



04-01-10

## Medicare Part D Formulary Change

The product changes noted below will be implemented on the Medicare Part D Plan for the following Express Scripts Medicare Part D clients:

Client Name	Rx Group Number
Commonwealth Care Alliance	CW2A

New Added Products: **Effective 05/01/2010**

Drug	Reason	Cost sharing**	Restrictions
ACTEMRA 200 MG/10 ML VIAL	New Add	Specialty Tier	PA, LA
ASTEPRO 0.15% NASAL SPRAY	New Drug	Preferred Brand Tier	QLL
CERVARIX VACCINE SYRINGE	New Add	Preferred Brand Tier	
CERVARIX VACCINE VIAL	New Add	Preferred Brand Tier	
ENBREL 25 MG/0.5 ML SYRINGE	New Drug	Specialty Tier	PA
PHENYTOIN SOD EXT 200 MG CAP	New Drug	Generic Tier	
PHENYTOIN SOD EXT 300 MG CAP	New Drug	Generic Tier	
PRIVIGEN 10% VIAL	New Drug	Specialty Tier	PA
REMODULIN 1 MG/ML VIAL	New Add	Specialty Tier	LA
REMODULIN 10 MG/ML VIAL	New Add	Specialty Tier	LA
REMODULIN 2.5 MG/ML VIAL	New Add	Specialty Tier	LA
REMODULIN 5 MG/ML VIAL	New Add	Specialty Tier	LA
RIOMET 500 MG/5 ML SOLUTION	New Add	Preferred Brand Tier	
SPORANOX 10 MG/ML SOLUTION	New Add	Preferred Brand Tier	
TRILYTE WITH FLAVOR PACKETS	New Add	Generic Tier	
VAGIFEM 10 MCG VAGINAL TAB	New Drug	Preferred Brand Tier	
VALCYTE 50 MG/ML SOLUTION	New Drug	Specialty Tier	

Removed Products: **There are no Removed Products this month.**

Drug	Reason	Alternative*

Cost Sharing Tier Updates: **There are no Cost Sharing Tier Updates this month.**

Drug	New Tier	Previous Tier	Restrictions

\*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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Future Removed Products:

Eff Date	Drug	Reason	Alternative*
06/01/2010	ACULAR 0.5% EYE DROPS	Generic Added	KETOROLAC 0.5% OPHTH SOLUTION
06/01/2010	ACULAR LS 0.4% OPHTH SOL	Generic Added	KETOROLAC 0.4% OPHTH SOLUTION
06/01/2010	ACULAR PF 0.5% EYE DROPS	Generic Added	KETOROLAC 0.5% OPHTH SOLUTION
06/01/2010	PROGRAF 0.5 MG CAPSULE	Generic Added	TACROLIMUS ANHYDROUS 0.5MG CAP
06/01/2010	PROGRAF 1 MG CAPSULE	Generic Added	TACROLIMUS ANHYDROUS 1 MG CAP
06/01/2010	PROGRAF 5 MG CAPSULE	Generic Added	TACROLIMUS ANHYDROUS 5 MG CAP
06/01/2010	SUBUTEX 2 MG TABLET SL	Generic Added	BUPRENORPHINE 2 MG TABLET SL
06/01/2010	SUBUTEX 8 MG TABLET SL	Generic Added	BUPRENORPHINE 8 MG TABLET SL
06/01/2010	TRILEPTAL 300 MG/5 ML SUSP	Generic Added	OXCARBAZEPINE 300 MG/5 ML SUSP
07/01/2010	MIRAPEX 0.125 MG TABLET	Generic Added	PRAMIPEXOLE DI-HCL 0.125 MG TB
07/01/2010	MIRAPEX 0.25 MG TABLET	Generic Added	PRAMIPEXOLE DI-HCL 0.25 MG TAB
07/01/2010	MIRAPEX 0.5 MG TABLET	Generic Added	PRAMIPEXOLE DI-HCL 0.5 MG TAB
07/01/2010	MIRAPEX 1 MG TABLET	Generic Added	PRAMIPEXOLE DI-HCL 1 MG TABLET
07/01/2010	MIRAPEX 1.5 MG TABLET	Generic Added	PRAMIPEXOLE DI-HCL 1.5 MG TAB
07/01/2010	PROPOXYPHEN-APAP 100-325 MG TB	FDA Action/ Clinical Review	CODEINE, HYDROCODONE, TRAMADOL
07/01/2010	PROPOXYPHEN-APAP 100-500 MG TB	FDA Action/ Clinical Review	CODEINE, HYDROCODONE, TRAMADOL
07/01/2010	PROPOXYPHEN-APAP 100-650 MG TB	FDA Action/ Clinical Review	CODEINE, HYDROCODONE, TRAMADOL
07/01/2010	PROPOXYPHENE HCL 65 MG CAP	FDA Action/ Clinical Review	CODEINE, HYDROCODONE, TRAMADOL
07/01/2010	PROPOXYPHENE-APAP 50-325 MG TB	FDA Action/ Clinical Review	CODEINE, HYDROCODONE, TRAMADOL
07/01/2010	PROPOXYPHENE-APAP 65-650 MG TB	FDA Action/ Clinical Review	CODEINE, HYDROCODONE, TRAMADOL
07/01/2010	RISPERDAL M-TAB 1 MG ODT	Generic Added	RISPERIDONE 1 MG ODT

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