

Medicare Part D

Notice of Formulary Changes

Y0062_RXNOC13B Approved

Contract Year: 2013
Last Updated: 8/2013

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

B/D 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

| Effective Date: 5/1/2013 | |
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| Medication Name | Change Description |
| AMEVIVE 15 MG (0.5 ML) IM | Drug removed from formulary |
| BUDEPRION XL 150 MG 24 HR TABLET, EXTENDED RELEASE | Drug removed from formulary |
| BUDEPRION XL 300 MG 24 HR TABLET, EXTENDED RELEASE | Drug removed from formulary |
| ergotamine-caffeine 1 mg-100 mg tablet | Drug removed form formulary |
| ganciclovir 250 mg capsule | Drug removed from formulary |
| ganciclovir 500 mg capsule | Drug removed from formulary |
| tropicamide 0.5 % eye drops | Drug removed from formulary |
| tropicamide 1 % eye drops | Drug removed from formulary |

| Effective Date: 8/1/2013 | |
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| Medication Name | Change Description |
| ADDERALL XR 10 MG CAPSULE,EXTENDED RELEASE | Brand Deletion. *Alternative: Tier 2 – amphetamine-dextroamphetamine ER capsule |
| ADDERALL XR 15 MG CAPSULE,EXTENDED RELEASE | Brand Deletion. *Alternative: Tier 2 – amphetamine-dextroamphetamine ER capsule |
| ADDERALL XR 20 MG CAPSULE,EXTENDED RELEASE | Brand Deletion. *Alternative: Tier 2 – amphetamine-dextroamphetamine ER capsule |
| ADDERALL XR 25 MG CAPSULE,EXTENDED RELEASE | Brand Deletion. *Alternative: Tier 2 – amphetamine-dextroamphetamine ER capsule |
| ADDERALL XR 30 MG CAPSULE,EXTENDED RELEASE | Brand Deletion. *Alternative: Tier 2 – amphetamine-dextroamphetamine ER capsule |
| ADDERALL XR 5 MG CAPSULE,EXTENDED RELEASE | Brand Deletion. *Alternative: Tier 2 – amphetamine-dextroamphetamine ER capsule |
| ARTHROTEC 50 50 MG-200 MCG TABLET,FILM-COATED | Brand Deletion. *Alternative: Tier 2 – diclofenac-misoprostol |
| ARTHROTEC 75 75 MG-200 MCG TABLET,FILM-COATED | Brand Deletion. *Alternative: Tier 2 – diclofenac-misoprostol |
| BACTROBAN 2 % TOPICAL CREAM | Brand Deletion: *Alternative: Tier 1 - mupirocin 2% cream |
| CLARINEX 2.5 MG DISINTEGRATING TABLET | Brand Deletion. *Alternative: Tier 2 – desloratadine disintegrating tablet |
| CLARINEX 5 MG DISINTEGRATING TABLET | Brand Deletion. *Alternative: Tier 2 – desloratadine disintegrating tablet |
| CLARINEX 5 MG TABLET | Brand Deletion. *Alternative: Tier 2 – desloratadine |
| DETROL 1 MG TABLET | Brand Deletion. *Alternative: Tier 2 – tolterodine |
| DETROL 2 MG TABLET | Brand Deletion. *Alternative: Tier 2 – tolterodine |
| DOVONEX 0.005 % TOPICAL CREAM | Brand Deletion. *Alternative: Tier 2 – calcipotriene |
| EVOXAC 30 MG CAPSULE | Brand Deletion. *Alternative: Tier 2 – cevimeline |
| GABITRIL 2 MG TABLET | Brand Deletion. *Alternative: Tier 2 – tiagabine |
| GABITRIL 4 MG TABLET | Brand Deletion. *Alternative: Tier 2 – tiagabine |
| GRIS-PEG 125 MG TABLET | Brand Deletion. *Alternative: Tier 2 – griseofulvin ultramicrosize |
| GRIS-PEG 250 MG TABLET | Brand Deletion. *Alternative: Tier 2 – griseofulvin ultramicrosize |
| HIZENTRA 1 GRAM/5 ML (20 %) SUB-Q | Drug removed from formulary |
| LUXIQ 0.12 % TOPICAL FOAM | Brand Deletion. *Alternative: Tier 2 – betamethasone valerate |
| MAXALT 10 MG TABLET | Brand Deletion. *Alternative: Tier 2 – rizatriptan |
| MAXALT 5 MG TABLET | Brand Deletion. *Alternative: Tier 2 – rizatriptan |
| MAXALT-MLT 10 MG DISINTEGRATING TABLET | Brand Deletion. *Alternative: Tier 2 – rizatriptan disintegrating tablet |
| MAXALT-MLT 5 MG DISINTEGRATING TABLET | Brand Deletion. *Alternative: Tier 2 – rizatriptan disintegrating tablet |
| PROTONIX 40 MG IV SOLUTION | Brand Deletion. *Alternative: Tier 6 – pantoprazole IV Solution |
| REVATIO 20 MG TABLET | Brand Deletion. *Alternative: Tier 5 – sildenafil |
| SANCTURA XR 60 MG CAPSULE,EXTENDED RELEASE | Brand Deletion. *Alternative: Tier 2 – trospium ER |
| SINGULAIR 10 MG TABLET | Brand Deletion. *Alternative: Tier 1 – montelukast |

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| SINGULAIR 4 MG CHEWABLE TABLET | Brand Deletion. *Alternative: Tier 1 – montelukast |
| SINGULAIR 5 MG CHEWABLE TABLET | Brand Deletion. *Alternative: Tier 1 – montelukast |
| SYMBYAX 12 MG-25 MG CAPSULE | Brand Deletion. *Alternative: Tier 2 – olanzapine-fluoxetine |
| SYMBYAX 12 MG-50 MG CAPSULE | Brand Deletion. *Alternative: Tier 2 – olanzapine-fluoxetine |
| SYMBYAX 3 MG-25 MG CAPSULE | Brand Deletion. *Alternative: Tier 2 – olanzapine-fluoxetine |
| SYMBYAX 6 MG-25 MG CAPSULE | Brand Deletion. *Alternative: Tier 2 – olanzapine-fluoxetine |
| SYMBYAX 6 MG-50 MG CAPSULE | Brand Deletion. *Alternative: Tier 2 – olanzapine-fluoxetine |
| TRICOR 145 MG TABLET | Brand Deletion. *Alternative: Tier 1 – fenofibrate nanocrystallized tablet |
| TRICOR 48 MG TABLET | Brand Deletion. *Alternative: Tier 1 – fenofibrate nanocrystallized tablet |
| ZIAGEN 300 MG TABLET | Brand Deletion. *Alternative: Tier 2 – abacavir |

| Effective Date: 11/1/2013 | |
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| Medication Name | Change Description |
| ANTARA 130 MG CAPSULE | Brand Deletion. *Alternative: Tier 2 - fenofibrate micronized capsule |
| ANTARA 43 MG CAPSULE | Brand Deletion. *Alternative: Tier 2 - fenofibrate micronized capsule |
| BUPHENYL 0.94 GRAM/GRAM ORAL POWDER | Brand Deletion. *Alternative: Tier 1 – sodium phenylbutyrate oral powder |
| CLEOCIN 300 MG/50 ML IN 5 % DEXTROSE IV PIGGY BACK | Brand Deletion. *Alternative: Tier 6 – clindamycin 300mg/50ml in dextrose 5% IV piggy back |
| CLEOCIN 600 MG/50 ML IN 5 % DEXTROSE IV PIGGY BACK | Brand Deletion. *Alternative: Tier 6 – clindamycin 600mg/50ml in dextrose 5% IV piggy back |
| CLEOCIN 900 MG/50 ML IN 5 % DEXTROSE IV PIGGY BACK | Brand Deletion. *Alternative: Tier 6 – clindamycin 900mg/50ml in dextrose 5% IV piggy back |
| COMTAN 200 MG TABLET | Brand Deletion. *Alternative: Tier 2 – entacapone 200mg tablet |
| DUETACT 30 MG-2 MG TABLET | Brand Deletion. *Alternative: Tier 2 –pioglitazone 30mg-glimepiride 2mg tablet |
| DUETACT 30 MG-4 MG TABLET | Brand Deletion. *Alternative: Tier 2 –pioglitazone 30mg-glimepiride 4mg tablet |
| RECLAST 5 MG/100 ML IV | Brand Deletion. *Alternative: Tier 6 – zoledronic acid 5mg/100ml IV solution |
| ZOMETA 4 MG/5 ML IV | Brand Deletion. *Alternative: Tier 6 – zoledronic acid 4mg/5ml IV solution |
| ZOVIRAX 5 % TOPICAL OINTMENT | Brand Deletion. *Alternative: Tier 2 –acyclovir 5% topical ointment |

*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.