TexanPlus® HMO-POS
A WellCare Company

4888 Loop Central Drive, Suite 300, Houston, TX 77081

07/01/2018 Formulary Addendum

Changes may have occurred since the printing of the current TexanPlus® HMO-POS Formulary. Medications added or removed from the Formulary are listed below.

This is not a complete list of all Formulary drugs covered by the plan. For a complete listing, please call Member Services at 1-866-230-2513, 8:00 a.m. to 8:00 p.m. in your local time zone (TTY users call 711) 7 days a week or visit www.TexanPlusPOS.com.

Please retain this with your copy of the Formulary

01/01/2018 Formulary Additions

DRUG NAME	DRUG TIER	Requirements/Limits
abacavir sulfate soln 20 mg/ml (base equiv)	2	
AUSTEDO TAB 12MG	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO TAB 6MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TAB 9MG	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
CASPOFUNGIN INJ 50MG	5	NDS
CASPOFUNGIN INJ 70MG	5	NDS
eletriptan hydrobromide tab 20 mg (base equivalent)	2	QL (12 tabs / 30 days)
eletriptan hydrobromide tab 40 mg (base equivalent)	2	QL (12 tabs / 30 days)
endocet tab 2.5-325	2	QL (360 tabs / 30 days)
EPCLUSA TAB 400-100	5	NDS, NM, PA
fosamprenavir calcium tab 700 mg (base equiv)	5	NDS
glatiramer acetate soln prefilled syringe 40 mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA

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DRUG NAME	DRUG TIER	Requirements/Limits
HAEGARDA INJ 2000UNIT	5	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA INJ 3000UNIT	5	NDS, QL (20 vials / 30 days), NM, LA, PA
HARVONI TAB 90-400MG	5	NDS, NM, PA
HYSINGLA ER TAB 100 MG	3	QL (30 tabs / 30 days)
HYSINGLA ER TAB 120 MG	3	QL (30 tabs / 30 days)
HYSINGLA ER TAB 20 MG	3	QL (60 tabs / 30 days)
HYSINGLA ER TAB 30 MG	3	QL (60 tabs / 30 days)
HYSINGLA ER TAB 40 MG	3	QL (60 tabs / 30 days)
HYSINGLA ER TAB 60 MG	3	QL (60 tabs / 30 days)
HYSINGLA ER TAB 80 MG	3	QL (30 tabs / 30 days)
IDHIFA TAB 100MG	5	NDS, NM, LA, PA
IDHIFA TAB 50MG	5	NDS, NM, LA, PA
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	2	B/D
lidocaine hcl local preservative free (pf) inj 1.5%	2	B/D
LYNPARZA TAB 100MG	5	NDS, NM, LA, PA
LYNPARZA TAB 150MG	5	NDS, NM, LA, PA
MAVYRET TAB 100-40MG	5	NDS, NM, PA
MORPHINE SUL INJ 10MG/ML	4	B/D
NERLYNX TAB 40MG	5	NDS, NM, LA, PA
prasugrel hcl tab 10 mg (base equiv)	2	
prasugrel hcl tab 5 mg (base equiv)	2	
RAYALDEE CAP 30MCG	5	NDS
RITUXAN INJ HYCELA	5	NDS, NM, LA, PA
scopolamine td patch 72hr 1 mg/3days	4	QL (10 patches / 30 days), PA; PA if 65 years and older
sodium phenylbutyrate tab 500 mg	5	NDS, NM, PA
TEKTURNA HCT TAB 150-12.5	4	
TEKTURNA HCT TAB 150-25MG	4	
TEKTURNA HCT TAB 300-12.5	4	

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DRUG NAME	DRUG TIER	Requirements/Limits
TEKTURNA HCT TAB 300-25MG	4	
TEKTURNA TAB 150MG	4	
TEKTURNA TAB 300MG	4	
TRELEGY AER ELLIPTA	3	QL (60 blisters / 30 days)
triklo cap 1gm	2	
VERZENIO TAB 100MG	5	NDS, NM, LA, PA
VERZENIO TAB 150MG	5	NDS, NM, LA, PA
VERZENIO TAB 200MG	5	NDS, NM, LA, PA
VERZENIO TAB 50MG	5	NDS, NM, LA, PA
vigabatrin powd pack 500 mg	5	NDS, QL (180 packets / 30 days), NM, LA, PA
VIRAMUNE SUS 50MG/5ML	4	
VOSEVI TAB	5	NDS, NM, PA
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
ZEPATIER TAB 50-100MG	5	NDS, NM, PA

03/01/2018 Formulary Additions

DRUG NAME	DRUG TIER	Requirements/Limits
ALUNBRIG PAK	5	NDS, NM, LA, PA
ALUNBRIG TAB 180MG	5	NDS, NM, LA, PA
ALUNBRIG TAB 90MG	5	NDS, NM, LA, PA
amnesteem cap 10mg	2	PA
amnesteem cap 20mg	2	PA
amnesteem cap 40mg	2	PA
ANDROGEL GEL 1.62%	3	QL (150 grams / 30 days), PA
atazanavir sulfate cap 150 mg (base equiv)	5	NDS
atazanavir sulfate cap 200 mg (base equiv)	5	NDS
atazanavir sulfate cap 300 mg (base equiv)	5	NDS
AZACTAM INJ 1GM	4	
AZACTAM INJ 2GM	4	

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BENLYSTA INJ 200MG/ML	5	NDS, NM, PA
BORTEZOMIB INJ 3.5MG	5	NDS, NM, PA
BOSULIF TAB 400MG	5	NDS, NM, PA
BYDUREON INJ BCISE	3	QL (4 pens / 28 days)
CALQUENCE CAP 100MG	5	NDS, NM, LA, PA
caspofungin acetate for iv soln 50 mg	5	NDS
dasetta tab 1/35	2	
dasetta tab 7/7/7	2	
diazepam rectal gel delivery system 10 mg	2	
diazepam rectal gel delivery system 2.5 mg	2	
diazepam rectal gel delivery system 20 mg	2	
efavirenz cap 200 mg	5	NDS
efavirenz cap 50 mg	2	
enskyce tab	2	
ESTRACE VAG CRE 0.01%	4	
estradiol vaginal cream 0.1 mg/gm	2	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	2	
FIASP FLEX INJ TOUCH	3	
FIASP INJ 100/ML	3	
glatiramer acetate soln prefilled syringe 20 mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
glydo gel 2%	2	QL (30 mL / 30 days), PA
isibloom tab 0.15-30	2	
levo-t tab 100mcg	2	
levo-t tab 112mcg	2	
levo-t tab 125mcg	2	
levo-t tab 137mcg	2	
levo-t tab 150mcg	2	
levo-t tab 175mcg	2	
levo-t tab 200 mcg	2	
levo-t tab 25mcg	2	

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DRUG NAME	DRUG TIER	Requirements/Limits
levo-t tab 300 mcg	2	
levo-t tab 50mcg	2	
levo-t tab 75mcg	2	
levo-t tab 88mcg	2	
mafenide acetate packet for topical soln 5% (50 gm)	2	
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)	3	
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)	3	
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)	3	
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)	3	
MYLOTARG INJ 4.5MG	5	NDS, NM, LA, PA
norethindrone & mestranol tab 1 mg-50 mcg	2	
NYMALIZE SOL 30/10ML	5	NDS
OCTAGAM INJ 10/100ML	5	NDS, NM, PA
OCTAGAM INJ 20/200ML	5	NDS, NM, PA
OCTAGAM INJ 5GM/50ML	5	NDS, NM, PA
oseltamivir phosphate for susp 6 mg/ml (base equiv)	2	QL (1080 mL / year)
sevelamer carbonate packet 0.8 gm	2	QL (540 packs / 30 days)
sevelamer carbonate packet 2.4 gm	2	QL (180 packs / 30 days)
sevelamer carbonate tab 800 mg	2	QL (540 tabs / 30 days)
SHINGRIX INJ 50MCG	3	QL (2 vials per lifetime)
tenofovir disoproxil fumarate tab 300 mg	5	NDS
tigecycline for iv soln 50 mg	5	NDS
timolol maleate ophth soln 0.5% (once-daily)	2	
TRISENOX INJ 12MG/6ML	5	NDS, B/D
VIDEX EC CAP 125MG	4	

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DRUG NAME	DRUG TIER	Requirements/Limits
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
ZENPEP CAP	4	

04/01/2018 Formulary Additions

DRUG NAME	DRUG TIER	Requirements/Limits
ELIQUIS ST P TAB 5MG	3	
JULUCA TAB 50-25MG	5	NDS
kurvelo tab 0.15/30	2	
MORPHINE SUL INJ 5MG/ML	4	B/D
morphine sulfate inj 10 mg/ml	4	B/D
morphine sulfate inj 8 mg/ml	4	B/D
roweepra xr tab 500mg xr	2	
roweepra xr tab 750mg xr	2	
SOLIQUA INJ 100/33	3	QL (10 pens / 30 days)
trientine hcl cap 250 mg	5	NDS
VIVITROL INJ 380MG	5	NDS, NM

05/01/2018 Formulary Additions

DRUG NAME	DRUG TIER	Requirements/Limits
BIKTARVY TAB	5	NDS
caspofungin acetate for iv soln 70 mg	5	NDS
DALIRESP TAB 250MCG	4	
efavirenz tab 600 mg	5	NDS
ENDARI POW 5GM	5	NDS, NM, LA, PA
ERLEADA TAB 60MG	5	NDS, NM, LA, PA
glatopa inj 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA

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IMBRUVICA CAP 70MG	5	NDS, NM, LA, PA
IMBRUVICA TAB 140MG	5	NDS, NM, LA, PA
IMBRUVICA TAB 280MG	5	NDS, NM, LA, PA
IMBRUVICA TAB 420MG	5	NDS, NM, LA, PA
IMBRUVICA TAB 560MG	5	NDS, NM, LA, PA
isotretinoin cap 10 mg	2	PA
isotretinoin cap 20 mg	2	PA
isotretinoin cap 30 mg	2	PA
isotretinoin cap 40 mg	2	PA
memantine hcl cap er 24hr 14 mg	2	PA; PA if < 30 yrs
memantine hcl cap er 24hr 21 mg	2	PA; PA if < 30 yrs
memantine hcl cap er 24hr 28 mg	2	PA; PA if < 30 yrs
memantine hcl cap er 24hr 7 mg	2	PA; PA if < 30 yrs
OZEMPIC INJ 2/1.5ML	3	QL (1 pen / 28 days)
OZEMPIC INJ 2/1.5ML	3	QL (2 pens / 28 days)
ritonavir tab 100 mg	2	
tiagabine hcl tab 12 mg	2	
tiagabine hcl tab 16 mg	2	

06/01/2018 Formulary Additions

DRUG NAME	DRUG TIER	Requirements/Limits
GANCICLOVIR INJ 500MG	2	B/D
kelnor 1/50 tab	2	
SYMFI LO TAB	5	NDS
TASIGNA CAP 50MG	5	NDS, NM, PA

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07/01/2018 Formulary Additions

DRUG NAME	DRUG TIER	Requirements/Limits
colesevelam hcl tab 625 mg	2	
cyclophosphamide cap 25 mg	2	B/D
cyclophosphamide cap 50 mg	2	B/D
docetaxel soln for iv infusion 160 mg/16ml	5	NDS, B/D
docetaxel soln for iv infusion 20 mg/2ml	5	NDS, B/D
docetaxel soln for iv infusion 80 mg/8ml	5	NDS, B/D
glipizide xl tab 10mg	1	GC, QL (60 tabs / 30 days)
HUMIRA INJ 10/0.1ML	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA INJ 20/0.2ML	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA INJ 40/0.4ML	5	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN INJ 40/0.4ML	5	NDS, QL (6 pens / 28 days), NM, PA
miglustat cap 100 mg	5	NDS, NM, PA
NARCAN SPR	3	
praziquantel tab 600 mg	2	
SYMDEKO TAB 100-150	5	NDS, NM, LA, PA
topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)	5	NDS, B/D
tri-vylibra tab	2	
TROGARZO INJ 150MG/ML	5	NDS, NM, LA
vylibra tab 0.25-35	2	

01/01/2018 Formulary Deletions

None

03/01/2018 Formulary Deletions

DRUG NAME	DRUG TIER	Requirements/Limits
AMINOSYN II INJ 7%	4	B/D
bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	2	

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DRUG NAME	DRUG TIER	Requirements/Limits
bromfenac sodium ophth soln 0.09% (base equivalent)	2	
clindamax gel 1%	2	
DOCEFREZ INJ 20MG	5	NDS, B/D
ESTRACE VAG CRE 0.1MG/GM	4	
LORTAB TAB 7.5-325	2	QL (360 tabs / 30 days)
LORTAB TAB 10-325MG	2	QL (360 tabs / 30 days)
LORTAB TAB 5-325MG	2	QL (360 tabs / 30 days)
MENOMUNE INJ A/C/Y/W	3	
morphine sulfate iv soln pf 15 mg/ml	4	B/D
necon tab 1/50-28	2	
NECON TAB 10/11-28	3	
NYMALIZE SOL 60/20ML	5	NDS
triklo cap 1gm	2	
ZAZOLE CRE 0.8%	2	
ZOLEDRONIC INJ 4MG	4	B/D, NM

04/01/2018 Formulary Deletions

DRUG NAME	DRUG TIER	Requirements/Limits
nyata pow 100000	2	

05/01/2018 Formulary Deletions

DRUG NAME	DRUG TIER	Requirements/Limits
didanosine delayed release capsule 125 mg	2	
gentamicin sulfate iv soln 10 mg/ml	2	
TRISENOX SOL 10MG/10M	5	NDS, B/D

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06/01/2018 Formulary Deletions

DRUG NAME	DRUG TIER	Requirements/Limits
acetic acid 2% in aluminum acetate otic soln	2	
BUPHENYL TAB 500MG	5	NDS, NM, LA, PA
COPAXONE INJ 40MG/ML	5	NDS, QL (12 syringes / 28 days), NM, PA
ESTRACE VAG CRE 0.01%	4	
gengraf cap 50mg	2	B/D
ISTALOL SOL 0.5% OP	3	
nevirapine susp 50 mg/5ml	2	
oxycodone w/ acetaminophen soln 5-325 mg/5ml	2	QL (1800 mL / 30 days)
RELPAX TAB 20MG	4	QL (12 tabs / 30 days)
RELPAX TAB 40MG	4	QL (12 tabs / 30 days)
RENVELA PAK 0.8GM	3	QL (540 paks / 30 days)
RENVELA PAK 2.4GM	3	QL (180 paks / 30 days)
RENVELA TAB 800MG	3	QL (540 tabs / 30 days)
REYATAZ CAP 150MG	5	NDS
REYATAZ CAP 200MG	5	NDS
REYATAZ CAP 300MG	5	NDS
SABRIL POW 500MG	5	NDS, QL (180 packets / 30 days), NM, LA, PA
SUSTIVA CAP 200MG	5	NDS
SUSTIVA CAP 50MG	4	
TAMIFLU SUS 6MG/ML	3	QL (1080 mL / year)
TRANSDERM-SC DIS 1.5MG	4	QL (10 patches / 30 days), PA; PA if 65 years and older
VIGAMOX DRO 0.5%	3	
ZIAGEN SOL 20MG/ML	3	

07/01/2018 Formulary Deletions

DRUG NAME	DRUG TIER	Requirements/Limits
acyclovir sodium for inj 500 mg	2	B/D

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DRUG NAME	DRUG TIER	Requirements/Limits
methotrexate sodium inj pf 100 mg/4ml (25 mg/ml)	2	B/D
methotrexate sodium inj pf 200 mg/8ml (25 mg/ml)	2	B/D

01/01/2018 Formulary Changes

None

03/01/2018 Formulary Changes

DRUG NAME	DRUG TIER	Requirements/Limits
ondansetron hcl oral soln 4 mg/5ml	2	
ondansetron hcl tab 24 mg	2	
ondansetron hcl tab 4 mg	2	
ondansetron hcl tab 8 mg	2	
ondansetron orally disintegrating tab 4 mg	2	
ondansetron orally disintegrating tab 8 mg	2	

04/01/2018 Formulary Changes

None

05/01/2018 Formulary Changes

DRUG NAME	DRUG TIER	Requirements/Limits
AMITIZA CAP 8MCG	3	QL (120 caps / 30 days)
flunisolide nasal soln 25 mcg/act (0.025%)	2	QL (3 bottles / 30 days)

06/01/2018 Formulary Changes

DRUG NAME	DRUG TIER	Requirements/Limits
AMITIZA CAP 8MCG	3	QL (180 caps / 30 days)

07/01/2018 Formulary Changes

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TexanPlus® HMO-POS is a Medicare Advantage plan with a Medicare contract. Enrollment in TexanPlus® HMO-POS depends on contract renewal. You must use network pharmacies to access prescription drug benefits, except under non-routine circumstances, and quantity limitations and restrictions may apply. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year. The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. *If you are a current member already taking this drug before the effective date of the change, we will continue to cover the drug for the remainder of the plan year as long as the drug continues to be medically necessary for treating your condition and prescribed for you by your prescriber, and was not removed for safety reasons.

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Discrimination is Against the Law

TexanPlus® HMO, TexanPlus® HMO-POS, TexanPlus® HMO-SNP, Today's Options® PFFS, Today's Options® PPO, and Today's Options® HMO hereinafter, the Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Your Plan Name, P.O. Box 18200, Austin, TX 78760-8200, c/o Appeals and Grievances, 1-866-422-1690 (TTY users call 711), Fax: 1-800-817-3516, Email: AGMailbox@UniversalAmerican.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf*, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*

English:
ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-736-7442 (TTY: 711).

Spanish:
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-736-7442 (TTY: 711).

Chinese:
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-736-7442 (TTY: 711)。

Russian:
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-736-7442 (телетайп: 711).

French:
ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-736-7442 (ATS: 711).

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Vietnamese:
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-736-7442 (TTY: 711).

Korean:
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-736-7442 (TTY: 711) 번으로 전화해 주십시오.

Arabic:
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-736-7442 (رقم هاتف الصم والبكم :711).

Italian:
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-736-7442 (TTY: 711).

Yiddish:
אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-888-736-7442 (TTY: 711).

Bengali:
লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পিরষবা উপলব্ধ আছ। ফোন করুন ১-888-736-7442 (TTY: 711)।

Urdu:
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں 1-888-736-7442 (TTY: 711). کال کریں ۔

Polish:
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-736-7442 (TTY: 711).

Tagalog:
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-736-7442 (TTY: 711).

Greek:
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-888-736-7442 (TTY: 711).

Albanian:
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-736-7442 (TTY: 711).

Hindi:
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-736-7442 (TTY: 711) पर कॉल करें।