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
ACETIC ACID 2% IN ALUMINUM ACETATE OTIC SOLN	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	ACETIC ACID OTIC SOLN 2%	Tier 2	6/1/2018
ACYCLOVIR SODIUM INJ 500MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	ACYCLOVIR SODIUM INJ 50MG/ML	Tier 2	7/1/2018
AFREZZA POWDER 4 (60) & 8 (30) UNIT	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	AFREZZA POWDER 4 (30) & 8 (60) UNIT	Tier 4	5/1/2018
AMINOSYN II INJ 7%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	AMINOSYN-HBC INJ 7%	Tier 4	3/1/2018
BROMFENAC OPHTH SOLN 0.09%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	BROMFENAC SODIUM OPHTH SOLN 0.09% (ONCE-DAILY)	Tier 2	3/1/2018
BUDESONIDE SUSP 32MCG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	FLUTICASONE PROPIONATE NASAL SUSP 50 MCG/ACT	Tier 2	3/1/2018
BUPHENYL TAB 500MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	SODIUM PHENYLBUTYRATE TAB 500 MG	Tier 5	6/1/2018
CEFTIBUTEN CAP 400MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CEFDINIR CAP 300MG	Tier 2	3/1/2018

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CEFTIBUTEN SUSP 180/5ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CEFDINIR SUS 250/5ML	Tier 2	3/1/2018
CEFTIN SUSP	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CEFUROXIME TAB 250MG	Tier 2	9/1/2018
CIPROFLOXACIN INJ 400MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CIPROFLOXACN INJ 400MG IN D5W	Tier 2	8/1/2018
CIPROFLOXACN INJ 200MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CIPROFLOXACN INJ 200MG IN D5W	Tier 2	8/1/2018
CLINDAMAX GEL 1%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CLINDAMYCIN PHOSPHATE GEL 1%	Tier 2	3/1/2018
COPAXONE INJ 40MG/ML	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	GLATIRAMER INJ 40MG/ML	Tier 5	6/1/2018
COREG CR CAP	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	CARVEDILOL PHOSPHATE ER 24HR CAP	Tier 2	6/1/2018
DESMOPRESSIN SOLN 0.01%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	DESMOPRESSIN SPR 0.01%	Tier 2	9/1/2018
DIDANOSINE CAP 125 MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	VIDEX EC CAP 125MG	Tier 4	5/1/2018
DOCEFREZ INJ 20MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	DOCETAXEL INJ 80MG/4ML	Tier 5	3/1/2018
EFFIENT TAB	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	PRASUGREL TAB	Tier 2	6/1/2018
ESTRACE VAGINAL CREAM 0.01%	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	ESTRADIOL VAGINAL CREAM 0.01%	Tier 2	6/1/2018
FORTAZ IN D5W INJ 1GM/50ML, 2GM/50ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CEFTAZIDIME INJ	Tier 2	3/1/2018
FORTAZ INJ 500MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CEFTAZIDIME INJ	Tier 2	3/1/2018

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GAVILYTE-H KIT	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	GAVILYTE-G SOL	Tier 2	3/1/2018
GENGRAF CAP 50MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CYCLOSPORINE MODIFIED CAP 50 MG	Tier 2	6/1/2018
GENTAMICIN INJ 10MG/ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	GENTAMICIN INJ 40MG/ML	Tier 2	5/1/2018
GLEOSTINE CAP 5MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	GLEOSTINE CAP 10MG	Tier 4	9/1/2018
GRASTEK	DELETION OF DRUG FROM FORMULARY	MEDICARE WILL NO LONGER COVER	CONSULT YOUR HEALTH CARE PROFESSIONAL		4/1/2018
ISTALOL OPHTH SOLN 0.5%	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	TIMOLOL MALEATE OPHTH SOLN 0.5% (ONCE-DAILY)	Tier 2	6/1/2018
KETODAN AEROSOL 2%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	KETOCONAZOLE FOAM 2%	Tier 2	3/1/2018
LAMOTRIGINE ODT KIT 25/50/100MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	LAMOTRIGINE TAB	Tier 1	3/1/2018
LAMOTRIGINE ODT KIT 25/50MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	LAMOTRIGINE TAB	Tier 1	3/1/2018
LAMOTRIGINE ODT KIT 50/100MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	LAMOTRIGINE TAB	Tier 1	3/1/2018
LIALDA TAB 1.2GM	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	MESALAMINE TAB 1.2GM	Tier 2	6/1/2018
LOKARA LOTION 0.05%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	DESONIDE LOTION 0.05%	Tier 2	3/1/2018
LORTAB TAB 10-325MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	Tier 2	3/1/2018

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LORTAB TAB 5-325MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	Tier 2	3/1/2018
LORTAB TAB 7.5-325	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	Tier 2	3/1/2018
MENOMUNE INJ A/C/Y/W	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	MENACTRA INJ	Tier 3	3/1/2018
METHOTREXATE INJ 100/4ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	METHOTREXATE INJ 50MG/2ML	Tier 2	7/1/2018
METHOTREXATE INJ 200/8ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	METHOTREXATE INJ 50MG/2ML	Tier 2	7/1/2018
MORPHINE SULATE INJ 15MG/ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	MORPHINE SULFATE IV SOLN PF 10 MG/ML	Tier 4	3/1/2018
NECON TAB 10/11-28	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	NECON TAB 7/7/7	Tier 2	3/1/2018
NEVIRAPINE SUSP 50MG/5ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	VIRAMUNE SUSP 50MG/5ML	Tier 4	6/1/2018
NUVESSA GEL 1.3%	DELETION OF DRUG FROM FORMULARY	MEDICARE WILL NO LONGER COVER	METRONIDAZOLE VAGINAL GEL 0.75%	Tier 2	3/1/2018
NYATA	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	NYSTATIN POW 100000	Tier 2	4/1/2018
ONMEL TAB 200MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	ITRACONAZOLE CAP 100MG	Tier 2	7/1/2018
OXYCODONE W/ ACETAMINOPHEN SOLN 5-325 MG/5ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	OXYCODONE HCL SOLN 5 MG/5ML	Tier 2	6/1/2018
PCE TAB	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	ERYTHROMYCIN CAP 250MG EC	Tier 2	8/1/2018

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PHENERGAN SUPP	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	PROMETHAZINE SUPP	Tier 4	8/1/2018
PRIMSOL SOLN 50MG/5ML	DELETION OF DRUG FROM FORMULARY	MEDICARE WILL NO LONGER COVER	TRIMETHOPRIM TAB 100MG	Tier 1	3/1/2018
RAGWITEK	DELETION OF DRUG FROM FORMULARY	MEDICARE WILL NO LONGER COVER	CONSULT YOUR HEALTH CARE PROFESSIONAL		4/1/2018
RELPAX TAB	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	ELETRIPTAN TAB	Tier 2	6/1/2018
RENVELA PAK	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	SEVELAMER CARBONATE PACKET	Tier 2	6/1/2018
RENVELA TAB 800MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	SEVELAMER CARBONATE TAB 800 MG	Tier 2	6/1/2018
REYATAZ CAP	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	ATAZANAVIR CAP	Tier 5	6/1/2018
SABRIL PACK 500MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	VIGABATRIN POWDER PACK 500MG	Tier 5	6/1/2018
SUMAVEL DOSE INJ 4MG/0.5ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	SUMATRIPTAN INJ 4MG/0.5ML	Tier 2	5/1/2018
SUSTIVA CAP 200MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	EFAVIRENZ CAP 200 MG	Tier 5	6/1/2018
SUSTIVA CAP 50MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	EFAVIRENZ CAP 50 MG	Tier 2	6/1/2018
SYNALGOS-DC CAP	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE CAP 320.5-30-16 MG	Tier 2	5/1/2018

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TAMIFLU SUSP 6MG/ML	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	OSELTAMIVIR PHOSPHATE SUSP 6 MG/ML	Tier 2	6/1/2018
TRANSDERM-SC PATCH 1.5MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	SCOPOLAMINE PATCH	Tier 4	6/1/2018
TRETIN-X CRE 0.075%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	TRETINOIN CREAM 0.05%	Tier 2	3/1/2018
TRIKLO CAP 1GM	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	OMEGA-3-ACID ETHYL ESTERS CAP 1 GM	Tier 2	3/1/2018
TRISENOX SOL 10MG/10ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	TRISENOX INJ 12MG/6ML	Tier 5	5/1/2018
VIGAMOX DROPS 0.5%	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	MOXIFLOXACIN HCL OPHTH SOLN 0.5%	Tier 2	6/1/2018
XYLON TAB 10-200MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	HYDROCODONE-IBUPROFEN TAB 10-200 MG	Tier 2	3/1/2018
ZAMICET SOLN 10-325MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	HYDROCODONE-ACETAMINOPHEN SOLN 7.5-325 MG/15ML	Tier 2	3/1/2018
ZAZOLE CREAM 0.8%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	TERCONAZOLE VAGINAL CREAM 0.8%	Tier 2	3/1/2018
ZIAGEN SOLN 20MG/ML	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	ABACAVIR SOLN 20MG/ML	Tier 2	6/1/2018
ZINACEF INJ 750MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CEFUROXIME INJ 750MG	Tier 2	3/1/2018
ZMAX SUSP 2GM	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	AZITHROMYCIN SUSP	Tier 2	6/1/2018
ZOLEDRONIC INJ 4MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	ZOLEDRONIC INJ 4MG/5ML	Tier 2	3/1/2018

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.