABLET	Tier 2	QL
HYDROCODONE 5 MG-IBUPROFEN 200 MG TABLET	Tier 2	QL
IRESSA 250 MG TABLET	Tier 5	PA
KETOCONAZOLE 2 % TOPICAL FOAM	Tier 2	
KEVEYIS 50 MG TABLET	Tier 5	PA
KEYTRUDA 100 MG/4 ML (25 MG/ML) INTRAVENOUS SOLUTION	Tier 5	PA
KIMIDESS (28) 0.15 MG-0.02 MG (21)/0.01 MG (5) TABLET	Tier 2	
KLOR-CON SPRINKLE 10 MEQ CAPSULE,EXTENDED RELEASE	Tier 2	
KLOR-CON SPRINKLE 8 MEQ CAPSULE,EXTENDED RELEASE	Tier 2	
L.NORGEST-ETH.ESTRADIOL TRIPHASIC 50-30 (6)/75-40(5)/125-30(10) TABLET	Tier 2	
LAYOLIS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET	Tier 2	
LEVOFLOXACIN 750 MG/150 ML IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK	Tier 2	
LEVONEST (28) 50-30 (6)/75-40(5)/125-30(10) TABLET	Tier 2	
LINEZOLID 100 MG/5 ML ORAL SUSPENSION	Tier 2	PA
LONSURF 15 MG-6.14 MG TABLET	Tier 5	PA
LONSURF 20 MG-8.19 MG TABLET	Tier 5	PA
LORYNA (28) 3 MG-20 MCG TABLET	Tier 2	
MEMANTINE 10 MG TABLET	Tier 2	PA
MEMANTINE 2 MG/ML ORAL SOLUTION	Tier 2	PA
MEMANTINE 5 MG TABLET	Tier 2	PA
MEMANTINE 5 MG-10 MG TABLETS IN A DOSE PACK	Tier 2	PA



Drug	Cost sharing	Restrictions*
METHYLTESTOSTERONE 10 MG CAPSULE	Tier 2	
MOLINDONE 10 MG TABLET	Tier 2	
MOLINDONE 25 MG TABLET	Tier 2	
MOLINDONE 5 MG TABLET	Tier 2	
NAMENDA XR 14 MG CAPSULE SPRINKLE,EXTENDED RELEASE	Tier 4	PA
NAMENDA XR 21 MG CAPSULE SPRINKLE,EXTENDED RELEASE	Tier 4	PA
NAMENDA XR 28 MG CAPSULE SPRINKLE,EXTENDED RELEASE	Tier 4	PA
NAMENDA XR 7 MG CAPSULE SPRINKLE,EXTENDED RELEASE	Tier 4	PA
NAMENDA XR 7 MG-14 MG-21 MG-28 MG CAPSULE,SPRINKLE,ER 24HR,DOSE PACK	Tier 4	PA
NAPROXEN SODIUM ER 375 MG TABLET,EXTENDED RELEASE 24HR MPHASE	Tier 2	ST
NEVIRAPINE ER 100 MG TABLET,EXTENDED RELEASE 24 HR	Tier 2	
NIKKI (28) 3 MG-20 MCG TABLET	Tier 2	
NINLARO 2.3 MG CAPSULE	Tier 5	PA
NINLARO 3 MG CAPSULE	Tier 5	PA
NINLARO 4 MG CAPSULE	Tier 5	PA
NITROFURANTOIN MACROCRYSTAL 25 MG CAPSULE	Tier 2	PA
NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS 100 MG CAPSULE (75/25)	Tier 2	PA
NORETHIN-ETHINYL ESTRADIOL-IRON 0.8 MG-25 MCG(24)/75 MG(4) CHEW TABLET	Tier 2	
OCELLA 3 MG-0.03 MG TABLET	Tier 2	
ODOMZO 200 MG CAPSULE	Tier 5	PA LA
OLOPATADINE 0.1 % EYE DROPS	Tier 2	
PALIPERIDONE ER 1.5 MG TABLET,EXTENDED RELEASE 24 HR	Tier 2	QL

Drug	Cost sharing	Restrictions*
PALIPERIDONE ER 3 MG TABLET,EXTENDED RELEASE 24 HR	Tier 2	QL
PALIPERIDONE ER 6 MG TABLET,EXTENDED RELEASE 24 HR	Tier 2	QL
PALIPERIDONE ER 9 MG TABLET,EXTENDED RELEASE 24 HR	Tier 2	QL
PEG-ELECTROLYTE SOLUTION 420 GRAM ORAL SOLUTION	Tier 2	
PHENOXYBENZAMINE 10 MG CAPSULE	Tier 5	PA
PIMOZIDE 1 MG TABLET	Tier 2	
PIMOZIDE 2 MG TABLET	Tier 2	
PIMTREA (28) 0.15 MG-0.02 MG (21)/0.01 MG (5) TABLET	Tier 2	
POTASSIUM CITRATE ER 15 MEQ (1,620 MG) TABLET,EXTENDED RELEASE	Tier 2	
PRADAXA 110 MG CAPSULE	Tier 4	
PRALUENT PEN 150 MG/ML SUBCUTANEOUS PEN INJECTOR	Tier 5	PA QL
PRALUENT PEN 75 MG/ML SUBCUTANEOUS PEN INJECTOR	Tier 5	PA QL
PRALUENT SYRINGE 150 MG/ML SUBCUTANEOUS	Tier 5	PA QL
PRALUENT SYRINGE 75 MG/ML SUBCUTANEOUS	Tier 5	PA QL
PRAMIPEXOLE ER 0.375 MG TABLET,EXTENDED RELEASE 24 HR	Tier 2	
PRAMIPEXOLE ER 2.25 MG TABLET,EXTENDED RELEASE 24 HR	Tier 2	
PRAMIPEXOLE ER 3 MG TABLET,EXTENDED RELEASE 24 HR	Tier 2	
PRAMIPEXOLE ER 4.5 MG TABLET,EXTENDED RELEASE 24 HR	Tier 2	
PROAIR RESPICLICK 90 MCG/ACTUATION BREATH ACTIVATED	Tier 4	
PYRIDOSTIGMINE BROMIDE ER 180 MG TABLET,EXTENDED RELEASE	Tier 2	



Drug	Cost sharing	Restrictions*
REPAGLINIDE 1 MG-METFORMIN 500 MG TABLET	Tier 2	
REPAGLINIDE 2 MG-METFORMIN 500 MG TABLET	Tier 2	
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR	Tier 5	PA QL
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE	Tier 5	PA QL
REXULTI 0.25 MG TABLET	Tier 5	
REXULTI 0.5 MG TABLET	Tier 5	
REXULTI 1 MG TABLET	Tier 5	
REXULTI 2 MG TABLET	Tier 5	
REXULTI 3 MG TABLET	Tier 5	
REXULTI 4 MG TABLET	Tier 5	
RISEDRONATE 35 MG TABLET	Tier 2	
RIVASTIGMINE 13.3 MG/24 HOUR TRANSDERMAL PATCH	Tier 2	QL
RIVASTIGMINE 4.6 MG/24 HOUR TRANSDERMAL PATCH	Tier 2	QL
RIVASTIGMINE 9.5 MG/24 HOUR TRANSDERMAL PATCH	Tier 2	QL
SUMATRIPTAN 4 MG/0.5 ML SUBCUTANEOUS CARTRIDGE (REFILL)	Tier 2	QL
SUMATRIPTAN 6 MG/0.5 ML SUBCUTANEOUS CARTRIDGE (REFILL)	Tier 2	QL
SUMATRIPTAN 6 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR (AUTO-INJECTOR)	Tier 2	QL
SUPRAX 400 MG CAPSULE	Tier 4	
SYNJARDY 12.5 MG-1,000 MG TABLET	Tier 3	
SYNJARDY 12.5 MG-500 MG TABLET	Tier 3	
SYNJARDY 5 MG-1,000 MG TABLET	Tier 3	
SYNJARDY 5 MG-500 MG TABLET	Tier 3	
TAGRISSO 40 MG TABLET	Tier 5	PA LA
TAGRISSO 80 MG TABLET	Tier 5	PA LA



Drug	Cost sharing	Restrictions*
TESTOSTERONE CYPIONATE 100 MG/ML INTRAMUSCULAR OIL	Tier 2	PA
TESTOSTERONE CYPIONATE 200 MG/ML INTRAMUSCULAR OIL	Tier 2	PA
TETRABENAZINE 12.5 MG TABLET	Tier 5	PA
TETRABENAZINE 25 MG TABLET	Tier 5	PA
THIOTEPA 15 MG SOLUTION FOR INJECTION	Tier 5	PA
TRETINOIN 0.05 % TOPICAL GEL	Tier 2	PA
TRIMIPRAMINE 100 MG CAPSULE	Tier 2	PA
TRIMIPRAMINE 25 MG CAPSULE	Tier 2	PA
TRIMIPRAMINE 50 MG CAPSULE	Tier 2	PA
VENLAFAXINE ER 225 MG TABLET,EXTENDED RELEASE 24 HR	Tier 4	
VERAPAMIL ER (SR) 120 MG TABLET,EXTENDED RELEASE	Tier 2	



Formulary Removals: **Effective 3/1/2016**

Drug	Reason
ABILIFY DISCMELT 10 MG DISINTEGRATING TABLET	Removed from Formulary
CEFDITOREN PIVOXIL 200 MG TABLET	Removed from Formulary
FOSCARNET 24 MG/ML INTRAVENOUS SOLUTION	Removed from Formulary
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML INJECTION SYRINGE	Removed from Formulary
NEUMEGA 5 MG SUBCUTANEOUS SOLUTION	Removed from Formulary
PHENYTOIN SODIUM EXTENDED 200 MG CAPSULE	Removed from Formulary
PHENYTOIN SODIUM EXTENDED 300 MG CAPSULE	Removed from Formulary
VIIBRYD 10 MG (7)-20 MG (7)-40 MG(16) TABLETS IN A DOSE PACK	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 Limits may exist.
[LA] = Limited Access, [PA] = Prior Authorization, [QL] = Quantity Limit, [ST] = Step Therapy

ConnectiCare, Inc. is an HMO/HMO-POS plan with a Medicare contract. Enrollment in ConnectiCare depends on contract renewal.

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 premium and/or copayment/coinsurance may change on January 1, 2017.

This document includes ConnectiCare VIP Medicare Plan's partial formulary as of 11/01/2016. For a complete, updated formulary, please visit our website at www.connecticare.com/Medicare or call the Member Services number below.

For alternative formats or language, please call Member Services toll free at: 1-800-CCI-CARE (1-800-224-2273) between the hours of 8:00 a.m. and 8:00 p.m., seven days a week.
TTY/TDD users should call **1-800-842-9710**.

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