

Upcoming Changes to Piedmont Medicare Advantage's Formulary

Piedmont Medicare Advantage (PPO) 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 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 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
A-HYDROCORT INJ 100MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	SOLU-CORTEF INJ 250MG	Tier 4	3/1/2017
ALTABAX OINT 1%	DELETION OF DRUG FROM FORMULARY	MEDICARE WILL NO LONGER COVER	MUPIROCIN OINT 2%	Tier 1	3/1/2017
AMETHYST TAB 90-20MCG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	LEVONORGESTREL-ETHINYL ESTRADIOL TAB 90-20 MCG	Tier 2	6/1/2017
AMINOSYN II INJ 7%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	AMINOSYN-PF INJ 7%, AMINOSYN-HBC INJ 7%	Tier 4	8/1/2017
AMMONIUM CHLORIDE INJ 5 MEQ/ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	SODIUM CHLORIDE IV SOLN 0.9%	Tier 2	4/1/2017
ASACOL HD TAB 800MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	MESALAMINE 800MG DR TAB	Tier 2	6/1/2017
ATROPINE SUL INJ 0.5 MG/5ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	ATROPINE SUL INJ 0.25MG/5ML, 1 MG/10ML	Tier 2	8/1/2017
AZILECT TAB	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	RASAGILINE MESYLATE TAB	Tier 2	6/1/2017
AZOR TAB	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB	Tier 1	6/1/2017

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BENICAR HCT TAB	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB	Tier 1	6/1/2017
BENICAR TAB	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	OLMESARTAN MEDOXOMIL TAB	Tier 1	6/1/2017
CAFERGOT TAB 1-100MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	ERGOTAMINE W/ CAFFEINE TAB 1-100 MG	Tier 2	6/1/2017
CAPITAL W/ CODEINE SUSP 120-12 MG/5ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	ACETAMINOPHEN W/ CODEINE SOLN 120-12 MG/5ML	Tier 2	4/1/2017
CERVARIX INJ	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	GARDASIL INJ	Tier 3	3/1/2017
CLAFORAN INJ 1GM	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CEFOTAXIME INJ 1GM	Tier 2	4/1/2017
CLAFORAN INJ 2GM	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CEFOTAXIME INJ 2GM	Tier 2	4/1/2017
CLAFORAN/D5W INJ 2GM	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CEFOTAXIME INJ 2GM	Tier 2	4/1/2017
CLINDAMAX GEL 1%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CLINDAMYCIN GEL 1%	Tier 2	10/1/2017
DOCETAXEL INJ 140/7ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	DOCETAXEL INJ 80MG/4ML	Tier 5	5/1/2017
DOCETAXEL INJ 200MG/20	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	DOCETAXEL INJ 160/16ML	Tier 5	8/1/2017
EPZICOM TAB 600-300	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	ABACAVIR SULFATE-LAMIVUDINE TAB 600-300 MG	Tier 5	6/1/2017
FORTAZ INJ 500MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CEFTAZIDIME INJ	Tier 2	11/1/2017

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FORTAZ IN D5W INJ 1GM/50ML, 2GM/50ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CEFTAZIDIME INJ	Tier 2	11/1/2017
GENTAMICIN IN SALINE INJ 0.9 MG/ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	GENTAMICIN IN SALINE INJ 1 MG/ML	Tier 2	11/1/2017
GENTAMICIN IN SALINE INJ 1.4 MG/ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	GENTAMICIN IN SALINE INJ 1.6 MG/ML	Tier 2	11/1/2017
ILOTYCIN OIN OP	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	ERYTHROMYCIN OPHTH OINT	Tier 1	6/1/2017
KLOR-CON POWDER 20MEQ	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	POTASSIUM CHLORIDE POWDER 20MEQ	Tier 2	8/1/2017
LOKARA LOTION 0.05%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	DESONIDE LOTION 0.05%	Tier 2	9/1/2017
LORTAB TAB 10-325MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	Tier 2	9/1/2017
LORTAB TAB 5-325MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	Tier 2	9/1/2017
LORTAB TAB 7.5-325	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	Tier 2	9/1/2017
MENHIBRIX INJ	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	MENVEO INJ	Tier 3	10/1/2017
MOLINDONE TAB HCL 5MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	RISPERIDONE TAB	Tier 2	10/1/2017
NILANDRON TAB 150MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	NILUTAMIDE TAB 150MG	Tier 5	6/1/2017

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NITROSTAT SL TAB	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	NITROGLYCERIN SL TAB	Tier 2	6/1/2017
OMECLAMOX- MIS PAK	DELETION OF DRUG FROM FORMULARY	MEDICARE WILL NO LONGER COVER	AMOXICILLIN CAP-CLARITHRO TAB-LANSOPRAZ CAP DR THERAPY PACK	Tier 2	3/1/2017
PLASMA-LYTE INJ 56/D5W	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	NORMOSOL -R INJ /D5W	Tier 4	3/1/2017
REPREXAIN TAB 10-200MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	HYDROCODONE-IBUPROFEN TAB 10-200 MG	Tier 2	9/1/2017
SEROQUEL XR TAB	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	QUETIAPINE ER TAB	Tier 2	6/1/2017
STAVUDINE SOLN 1MG/ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	ZERIT SOL 1MG/ML	Tier 5	3/1/2017
TAMIFLU CAP	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	OSELTAMIVIR PHOSPHATE CAP	Tier 2	6/1/2017
TRETIN-X CREAM 0.0375%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	TRETINOIN CREAM 0.025%	Tier 2	3/1/2017
TRIBENZOR TAB	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB	Tier 1	6/1/2017
UVADEX INJ 20MCG/ML	DELETION OF DRUG FROM FORMULARY	MEDICARE WILL NO LONGER COVER	CONSULT YOUR HEALTH CARE PROFESSIONAL		7/1/2017
VAGIFEM TAB 10MCG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	YUVAFEM TAB 10MCG	Tier 2	6/1/2017
VITEKTA TAB	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	TIVICAY TAB (25MG, 50MG) OR ISENTRESS TAB	Tier 5	5/1/2017

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XOPENEX HFA AER	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	LEVALBUTEROL AER 45/ACT	Tier 2	6/1/2017
ZAZOLE CREAM 0.8%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	TERCONAZOLE CREAM 0.8%	Tier 2	9/1/2017
ZETIA TAB 10MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	EZETIMIBE TAB 10MG	Tier 2	6/1/2017
ZINACEF INJ 750MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CEFUROXIME INJ 750MG	Tier 2	10/1/2017

Piedmont Medicare Advantage is a PPO plan with a Medicare contract. Enrollment in Piedmont Medicare Advantage depends on contract renewal. The formulary may change at any time. You will receive notice when necessary. Out-of-network/non-contracted providers are under no obligation to treat Piedmont Medicare Advantage members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.