

Medicare Part D

Notice of Formulary Changes

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

Contract Year: 2011
Last Updated: 10/2011

Y0062_RXNOC11D CMS Approved 05052011

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: Miscellaneous Injectables

Tier 6: Specialty Medications

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: 3/9/2011	
Medication Name	Change Description
ARANESP (POLYSORBATE) 100 MCG/0.5 ML SYRINGE	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
ARANESP (POLYSORBATE) 100 MCG/ML INJECTION	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
ARANESP (POLYSORBATE) 150 MCG/0.3 ML SYRINGE	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
ARANESP (POLYSORBATE) 200 MCG/0.4 ML SYRINGE	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
ARANESP (POLYSORBATE) 200 MCG/ML INJECTION	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
ARANESP (POLYSORBATE) 25 MCG/0.42 ML SYRINGE	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
ARANESP (POLYSORBATE) 25 MCG/ML INJECTION	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
ARANESP (POLYSORBATE) 300 MCG/0.6 ML SYRINGE	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
ARANESP (POLYSORBATE) 300 MCG/ML INJECTION	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
ARANESP (POLYSORBATE) 40 MCG/0.4 ML SYRINGE	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
ARANESP (POLYSORBATE) 40 MCG/ML INJECTION	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
ARANESP (POLYSORBATE) 500 MCG/ML SYRINGE	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
ARANESP (POLYSORBATE) 60 MCG/0.3 ML SYRINGE	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
ARANESP (POLYSORBATE) 60 MCG/ML INJECTION	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
CALCIJEX 1 MCG/ML IV	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
calcitriol 0.25 mcg cap	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
calcitriol 0.5 mcg cap	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
calcitriol 1 mcg/ml iv	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
calcitriol 1 mcg/ml oral soln	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
CARNITOR 100 MG/ML ORAL SOLN	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
CARNITOR 200 MG/ML IV	CMS required B vs. D Prior Authorization for End Stage Renal Disease.

CARNITOR 330 MG TAB	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
CUBICIN 500 MG IV SOLUTION	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
EMLA 2.5 %-2.5 % TOPICAL CREAM	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
EPOGEN 2,000 UNIT/ML INJECTION	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
EPOGEN 20,000 UNIT/2 ML INJECTION	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
EPOGEN 20,000 UNIT/ML INJECTION	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
EPOGEN 3,000 UNIT/ML INJECTION	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
EPOGEN 4,000 UNIT/ML INJECTION	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
HECTOROL 0.5 MCG CAP	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
HECTOROL 1 MCG CAP	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
HECTOROL 2.5 MCG CAP	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
HECTOROL 4 MCG/2 ML IV	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
levocarnitine (with sucrose) 100 mg/ml oral soln	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
levocarnitine 200 mg/ml iv	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
levocarnitine 330 mg tab	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
lidocaine (pf) 10 mg/ml (1 %) injection	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
lidocaine 5 mg/ml (0.5 %) injection	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
lidocaine-prilocaine 2.5 %-2.5 % topical cream	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
PROCRIT 10,000 UNIT/ML INJECTION	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
PROCRIT 2,000 UNIT/ML INJECTION	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
PROCRIT 20,000 UNIT/ML INJECTION	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
PROCRIT 3,000 UNIT/ML INJECTION	CMS required B vs. D Prior Authorization for End Stage Renal Disease.

PROCRIT 4,000 UNIT/ML INJECTION	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
PROCRIT 40,000 UNIT/ML INJECTION	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
ROCALTROL 0.25 MCG CAP	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
ROCALTROL 0.5 MCG CAP	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
ROCALTROL 1 MCG/ML ORAL SOLN	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
vancomycin 1,000 mg iv solution	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
vancomycin 10 gram iv solution	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
vancomycin 500 mg iv solution	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
XYLOCAINE 10 MG/ML (1 %) INJECTION	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
XYLOCAINE 5 MG/ML (0.5 %) INJECTION	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
ZEMPLAR 1 MCG CAP	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
ZEMPLAR 2 MCG CAP	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
ZEMPLAR 2 MCG/ML IV	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
ZEMPLAR 4 MCG CAP	CMS required B vs. D Prior Authorization for End Stage Renal Disease.
ZEMPLAR 5 MCG/ML IV	CMS required B vs. D Prior Authorization for End Stage Renal Disease.

Effective Date: 9/1/2011	
Medication Name	Change Description
ACCOLATE 10 MG TAB	Brand Deletion. *Alternative: Tier 2 - zafirlukast
ACCOLATE 20 MG TAB	Brand Deletion. *Alternative: Tier 2 - zafirlukast
ARICEPT 10 MG TAB	Brand Deletion. *Alternative: Tier 2 - donepezil
ARICEPT 5 MG TAB	Brand Deletion. *Alternative: Tier 2 - donepezil
ARICEPT ODT 10 MG TAB, RAPID DISSOLVE	Brand Deletion. *Alternative: Tier 2 - donepezil ODT
ARICEPT ODT 5 MG TAB, RAPID DISSOLVE	Brand Deletion. *Alternative: Tier 2 - donepezil ODT
ARIMIDEX 1 MG TAB	Brand Deletion. *Alternative: Tier 1 - anastrozole
AROMASIN 25 MG TAB	Brand Tier Increase. Changed from Tier 3 to Tier 4. *Alternative: Tier 2 - exemestane
AVANDAMET 2 MG-1,000 MG TAB	Drug removed from formulary
AVANDAMET 2 MG-500 MG TAB	Drug removed from formulary
AVANDAMET 4 MG-1,000 MG TAB	Drug removed from formulary
AVANDAMET 4 MG-500 MG TAB	Drug removed from formulary
AVANDARYL 4 MG-1 MG TAB	Drug removed from formulary
AVANDARYL 4 MG-2 MG TAB	Drug removed from formulary
AVANDARYL 4 MG-4 MG TAB	Drug removed from formulary
AVANDARYL 8 MG-2 MG TAB	Drug removed from formulary
AVANDARYL 8 MG-4 MG TAB	Drug removed from formulary
AVANDIA 2 MG TAB	Drug removed from formulary
AVANDIA 4 MG TAB	Drug removed from formulary
AVANDIA 8 MG TAB	Drug removed from formulary
DIFFERIN 0.1 % TOPICAL CREAM	Brand Deletion. *Alternative: Tier 1 - adapalene
DIFFERIN 0.1 % TOPICAL GEL	Brand Deletion. *Alternative: Tier 1 - adapalene
EXELON 1.5 MG CAP	Brand Deletion. *Alternative: Tier 2 - rivastigmine
EXELON 3 MG CAP	Brand Deletion. *Alternative: Tier 2 - rivastigmine
EXELON 4.5 MG CAP	Brand Deletion. *Alternative: Tier 2 - rivastigmine
EXELON 6 MG CAP	Brand Deletion. *Alternative: Tier 2 - rivastigmine
NARDIL 15 MG TAB	Brand Deletion. *Alternative: Tier 1 - phenelzine
VFEND 200 MG TAB	Brand Deletion. *Alternative: Tier 2 - voriconazole
VFEND 50 MG TAB	Brand Deletion. *Alternative: Tier 2 - voriconazole

Effective Date: 10/1/2011	
Medication Name	Change Description
ANTABUSE 250 MG TAB	Brand Tier Increase. Changed from Tier 3 to Tier 4. * Alternative: Tier 1 - disulfiram
FEMARA 2.5 MG TAB	Brand Tier Increase. Changed from Tier 3 to Tier 4. *Alternative: Tier 1 - letrozole
FEMHRT 1/5 1 MG-5 MCG TAB	Brand Deletion. *Alternative: Tier 1 - jinteli
trandolapril-verapamil er 1 mg-240 mg multiphase 24 hr tab	Drug removed from formulary
trandolapril-verapamil er 2 mg-180 mg multiphase 24 hr tab	Drug removed from formulary
trandolapril-verapamil er 2 mg-240 mg multiphase 24 hr tab	Drug removed from formulary
trandolapril-verapamil er 4 mg-240 mg multiphase 24 hr tab	Drug removed from formulary

Effective Date: 11/1/2011	
Medication Name	Change Description
FURADANTIN 25 MG/5 ML ORAL SUSP	Brand Tier Increase. Changed from Tier 3 to Tier 4. * Alternative: Tier 1 - nitrofurantoin

Effective Date: 12/1/2011	
Medication Name	Change Description
CARBATROL 100 MG 12 HR CAP	Brand Tier Increase. Changed from Tier 3 to Tier 4. * Alternative: Tier 2 - carbamazepine SR
CARBATROL 200 MG 12 HR CAP	Brand Tier Increase. Changed from Tier 3 to Tier 4. * Alternative: Tier 2 - carbamazepine SR
CARBATROL 300 MG 12 HR CAP	Brand Tier Increase. Changed from Tier 3 to Tier 4. * Alternative: Tier 2 - carbamazepine SR
FENOGLIDE 120 MG TAB	Drug removed from formulary
FENOGLIDE 40 MG TAB	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 nasal spray
XOLEGEL 2 % TOPICAL	Drug removed from formulary

*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.