



10-01-09

Medicare Part D Formulary Change

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

New Added Products: **Effective 11/01/2009**

Drug	Reason	Cost Sharing**
APIDRA SOLOSTAR 100 UNITS/ML	New Drug	Non-Preferred Brand Tier
CLINDAMYCIN-BENZOYL PEROX GEL	New Drug	Generic Tier
CLONIDINE 0.1 MG/DAY PATCH [QLL]	New Drug	Generic Tier
CLONIDINE 0.2 MG/DAY PATCH [QLL]	New Drug	Generic Tier
CLONIDINE 0.3 MG/DAY PATCH [QLL]	New Drug	Generic Tier
EMBEDA 100-4 MG CAPSULE	New Drug	Non-Preferred Brand Tier
EMBEDA 20-0.8 MG CAPSULE	New Drug	Non-Preferred Brand Tier
EMBEDA 30-1.2 MG CAPSULE	New Drug	Non-Preferred Brand Tier
EMBEDA 50-2 MG CAPSULE	New Drug	Non-Preferred Brand Tier
EMBEDA 60-2.4 MG CAPSULE	New Drug	Non-Preferred Brand Tier
EMBEDA 80-3.2 MG CAPSULE	New Drug	Non-Preferred Brand Tier
EXTAVIA 0.3 MG KIT [PA][QLL]	New Drug	Specialty Tier
GALANTAMINE 4 MG/ML ORAL SOLN	New Drug	Generic Tier
MALATHION 0.5% LOTION	New Drug	Generic Tier
NATEGLINIDE 120 MG TABLET	New Drug	Generic Tier
NATEGLINIDE 60 MG TABLET	New Drug	Generic Tier
REVELA 0.8 GM POWDER PACKET	New Drug	Non-Preferred Brand Tier
REVELA 2.4 GM POWDER PACKET	New Drug	Non-Preferred Brand Tier
SABRIL 500 MG POWDER PACKET [LA]	New Drug	Specialty Tier
SABRIL 500 MG TABLET [LA]	New Drug	Specialty Tier
SAPHRIS 10 MG TAB SUBLINGUAL [QLL]	New Drug	Preferred Brand Tier
SAPHRIS 5 MG TABLET SUBLINGUAL [QLL]	New Drug	Preferred Brand Tier
ULESFIA 5% LOTION	New Drug	Non-Preferred Brand Tier

Express Communications

*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

[LA] = Limited Access, [PA] = Prior Authorization, [QLL] = Quantity Level Limit, [ST] = Step Therapy
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Removed Products: **Effective 12/22/2009**

Drug	Reason	Alternative*
TRI-LO-SPRINTEC TABLET	Drug No Longer Available in Marketplace	cesia, velivet

Cost Sharing Tier Updates: **Effective 11/01/2009**

Drug	New Tier	Previous Tier
HECTOROL 1 MCG CAPSULE	Preferred Brand Tier	Non-Preferred Brand Tier
URSO 250 MG TABLET	Non-Preferred Brand Tier	Preferred Brand Tier
URSO FORTE 500 MG TABLET	Non-Preferred Brand Tier	Preferred Brand Tier

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