

## Medicare Part D Formulary Change

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

### New added Products: **Effective 07/01/2008**

Drug	Reason	Cost Sharing**
ACTONEL 150 MG [QLL]	New Drug	Non-Preferred Brand
AMITIZA 8 MCG	New Drug	Non-Preferred Brand
ARCALYST 220 MG [PAR][SPEC]	New Drug	Specialty Tier
CALCIPOTRIENE 0.005%	New Drug	Generic Tier
ESTRADIOL- NORETHINDRONE TAB	New Drug	Generic Tier
FLUOROURACIL 5% CREAM	New Drug	Generic Tier
MAGNACET	New Drug	Non-Preferred Brand
PATANASE 0.6% [QLL]	New Drug	Non-Preferred Brand
PLAVIX 300 MG	New Drug	Brand Tier
RAMIPRIL 1.25 MG [STP]	New Drug	Generic Tier
SULAR 17,25.5,34 8.5mg [STP]	New Drug	Brand Tier
TREXIMET 85-500 MG [QLL]	New Drug	Non-Preferred Brand
VOLTAREN 1% GEL [STP]	New Drug	Non-Preferred Brand
XYZAL 2.5 MG/5 ML SOLUTION [STP]	New Drug	Non-Preferred Brand

### Removed Products: **Effective 09/01/2008**

Drug	Reason	Alternative*
CIPRO IV IN D5W 200MG,400MG	New Generic on Market	CIPROFLOXACIN IV IN D5W

\*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.

# Medicare Part D Formulary

Cost Sharing Tier Updates: **Effective 07/01/2008**

<b>Drug</b>	<b>New Tier</b>	<b>Previous Tier</b>
AMITIZA 24 MCG	Brand Tier	Non-Preferred Brand
CEFTIN 125 MG/5 ML	Non-Preferred Brand	Brand Tier
FOSAMAX 10,5,35,40,70mg	Non-Preferred Brand	Brand Tier
CEFTIN 250 MG/5 ML	Non-Preferred Brand	Brand Tier
VOLTAREN 0.1% EYE DROPS	Brand Tier	Non-Preferred Brand

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