



03-02-09

## Medicare Part D Formulary Change

The following product changes will be implemented on the Medicare Part D Plan.

### New added Products: **Effective 04/01/2009**

Drug	Reason	Cost Sharing**
ALTACE 1.25, 2.5, 5, 10 MG TABLET [ST]	New Add	Non-Preferred Brand Tier
AVINZA 45, 75 MG CAPSULE	New Drug	Non-Preferred Brand Tier
CAPOTEN 100 MG TABLET [ST]	New Add	Non-Preferred Brand Tier
CARBINOXAMINE 4 MG/5 ML LIQUID	New Add	Generic Tier
CARBINOXAMINE MALEATE 4 MG TAB	New Add	Generic Tier
DIVALPROEX SOD ER 250, 500 MG TAB	New Drug	Generic Tier
DIVALPROEX SODIUM 125 MG CAP	New Drug	Generic Tier
DOXYCYCLINE MONO 150 MG TABLET	New Add	Generic Tier
ENDOCET 10-325, 10-650, 7.5-325, 7.5-500 MG TABLET	New Add	Generic Tier
FLOVENT 50, 100, 250 MCG DISKUS [QLL]	New Add	Non-Preferred Brand Tier
GENERLAC 10 GM/15 ML SOLUTION	New Add	Generic Tier
LEVETIRACETAM 1,000 MG TABLET	New Drug	Generic Tier
LEVETIRACETAM 100 MG/ML SOLN	New Drug	Generic Tier
METROGEL-VAGINAL 0.75% GEL	New Add	Non-Preferred Brand Tier
OXYCODONE HCL 10, 20 MG TABLET	New Add	Generic Tier
PREZISTA 75 MG TABLET	New Drug	Specialty Tier
RESERPINE 0.1 MG TABLET	New Add	Generic Tier
RISPERIDONE 1 MG/ML SOLUTION [QLL]	New Drug	Generic Tier
SARAFEM 10, 20 MG TABLET [QLL] [ST]	New Add	Non-Preferred Brand Tier
SELFEMRA 10, 20 MG CAPSULE [QLL]	New Drug	Generic Tier
SULFACETAMIDE 10% EYE DROPS	New Add	Generic Tier
SUMATRIPTAN 6 MG/0.5 ML VIAL [QLL]	New Drug	Generic Tier
SUMATRIPTAN SUCC 25, 50, 100 MG TABLET [QLL]	New Drug	Generic Tier
TERAZOL 3 CREAM [QLL]	New Add	Non-Preferred Brand Tier

### Removed Products: **Effective 03/01/2009**

Drug	Reason	Alternative*
NICOTINE 7 MG, 14 MG, 21 MG/24HR PATCH	CMS Removal of Drug Coverage	Medicare Exclude

### Cost Sharing Tier Updates: **Effective 04/01/2009**

Drug	New Tier	Previous Tier
ACETAZOLAMIDE SOD 500 MG VIAL	Generic Tier	Non-Preferred Brand Tier
ASTEPRO 137 MCG NASAL SPRAY [QLL]	Preferred Brand Tier	Non-Preferred Brand Tier
FLECTOR 1.3% PATCH	Preferred Brand Tier	Non-Preferred Brand Tier
TRILIPIX 45, 135 MG CAPSULE DR	Preferred Brand Tier	Non-Preferred Brand Tier
VERIPRED 20 20 MG/5 ML SOLN	Generic Tier	Non-Preferred Brand Tier
VOLTAREN 1% GEL [ST]	Preferred Brand Tier	Non-Preferred Brand Tier

\*Consult your Medical provider for changes or recommendations to your medical care and prescription therapy

\*\*Please consult the plan benefit design for copay/coinsurance amounts

\*\*\*Indicates a restriction of Step Therapy, Prior Authorization or Quantity Level Limits may exist

[LD] = Limited Distribution, [PA] = Prior Authorization, [QLL] = Quantity Level Limit, [ST] = Step Therapy