

Upcoming Changes to Medicare Advantage Flex Plan, Medicare Advantage \$0 Premium Formulary

Fidelis 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
ADOXA CAP 150MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	DOXYCYCLINE MONOHYDRATE CAP 150 MG	Tier 2	3/1/2017
ADRENACLICK INJ	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	EPINEPHRINE INJ (GENERIC OF ADRENACLICK)	Tier 2	5/1/2017
A-HYDROCORT INJ 100MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	SOLU-CORTEF INJ 250MG	Tier 4	3/1/2017
ALCAINE SOLN 0.5% OPHTH	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	PROPARACAINE HCL OPHTH SOLN 0.5%	Tier 2	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
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
AVELOX ABC TAB 400MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	MOXIFLOXACIN TAB 400MG	Tier 2	7/1/2017
AZILECT TAB	TIER INCREASE	GENERIC AVAILABLE	RASAGILINE MESYLATE TAB	Tier 2	6/1/2017
BIAXIN SUSP 250/5ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CLARITHROMYCIN SUSP 250/5ML	Tier 2	7/1/2017
BIAXIN TAB	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CLARITHROMYCIN TAB	Tier 2	7/1/2017
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
CARDIZEM CD CAP 300MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CARTIA XT CAP 300/24HR	Tier 2	3/1/2017
CEFTIN TAB 500MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CEFUROXIME TAB 500MG	Tier 2	4/1/2017
CERVARIX INJ	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	GARDASIL INJ	Tier 3	3/1/2017
CLAFORAN INJ 10GM	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CEFOTAXIME INJ 2GM	Tier 2	4/1/2017
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

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
CLAFORAN INJ 500MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CEFOTAXIME INJ 500MG	Tier 2	4/1/2017
CLAFORAN/D5W INJ 2GM	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CEFOTAXIME INJ 2GM	Tier 2	4/1/2017
CORDARONE TAB 200MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	AMIODARONE TAB 200MG	Tier 1	5/1/2017
DIPROLENE LOTION 0.05%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	BETAMETHASONE DIPROPIONATE AUGMENTED LOTION 0.05%	Tier 2	8/1/2017
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
ELOCON LOTION 0.1%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	MOMETASONE FUROATE 0.1% SOLN	Tier 2	8/1/2017
EXELON CAP	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	RIVASTIGMINE CAP	Tier 2	3/1/2017
FEMCON FE CHW	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG	Tier 2	9/1/2017
ILOTYCIN OIN OP	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	ERYTHROMYCIN OPPTH 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
LOFIBRA CAP	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	FENOFIBRATE CAP	Tier 2	8/1/2017
LOFIBRA TAB	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	FENOFIBRATE TAB	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
MAVIK TAB 1MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	TRANDOLAPRIL TAB 1MG	Tier 1	7/1/2017
MAVIK TAB 2MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	TRANDOLAPRIL TAB 2MG	Tier 1	8/1/2017
METHYLIN CHEW TAB	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	METHYLPHENIDATE HCL CHEW TAB	Tier 2	3/1/2017
METZOZLV ODT TAB 5MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	METOCLOPRAMIDE TAB 5MG ODT	Tier 2	8/1/2017
MIACALCIN SPR 200/ACT	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CALCITONIN SPR 200/ACT	Tier 2	7/1/2017
MODICON TAB 0.5/35	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	NECON TAB 0.5/35	Tier 2	6/1/2017
NITROSTAT SL TAB	TIER INCREASE	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
PHOSLO CAP 667MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CALCIUM ACETATE CAP 667 MG	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
REPREXAIN TAB 5-200MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	HYDROCODONE-IBUPROFEN TAB 5-200 MG	Tier 2	9/1/2017
RIFADIN CAP 300MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	RIFAMPIN CAP 300MG	Tier 2	5/1/2017

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RYTHMOL TAB 225MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	PROPAFENONE TAB 225MG	Tier 2	3/1/2017
SECTRAL CAP	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	ACEBUTOLOL CAP	Tier 2	5/1/2017
STAVUDINE SOLN 1MG/ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	ZERIT SOL 1MG/ML	Tier 5	3/1/2017
TAMIFLU CAP	TIER INCREASE	GENERIC AVAILABLE	OSELTAMIVIR PHOSPHATE CAP	Tier 2	6/1/2017
TRANXENE T TAB 3.75MG, 15MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CLORAZEPATE DIPOTASSIUM TAB 7.5 MG, 15MG	Tier 2	3/1/2017
TRETIN-X CREAM 0.0375%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	TRETINOIN CREAM 0.025%	Tier 2	3/1/2017
UVADEX INJ 20MCG/ML	DELETION OF DRUG FROM FORMULARY	MEDICARE WILL NO LONGER COVER	CONSULT YOUR HEALTH CARE PROFESSIONAL		7/1/2017
VITEKTA TAB	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	TIVICAY TAB (25MG, 50MG) OR ISENTRESS TAB	Tier 5	5/1/2017
VOSPIRE ER TAB	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	ALBUTEROL TAB ER	Tier 2	6/1/2017
XOPENEX HFA AER	TIER INCREASE	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
ZEBETA TAB 10MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	BISOPROLOL FUMARATE TAB 10 MG	Tier 2	6/1/2017
ZEBETA TAB 5MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	BISOPROLOL FUMARATE TAB 5 MG	Tier 2	3/1/2017
ZETIA TAB 10MG	TIER INCREASE	GENERIC AVAILABLE	EZETIMIBE TAB 10MG	Tier 2	6/1/2017

Upcoming Changes to Dual Advantage, Medicaid Advantage Plus, Dual Advantage Flex Formulary

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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
AMINOSYN II INJ 7%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	AMINOSYN-PF INJ 7%, AMINOSYN-HBC INJ 7%	Tier 4	8/1/2017
ASACOL HD TAB 800MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	MESALAMINE 800MG DR TAB	Tier 2	6/1/2017

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
AZILECT TAB	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	RASAGILINE MESYLATE TAB	Tier 2	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
CERVARIX INJ	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	GARDASIL INJ	Tier 3	3/1/2017
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
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
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
NILANDRON TAB 150MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	NILUTAMIDE TAB 150MG	Tier 5	6/1/2017
NITROSTAT SL TAB	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	NITROGLYCERIN SL TAB	Tier 2	6/1/2017
PLASMA-LYTE INJ 56/D5W	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	NORMOSOL -R INJ /D5W	Tier 4	3/1/2017
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
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
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