

FORMULARY CHANGE NOTICE 2011

OCTOBER

Drug Name	Dosage Form	Strength	Alternative Medicine*	Formulary Status of Alternative Medication		Formulary Change and Reason	Updated Status On Formulary	
FOCALIN XR	CP24	25MG				Addition	T3	
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DOCEFREZ	SOLR	80MG				Addition	T4	PA
DOCEFREZ	SOLR	20MG				Addition	T3	PA
BRIELLYN	TABS	35MCG; 0.4MG				Addition	T1	
LUPRON DEPOT	KIT	45MG				Addition	T4	PA
TASIGNA	CAPS	150MG				Addition	T4	PA
INCIVEK	TABS	375MG				Addition	T4	PA
PANLOR SS	TABS	712.8MG; 60MG; 32MG	PERCOCET	T3	PA	Deletion of NDC 00525003201. This product will not be covered by Medicare Part D. Effective date is 11/1/11.		
KERLONE	TABS	10MG	TOPROL XL	T3	PA	Deletion of NDC 00024230110. This product will not be covered by Medicare Part D. Effective date is 11/1/11.		
VICTRELIS	CAPS	200MG				Addition	T4	PA
TESTOSTERONE CYPIONATE	OIL	100MG/ML				Addition	T1	

Key	
T1 = Tier One Cost Share	
T2 = Tier Two Cost Share	
T3 = Tier Three Cost Share	
T4 = Tier Four Cost Share	
PA = Prior Authorization Required	
ST = Step Therapy Required	
QL = Quantity Limits	
Addition = Drug Was Added To Formulary	
Deletion = Drug Was Removed From Formulary	
Drug Name = Name of the affected Part D drug	
Alternative Medicine = Drugs in the same therapeutic category, class or cost-sharing tier	
Formulary Status of Alternative Medication = The expected cost-sharing for alternative medicine	
Formulary Change and Reason = Description of the formulary change and reason if the covered part D drug is being removed from the formulary	
*Alternative drugs listed here are only suggestions. Only your physician can determine if the alternative listed here is appropriate for you. Please consult to your physician as to whether this is an appropriate drug for you.	