

# Medicare Part D

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## Notice of Formulary Changes

A Health plan with a Medicare contract  
A Medicare-approved Part D sponsor

Contract Year: 2012  
Last Updated: 08/2012

Y0062\_RXNOC12C CMS Approved 04122012

## Notice of Formulary Change

The following pages provide information on changes to the plan formulary. If the drug you are taking is on this list you may be able to obtain an updated coverage determination or an exception to a coverage determination by following the guidelines in the Appeals and Grievance section of the Evidence of Coverage.

### Formulary Tiers:

Tier 1: Preferred Generic

Tier 2: Non-Preferred Generic

Tier 3: Preferred Brand

Tier 4: Non-Preferred Brand

Tier 5: Specialty Medications

Tier 6: Miscellaneous Injectables

### Formulary Legend:

**GC** Gap Coverage Medications

For our members on the Enhanced plan, we provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

**HI** Home Infusion Therapy Medications

For members on our plans that cover both medical and Rx, this prescription drug may be covered under your medical benefit.

**LA** Limited Access Medications

This prescription drug may be available only at certain pharmacies. For more information consult your Pharmacy Directory.

**MO** Mail Order Medication

This prescription drug is available through our mail order pharmacy services.

**PA** Prior Authorization Medications

Prior Authorization required for coverage. Refer to the Notes section under your prescription drug for additional information.

**PA** Prior Authorization Medications

**BvsD** This prescription drug may be covered under Medicare Part B or D. Contact Plan for coverage details.

**QL** Quantity Level Limit Medications

Quantity Level limits apply. Refer to the Notes section under your prescription drug for additional information.

## Notice of Formulary Changes

<b>Effective Date: 7/1/2012</b>	
<b>Medication Name</b>	<b>Change Description</b>
ANCOBON 250 MG CAPSULE	Brand Tier Increase. Changed from Tier 3 to Tier 4. *Alternative: Tier 2 - flucytosine
ANCOBON 500 MG CAPSULE	Brand Tier Increase. Changed from Tier 3 to Tier 4. *Alternative: Tier 2 - flucytosine
ANTABUSE 250 MG TABLET	Brand Tier Increase. Changed from Tier 3 to Tier 4. *Alternative: Tier 1 - disulfiram
ANTABUSE 500 MG TABLET	Brand Tier Increase. Changed from Tier 3 to Tier 4. *Alternative: Tier 1 - disulfiram
CARBATROL 100 MG CAPSULE, EXTENDED RELEASE	Brand Tier Increase. Changed from Tier 3 to Tier 4. *Alternative: Tier 2 - carbamazepine SR
CARBATROL 200 MG CAPSULE, EXTENDED RELEASE	Brand Tier Increase. Changed from Tier 3 to Tier 4. *Alternative: Tier 2 - carbamazepine SR
CARBATROL 300 MG CAPSULE, EXTENDED RELEASE	Brand Tier Increase. Changed from Tier 3 to Tier 4. *Alternative: Tier 2 - carbamazepine SR
EPIVIR 150 MG TABLET	Brand Tier Increase. Changed from Tier 3 to Tier 4. *Alternative: Tier 2 - lamivudine
EPIVIR 300 MG TABLET	Brand Tier Increase. Changed from Tier 3 to Tier 4. *Alternative: Tier 2 - lamivudine
FELBATOL 400 MG TABLET	Brand Tier Increase. Changed from Tier 3 to Tier 4. *Alternative: Tier 2 - felbamate
FELBATOL 600 MG TABLET	Brand Tier Increase. Changed from Tier 3 to Tier 4. *Alternative: Tier 2 - felbamate
FELBATOL 600 MG/5 ML ORAL SUSP	Brand Tier Increase. Changed from Tier 3 to Tier 4. *Alternative: Tier 2 - felbamate
<b>fexofenadine 180 mg tablet</b>	Drug removed from formulary
<b>fexofenadine 30 mg tablet</b>	Drug removed from formulary
<b>fexofenadine 60 mg tablet</b>	Drug removed from formulary
NASACORT AQ 55 MCG NASAL SPRAY AEROSOL	Brand Tier Increase. Changed from Tier 3 to Tier 4. *Alternative: Tier 2 - triamcinolone acetonide
UROXATRAL 10 MG TABLET,EXTENDED RELEASE	Brand Deletion. *Alternative: Tier 2 - alfuzosin SR
ZYPREXA 10 MG TABLET	Brand Deletion. *Alternative: Tier 2 - olanzapine
ZYPREXA 15 MG TABLET	Brand Deletion. *Alternative: Tier 2 - olanzapine
ZYPREXA 2.5 MG TABLET	Brand Deletion. *Alternative: Tier 2 - olanzapine
ZYPREXA 20 MG TABLET	Brand Deletion. *Alternative: Tier 2 - olanzapine
ZYPREXA 5 MG TABLET	Brand Deletion. *Alternative: Tier 2 - olanzapine
ZYPREXA 7.5 MG TABLET	Brand Deletion. *Alternative: Tier 2 - olanzapine
ZYPREXA ZYDIS 10 MG DISINTEGRATING TABLET	Brand Deletion. *Alternative: Tier 2 - olanzapine ODT
ZYPREXA ZYDIS 15 MG DISINTEGRATING TABLET	Brand Deletion. *Alternative: Tier 2 - olanzapine ODT

ZYPREXA ZYDIS 20 MG DISINTEGRATING TABLET	Brand Deletion. *Alternative: Tier 2 - olanzapine ODT
ZYPREXA ZYDIS 5 MG DISINTEGRATING TABLET	Brand Deletion. *Alternative: Tier 2 - olanzapine ODT

<b>Effective Date: 8/1/2012</b>	
<b>Medication Name</b>	<b>Change Description</b>
DERMA-SMOOTH/FS BODY OIL 0.01 % TOPICAL	Brand Tier Increase. Changed from Tier 3 to Tier 4. *Alternative: Tier 1 - fluocinolone acetonide

<b>Effective Date: 9/1/2012</b>	
<b>Medication Name</b>	<b>Change Description</b>
SEROQUEL 100 MG TABLET	Brand Deletion. *Alternative: Tier 2 - quetiapine
SEROQUEL 200 MG TABLET	Brand Deletion. *Alternative: Tier 2 - quetiapine
SEROQUEL 25 MG TABLET	Brand Deletion. *Alternative: Tier 2 - quetiapine
SEROQUEL 300 MG TABLET	Brand Deletion. *Alternative: Tier 2 - quetiapine
SEROQUEL 400 MG TABLET	Brand Deletion. *Alternative: Tier 2 - quetiapine
SEROQUEL 50 MG TABLET	Brand Deletion. *Alternative: Tier 2 - quetiapine

<b>Effective Date: 10/1/2012</b>	
<b>Medication Name</b>	<b>Change Description</b>
PLAVIX 75 MG TABLET	Brand Deletion. *Alternative: Tier 1 - clopidogrel
REQUIP XL 12 MG TABLET,EXTENDED RELEASE	Brand Deletion. *Alternative: Tier 2 - ropinirole extended release
REQUIP XL 2 MG TABLET,EXTENDED RELEASE	Brand Deletion. *Alternative: Tier 2 - ropinirole extended release
REQUIP XL 4 MG TABLET,EXTENDED RELEASE	Brand Deletion. *Alternative: Tier 2 - ropinirole extended release
REQUIP XL 6 MG TABLET,EXTENDED RELEASE	Brand Deletion. *Alternative: Tier 2 - ropinirole extended release
REQUIP XL 8 MG TABLET,EXTENDED RELEASE	Brand Deletion. *Alternative: Tier 2 - ropinirole extended release
VIRAMUNE 200 MG TABLET	Brand Deletion. *Alternative: Tier 2 - nevirapine

<b>Effective Date: 11/1/2012</b>	
<b>Medication Name</b>	<b>Change Description</b>
ADDERALL XR 10 MG CAPSULE,EXTENDED RELEASE	Brand Deletion. *Alternative: Tier 2 - amphetamine-dextroamphetamine extended release
ADDERALL XR 15 MG CAPSULE,EXTENDED RELEASE	Brand Deletion. *Alternative: Tier 2 - amphetamine-dextroamphetamine extended release
ADDERALL XR 20 MG CAPSULE,EXTENDED RELEASE	Brand Deletion. *Alternative: Tier 2 - amphetamine-dextroamphetamine extended release
ADDERALL XR 25 MG CAPSULE,EXTENDED RELEASE	Brand Deletion. *Alternative: Tier 2 - amphetamine-dextroamphetamine extended release
ADDERALL XR 30 MG CAPSULE,EXTENDED RELEASE	Brand Deletion. *Alternative: Tier 2 - amphetamine-dextroamphetamine extended release
ADDERALL XR 5 MG CAPSULE,EXTENDED RELEASE	Brand Deletion. *Alternative: Tier 2 - amphetamine-dextroamphetamine extended release
CLARINEX 5 MG TABLET	Brand Deletion. *Alternative: Tier 2 - desloratadine
DORYX 150 MG TABLET,DELAYED RELEASE	Brand Deletion. *Alternative: Tier 2 - doxycycline hyclate delayed release
NORDETTE-28 0.15 MG-30 MCG TABLET	Brand Deletion. *Alternatives: Tier 1 - marlissa, or levora
ZIAGEN 300 MG TABLET	Brand Deletion. *Alternative: Tier 2 - abacavir

\*Alternative drugs are drugs in the same therapeutic category/class that may or may not be at the same cost sharing tier as the affected drug. Only your physician can determine if the alternate listed here is appropriate for you given the individualized nature of drug therapy. Please consult with your physician as to whether this is an appropriate drug for you.