

FORMULARY CHANGE NOTICE 2009
SEPTEMBER

Drug Name	Dosage Form	Strength	Alternative Medicine*	Formulary Status of Alternative Medication		Formulary Change and Reason	Updated Status On Formulary	
APLENZIN	TB24	174 MG				Addition	T3	
HECTOROL	CAPS	1 MCG				Addition	T2	PA
NEXT CHOICE	TABS	0.75 MG				Addition	T1	
OXALIPLATIN	SOLN	100 MG/20ML				Addition	T4	PA
OXALIPLATIN	SOLN	50 MG/10ML				Addition	T4	PA
TACROLIMUS	CAPS	0.5 MG				Addition	T1	PA
TACROLIMUS	CAPS	1 MG				Addition	T1	PA
TACROLIMUS	CAPS	5 MG				Addition	T1	PA
COLCHICINE	TABS	0.6 MG	ALLOPURINOL	T1		Deletion of NDC 64125010401. This product will not be covered by Medicare Part D.		

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.