



**Healthfirst Medicare Plan**

**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 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 and notify you.

**This document was last updated on 04/01/2017.**

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Copay	Restrictions*
03/01/2017	A-HYDROCORT INJ 100MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	SOLU-CORTEF INJ 250MG	Tier 3	
06/01/2017	ASACOL HD TAB 800MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	MESALAMINE 800MG DR TAB	Tier 1	
06/01/2017	AZILECT TAB	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	RASAGILINE MESYLATE TAB	Tier 1	
06/01/2017	CAFERGOT TAB 1-100MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	ERGOTAMINE W/ CAFFEINE TAB 1-100 MG	Tier 1	
03/01/2017	CERVARIX INJ	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	GARDASIL INJ	Tier 2	

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Copay	Restrictions*
05/01/2017	DOCETAXEL INJ 140/7ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	DOCETAXEL INJ 80MG/4ML	Tier 4	
06/01/2017	EPZICOM TAB 600-300	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	ABACAVIR SULFATE-LAMIVUDINE TAB 600-300 MG	Tier 4	
06/01/2017	NILANDRON TAB 150MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	NILUTAMIDE TAB 150MG	Tier 4	
06/01/2017	NITROSTAT SL TAB	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	NITROGLYCERIN SL TAB	Tier 1	
03/01/2017	PLASMA-LYTE INJ 56/D5W	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	NORMOSOL -R INJ /D5W	Tier 3	
06/01/2017	SEROQUEL XR TAB	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	QUETIAPINE ER TAB	Tier 1	QL
03/01/2017	STAVUDINE SOLN 1MG/ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	ZERIT SOL 1MG/ML	Tier 4	
06/01/2017	TAMIFLU CAP	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	OSELTAMIVIR PHOSPHATE CAP	Tier 1	



Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Copay	Restrictions*
06/01/2017	VAGIFEM TAB 10MCG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	YUVAFEM TAB 10MCG	Tier 1	
06/01/2017	XOPENEX HFA AER	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	LEVALBUTEROL AER 45/ACT	Tier 1	
06/01/2017	ZETIA TAB 10MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	EZETIMIBE TAB 10MG	Tier 1	

For more information about how these changes may affect your cost-sharing, such as copayments or co-insurance, or for more information about requesting an updated coverage determination or an exception to coverage determination, please see your plan Evidence of Coverage (EOC).

If you have additional questions, please call Healthfirst Medicare Plan at 1-888-260-1010, TTY 1-888-542-3821, 7 days a week, 8am to 8pm.

\*Indicates a restriction of Step Therapy, Prior Authorization or Quantity Level Limits may exist.  
 [LA] = Limited Access, [PA] = Prior Authorization, [QLL] = Quantity Level Limit, [ST] = Step Therapy

Healthfirst Health Plan, Inc., dba Healthfirst Medicare Plan, offers HMO plans that contract with the Federal Government. Healthfirst Medicare Plan has a contract with New York State Medicaid for Healthfirst CompleteCare (HMO SNP) and a Coordination of Benefits Agreement with the New York State Department of Health for the Healthfirst Life Improvement Plan (HMO SNP). Enrollment in Healthfirst Medicare Plan depends on contract renewal.



This information is available for free in other languages. Please call our Member Services number at 1-888-260-1010, TTY number 1-888-542-3821, 7 days a week from 8:00am to 8:00pm.

Esta información está disponible en forma gratuita en otros idiomas. Por favor, comuníquese con nuestro número de Servicios a los Miembros al 1-888-260-1010, o al 1-888-867-4132 para los usuarios de TTY, los 7 días de la semana, de 8:00 a.m. a 8:00 p.m.

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-260-1010 (TTY 1-888-867-4132).