



10-01-11

Medicare Part D Formulary Change

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

New Added Products: **11/01/2011**

Drug	Reason	Cost sharing**	Restrictions***
AMETHIA 0.15-0.03-0.01 MG TAB	New Drug	Generic Tier	
BRIELLYN TABLET	New Drug	Generic Tier	
CINRYZE 500 UNIT VIAL	New Drug	Specialty Tier	PA
DOXYCYCLINE MONO 75 MG CAPSULE	New Drug	Generic Tier	
ILARIS 180 MG VIAL	New Drug	Specialty Tier	PA, LA
INCIVEK 375 MG TABLET	New Drug	Specialty Tier	PA
LUMIZYME 50 MG VIAL	New Drug	Specialty Tier	LA
LUPRON DEPOT 45 MG 6MO KIT	New Drug	Specialty Tier	PA
TAMIFLU 6 MG/ML SUSPENSION	New Add	Preferred Brand Tier	QLL
TASIGNA 150 MG CAPSULE	New Drug	Specialty Tier	

Removed Products: **11/01/2011**

Drug	Reason	Alternative
AROMASIN 25 MG TABLET	Generic Added	EXEMESTANE 25 MG TABLET
FEMARA 2.5 MG TABLET	Generic Added	LETROZOLE 2.5 MG TABLET
FURADANTIN 25 MG/5 ML SUSP	Generic Added	NITROFURANTOIN 25 MG/5 ML SUSP
NARDIL 15 MG TABLET	Generic Added	PHENELZINE SULFATE 15 MG TAB
XALATAN 0.005% EYE DROPS	Generic Added	LATANOPROST 0.005% EYE DROPS

Cost Sharing Tier Updates: There were no Cost Sharing Tier Updates this month.

Future Removed Products: There were no Future Removed Products this month.

*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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