



Upcoming Changes to Elderplan's Formulary

Elderplan may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we will notify you of the change at least 60 days before the date 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 may immediately remove the drug from our formulary and notify you as soon as possible. The table below outlines upcoming changes to our formulary that may impact you.

| Name of Affected Drug | Description for Change | Reason for Change | Alternative Drug | Alternative Drug Copay* | Effective Date |
|--|---------------------------------|---|---|-------------------------|----------------|
| ACETIC ACID 2% IN ALUMINUM ACETATE OTIC SOLN | DELETION OF DRUG FROM FORMULARY | MANUFACTURER DISCONTINUATION | ACETIC ACID OTIC SOLN 2% | Tier 1 | 6/1/2018 |
| ACYCLOVIR SODIUM INJ 500MG | DELETION OF DRUG FROM FORMULARY | MANUFACTURER DISCONTINUATION | ACYCLOVIR SODIUM INJ 50MG/ML | Tier 1 | 7/1/2018 |
| AMINOSYN II INJ 7% | DELETION OF DRUG FROM FORMULARY | MANUFACTURER DISCONTINUATION | AMINOSYN-HBC INJ 7% | Tier 1 | 3/1/2018 |
| AURYXIA TAB 210MG | PRIOR AUTHORIZATION ADDED | PA ADDED TO ENSURE USE IS FOR A PART D COVERED INDICATION | CONSULT YOUR HEALTH CARE PROVIDER | | 1/1/2019 |
| BROMFENAC OPTH SOLN 0.09% | DELETION OF DRUG FROM FORMULARY | MANUFACTURER DISCONTINUATION | BROMFENAC SODIUM OPTH SOLN 0.09% (ONCE-DAILY) | Tier 1 | 3/1/2018 |
| BUPHENYL TAB 500MG | DELETION OF DRUG FROM FORMULARY | GENERIC AVAILABLE | SODIUM PHENYLBUTYRATE TAB 500 MG | Tier 1 | 6/1/2018 |
| CIPROFLOXACIN INJ 400MG | DELETION OF DRUG FROM FORMULARY | MANUFACTURER DISCONTINUATION | CIPROFLOXACIN INJ 400MG IN D5W | Tier 1 | 8/1/2018 |
| CIPROFLOXACIN INJ 200MG | DELETION OF DRUG FROM FORMULARY | MANUFACTURER DISCONTINUATION | CIPROFLOXACIN INJ 200MG IN D5W | Tier 1 | 8/1/2018 |
| CLINDAMAX GEL 1% | DELETION OF DRUG FROM FORMULARY | MANUFACTURER DISCONTINUATION | CLINDAMYCIN PHOSPHATE GEL 1% | Tier 1 | 3/1/2018 |
| COPAXONE INJ 40MG/ML | DELETION OF DRUG FROM FORMULARY | GENERIC AVAILABLE | GLATIRAMER INJ 40MG/ML | Tier 1 | 6/1/2018 |
| DESMOPRESSIN SOLN 0.01% | DELETION OF DRUG FROM FORMULARY | MANUFACTURER DISCONTINUATION | DESMOPRESSIN SPR 0.01% | Tier 1 | 9/1/2018 |
| DIDANOSINE CAP 125 MG | DELETION OF DRUG FROM FORMULARY | MANUFACTURER DISCONTINUATION | VIDEX EC CAP 125MG | Tier 1 | 5/1/2018 |
| DOCEFREZ INJ 20MG | DELETION OF DRUG FROM FORMULARY | MANUFACTURER DISCONTINUATION | DOCETAXEL INJ 80MG/4ML | Tier 1 | 3/1/2018 |
| ESTRACE VAGINAL CREAM 0.01% | DELETION OF DRUG FROM FORMULARY | GENERIC AVAILABLE | ESTRADIOL VAGINAL CREAM 0.01% | Tier 1 | 6/1/2018 |
| GAVILYTE-H KIT | DELETION OF DRUG FROM FORMULARY | MANUFACTURER DISCONTINUATION | GAVILYTE-G SOL | Tier 1 | 3/1/2018 |
| GENGRAF CAP 50MG | DELETION OF DRUG FROM FORMULARY | MANUFACTURER DISCONTINUATION | CYCLOSPORINE MODIFIED CAP 50 MG | Tier 1 | 6/1/2018 |

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| Name of Affected Drug | Description for Change | Reason for Change | Alternative Drug | Alternative Drug Copay* | Effective Date |
|--|---------------------------------|------------------------------|--|-------------------------|----------------|
| GENTAMICIN INJ 10MG/ML | DELETION OF DRUG FROM FORMULARY | MANUFACTURER DISCONTINUATION | GENTAMICIN INJ 40MG/ML | Tier 1 | 5/1/2018 |
| GLEOSTINE CAP 5MG | DELETION OF DRUG FROM FORMULARY | MANUFACTURER DISCONTINUATION | GLEOSTINE CAP 10MG | Tier 1 | 9/1/2018 |
| ISTALOL OPHTH SOLN 0.5% | DELETION OF DRUG FROM FORMULARY | GENERIC AVAILABLE | TIMOLOL MALEATE OPHTH SOLN 0.5% (ONCE-DAILY) | Tier 1 | 6/1/2018 |
| LORTAB TAB 10-325MG | DELETION OF DRUG FROM FORMULARY | MANUFACTURER DISCONTINUATION | HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG | Tier 1 | 3/1/2018 |
| LORTAB TAB 5-325MG | DELETION OF DRUG FROM FORMULARY | MANUFACTURER DISCONTINUATION | HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG | Tier 1 | 3/1/2018 |
| LORTAB TAB 7.5-325 | DELETION OF DRUG FROM FORMULARY | MANUFACTURER DISCONTINUATION | HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG | Tier 1 | 3/1/2018 |
| MENOMUNE INJ A/C/Y/W | DELETION OF DRUG FROM FORMULARY | MANUFACTURER DISCONTINUATION | MENACTRA INJ | Tier 1 | 3/1/2018 |
| METHOTREXATE INJ 100/4ML | DELETION OF DRUG FROM FORMULARY | MANUFACTURER DISCONTINUATION | METHOTREXATE INJ 50MG/2ML | Tier 1 | 7/1/2018 |
| METHOTREXATE INJ 200/8ML | DELETION OF DRUG FROM FORMULARY | MANUFACTURER DISCONTINUATION | METHOTREXATE INJ 50MG/2ML | Tier 1 | 7/1/2018 |
| MORPHINE SULATE INJ 15MG/ML | DELETION OF DRUG FROM FORMULARY | MANUFACTURER DISCONTINUATION | MORPHINE SULFATE IV SOLN PF 10 MG/ML | Tier 1 | 3/1/2018 |
| NECON TAB 10/11-28 | DELETION OF DRUG FROM FORMULARY | MANUFACTURER DISCONTINUATION | NECON TAB 7/7/7 | Tier 1 | 3/1/2018 |
| NEVIRAPINE SUSP 50MG/5ML | DELETION OF DRUG FROM FORMULARY | MANUFACTURER DISCONTINUATION | VIRAMUNE SUSP 50MG/5ML | Tier 1 | 6/1/2018 |
| NYATA | DELETION OF DRUG FROM FORMULARY | MANUFACTURER DISCONTINUATION | NYSTATIN POW 100000 | Tier 1 | 4/1/2018 |
| OXYCODONE W/ ACETAMINOPHEN SOLN 5-325 MG/5ML | DELETION OF DRUG FROM FORMULARY | MANUFACTURER DISCONTINUATION | OXYCODONE HCL SOLN 5 MG/5ML | Tier 1 | 6/1/2018 |
| RELPAK TAB | DELETION OF DRUG FROM FORMULARY | GENERIC AVAILABLE | ELETRIPTAN TAB | Tier 1 | 6/1/2018 |
| REVELA PAK | DELETION OF DRUG FROM FORMULARY | GENERIC AVAILABLE | SEVELAMER CARBONATE PACKET | Tier 1 | 6/1/2018 |
| REVELA TAB 800MG | DELETION OF DRUG FROM FORMULARY | GENERIC AVAILABLE | SEVELAMER CARBONATE TAB 800 MG | Tier 1 | 6/1/2018 |
| REYATAZ CAP | DELETION OF DRUG FROM FORMULARY | GENERIC AVAILABLE | ATAZANAVIR CAP | Tier 1 | 6/1/2018 |
| SABRIL PACK 500MG | DELETION OF DRUG FROM FORMULARY | GENERIC AVAILABLE | VIGABATRIN POWDER PACK 500MG | Tier 1 | 6/1/2018 |
| SUSTIVA CAP 200MG | DELETION OF DRUG FROM FORMULARY | GENERIC AVAILABLE | EFAVIRENZ CAP 200 MG | Tier 1 | 6/1/2018 |
| SUSTIVA CAP 50MG | DELETION OF DRUG FROM FORMULARY | GENERIC AVAILABLE | EFAVIRENZ CAP 50 MG | Tier 1 | 6/1/2018 |
| TAMIFLU SUSP 6MG/ML | DELETION OF DRUG FROM FORMULARY | GENERIC AVAILABLE | OSELTAMIVIR PHOSPHATE SUSP 6 MG/ML | Tier 1 | 6/1/2018 |
| TRANSDERM-SC PATCH 1.5MG | DELETION OF DRUG FROM FORMULARY | GENERIC AVAILABLE | SCOPOLAMINE PATCH | Tier 1 | 6/1/2018 |

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| TRIKLO CAP 1GM | DELETION OF DRUG FROM FORMULARY | MANUFACTURER DISCONTINUATION | OMEGA-3-ACID ETHYL ESTERS CAP 1 GM | Tier 1 | 3/1/2018 |
| TRISENOX SOL 10MG/10ML | DELETION OF DRUG FROM FORMULARY | MANUFACTURER DISCONTINUATION | TRISENOX INJ 12MG/6ML | Tier 1 | 5/1/2018 |
| VIGAMOX DROPS 0.5% | DELETION OF DRUG FROM FORMULARY | GENERIC AVAILABLE | MOXIFLOXACIN HCL OPHTH SOLN 0.5% | Tier 1 | 6/1/2018 |
| ZAZOLE CREAM 0.8% | DELETION OF DRUG FROM FORMULARY | MANUFACTURER DISCONTINUATION | TERCONAZOLE VAGINAL CREAM 0.8% | Tier 1 | 3/1/2018 |
| ZIAGEN SOLN 20MG/ML | DELETION OF DRUG FROM FORMULARY | GENERIC AVAILABLE | ABACAVIR SOLN 20MG/ML | Tier 1 | 6/1/2018 |
| ZOLEDRONIC INJ 4MG | DELETION OF DRUG FROM FORMULARY | MANUFACTURER DISCONTINUATION | ZOLEDRONIC INJ 4MG/5ML | Tier 1 | 3/1/2018 |

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