



Formulary Change Notice

HealthPartners may remove drugs from our formulary (list of covered drugs) or add rules about whether and when certain drugs are covered during the year. The chart below contains upcoming changes to the HealthPartners formulary. **You may not be taking these drugs now. We provide you with these updates so that you know about future changes to our drug list.** Please see Section 4 of your Monthly Prescription Drug Summary (Member Explanation of Benefits) for specific changes to drugs that you are currently taking.

Effective Date	Drug	Type of Change	Reason for Change	Other Possible Drugs (if applicable)
06/01/2017	MIRAPEX ER 3.75 MG ORAL TAB ER 24H	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	** PRAMIPEXOLE 3.75 MG ER TABLET - TIER 2
06/01/2017	NITROSTAT 0.3 MG SUBLINGUAL TAB SUBL	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	** NITROGLYCERIN 0.3 MG SUBLINGUAL TABLET - TIER 2
06/01/2017	NITROSTAT 0.4 MG SUBLINGUAL TAB SUBL	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	** NITROGLYCERIN 0.4 MG SUBLINGUAL TABLET - TIER 2
06/01/2017	NITROSTAT 0.6 MG SUBLINGUAL TAB SUBL	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	** NITROGLYCERIN 0.6 MG SUBLINGUAL TABLET - TIER 2
06/01/2017	CELLCEPT 500 MG INTRAVEN. VIAL	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	** MYCOPHENOLATE MOFETIL 500 MG INJECTION - TIER 2
06/01/2017	TAMIFLU 75 MG ORAL CAPSULE	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	** OSELTAMIVIR 75 MG CAPSULE - TIER 2
06/01/2017	NILANDRON 150 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	** NILUTAMIDE 150 MG TABLET - TIER 2
06/01/2017	ZETIA 10 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	** EZETIMIBE 10 MG TABLET - TIER 2

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Effective Date	Drug	Type of Change	Reason for Change	Other Possible Drugs (if applicable)
06/01/2017	EMEND 80 MG ORAL CAPSULE	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	** APREPITANT 80 MG CAPSULE - TIER 2
06/01/2017	EMEND 125 MG ORAL CAPSULE	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	** APREPITANT 125 MG CAPSULE - TIER 2
06/01/2017	AZILECT 1 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	** RASAGILINE 1 MG TABLET - TIER 2
06/01/2017	AZILECT 0.5 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	** RASAGILINE 0.5 MG TABLET - TIER 2
06/01/2017	EMEND 40 MG ORAL CAPSULE	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	** APREPITANT 40 MG CAPSULE - TIER 2
06/01/2017	ERYPED 200 200 MG/5ML ORAL SUSP RECON	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	** ERYTHROMYCIN ETHYLSUCCINATE 40 MG/ML ORAL SUSPENSION - TIER 2
06/01/2017	TAMIFLU 30 MG ORAL CAPSULE	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	** OSELTAMIVIR 30 MG CAPSULE - TIER 2
06/01/2017	TAMIFLU 45 MG ORAL CAPSULE	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	** OSELTAMIVIR 45 MG CAPSULE - TIER 2
06/01/2017	EMEND 125MG-80MG ORAL CAP DS PK	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	** APREPITANT 125 MG / APREPITANT 80 MG PACK - TIER 2
06/01/2017	ASACOL HD 800 MG ORAL TABLET DR	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	** MESALAMINE 800 MG DR TABLET - TIER 2
06/01/2017	VAGIFEM 10 MCG VAGINAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	** ESTRADIOL 0.01 MG VAGINAL TABLET (YUVAFEM) - TIER 2

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** This drug is on our drug list (formulary). Please talk with your doctor to find out if this drug is right for you. Note: The amount you will pay for this drug depends on which coverage period you are in. You can call Member Services to find out how much you will pay for this drug.

HealthPartners MSHO is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. HealthPartners Freedom and HealthPartners Retiree National Choice are offered by HealthPartners, a Cost plan and a PDP with a Medicare Contract. Enrollment in HealthPartners depends on contract renewal.

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What you and your doctor can do

We are telling you about these changes now, so that you and your doctor will have time (at least 60 days) to decide what to do.

Depending on the type of change, there may be different options to consider. For example:

- **Perhaps you can find a different drug** covered by the plan that might work just as well for you.
 - You can call us at HealthPartners Member Services to ask for a list of covered drugs that treat the same medical condition.
 - This list can help your doctor to find a covered drug that might work for you and have fewer restrictions or a lower cost.
- **To find out how much you will pay** for alternative medicines or your “drug payment stage”, you can call us at HealthPartners Member Services.
 - Find more details around your plan benefits by reviewing your *Evidence of Coverage* that we sent to you. Look for Chapter 9, *What to do if you have a problem or complaint*.
- **You and your doctor can ask the plan to make an exception for you.** This means asking us to agree that the upcoming change in coverage or cost-sharing tier of a drug does not apply to you.
 - Your doctor will need to tell us why making an exception is medically necessary for you.
 - To learn what you must do to ask for an exception, see the *Evidence of Coverage* that we sent to you. Look for Chapter 9, *What to do if you have a problem or complaint*.

- (Section 6 of your Monthly Prescription Drug Summary tells how to get a copy of the *Evidence of Coverage* if you need it.)

For more information

To get updated information about the drugs covered by HealthPartners please visit our Web site at healthpartners.com/medicarerx or call Member Services at 952-883-7979 (Freedom) or 952-883-7373 (Retiree National Choice) or 952-967-7029 (MSHO) or call toll free at 1-800-233-9645 (Freedom) or 1-877-816-9539 (Retiree National Choice) or 1-888-820-4285 (MSHO).

TTY/TDD users should call 952-883-6060 or toll free at 1-800-443-0156.

From **October 1 through February 14**, we take calls from 8 a.m. to 8 p.m., **seven days a week**. You’ll speak with a representative

From **February 15 to September 30**, call us 8 a.m. to 8 p.m. **Monday through Friday** to speak with a representative.

On Saturdays, Sundays and Federal holidays, you can leave a message and we’ll get back to you within on business day.

If you disagree with our decision to remove or change coverage for any of these drugs, you may also file a grievance with us. Please call Member Services if you want to file a grievance.

You may also send your grievance to us in writing to
HealthPartners
Member Rights & Benefits

PO Box 9463
Minneapolis, MN 55440-9463

For more information on filing a grievance, look for Chapter 9,
What to do if you have a problem or complaint.

This document may be made available in other formats such as Braille, large print or other alternate formats. Please call Member Services at 952-883-7979 (Freedom) or 952-883-7373 (Retiree National Choice) or 952-967-7029 (MSHO) or call toll free at 1-800-233-9645 (Freedom) or 1-877-816-9539 (Retiree National Choice) or 1-888-820-4285 (MSHO).

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For more detailed information about your HealthPartners prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

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Medicare's "Extra Help" Program

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/ 7 days a week;
- The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778; or
- Your Medicaid Office.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. The formulary may change at any time. You will receive notice when necessary.