

Upcoming Changes to the Medicare Formulary

November 2009

Optima Medicare Preferred may add or remove drugs from its drug list (also known as a formulary) during the year. If we remove drugs from our formulary, add prior authorization requirements, quantity limits and/or step therapy restrictions on a drug and/or move a drug to a higher cost-sharing tier, we will notify you of the change at least 60 days before the date that the change becomes effective. However, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary.

The table below outlines changes to our formulary that may impact you:

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Copay/ Coinsurance	Effective Date
Clonidine Topical Patches	New generic available to be added to tier 1	Generic medication	Not Applicable	Not Applicable	November 1, 2009
Galantamine	New generic available to be added to tier 1	Generic medication	Not Applicable	Not Applicable	November 1, 2009
Melphalan Solution	New generic available to be added to tier 4	Generic medication	Not Applicable	Not Applicable	November 1, 2009
Malathion Lotion	New generic available to be added to tier 1	Generic medication	Not Applicable	Not Applicable	November 1, 2009
Nateglinide	New generic available to be added to tier 1	Generic medication	Not Applicable	Not Applicable	November 1, 2009

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Copay/ Coinsurance	Effective Date
Renvela Powder Packets	New dosage form added to Tier 2	New dosage form available	Renagel	Also Tier 2 copay	November 1, 2009
Multaq	New medication added to Tier 3	New medication available for arrhythmias	Amiodarone Disopyramide Flecainide Mexiletine Quinidine Sotalol	All generic and Tier 1 copay	November 1, 2009

October 2009

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Copay/ Coinsurance	Effective Date
Apraclonidine Eye drops	New generic available to be added to tier 1	Generic medication	Not Applicable	Not Applicable	October 1, 2009
Benztropine solution	New generic available to be added to tier 1	Generic medication	Not Applicable	Not Applicable	October 1, 2009
Oxaliplatin solution	New generic available to be added to tier 4	Generic medication	Not Applicable	Not Applicable	October 1, 2009
Tacrolimus	New generic available to be added to tier 1	Generic medication	Not Applicable	Not Applicable	October 1, 2009

September 2009

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Copay/ Coinsurance	Effective Date
Bicalutamide	New generic available to be added to tier 1	Generic medication	Not Applicable	Not Applicable	September 1, 2009
Aptivus Solution	Solution dosage form added to formulary tier 2	New medication addition for HIV-1	Aptivus capsule & all other Protease inhibitors	Tier 2 copay also for Protease inhibitors	September 1, 2009
Lamictal ODT	New medication formularion added to tier 3	New medication formulation	Lamotrigine tabs & Lamictal chewables	Tier 1 & Tier 2	September 1, 2009
Gavilyte-G	New generic available to be added to tier 1	Generic medication	Not Applicable	Not Applicable	September 1, 2009
Vimpat	New medication added to tier 3	New medication for parital onset seizures	If appropriate, Valproic Acid Zonisamide Gabapentin	Tier 1 Tier 1	September 1, 2009

August 2009

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Copay/ Coinsurance	Effective Date
Liothyronine	New generic available to be added to tier 1	Generic medication	Not Applicable	Not Applicable	August 1, 2009
Nitro-Bid ointment	Ointment dosage form added to formulary tier 2	New medication addition	Nitroglycerin transdermal patch	Tier 1 copay	August 1, 2009
Rhinocort AQ	Changed from tier 3 to tier 2	Clinical purpose	Not Applicable	Not Applicable	August 1, 2009
Cimzia	New medication added to tier 4	New medication for Crohn's disease	Remicaide	Also, tier 4	August 1, 2009
Kapidex	New medication added to tier 3	New medication for GERD, erosive esophagitis	Nexium Omeprazole	Tier 2 Tier 1	August 1, 2009

July 2009

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Copay/ Coinsurance	Effective Date
Mycophenolate	New generic available to be added to tier 1	Generic medication	Not Applicable	Not Applicable	July 1, 2009
Uloric	New medication for the management of hyperuricemia in patients with gout	New medication addition	Allopurinol	Tier 1 copay	July 1, 2009
Avodart	Changed from tier 3 to tier 2	Clinical purpose	Not Applicable	Not Applicable	July 1, 2009

June 2009

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Copay/ Coinsurance	Effective Date
Afinitor	New cancer medication added to the formulary on tier 4	Not Applicable	Not Applicable	Not Applicable	June 1, 2009
Topiramate	New generic available to be added to tier 1	Generic medication	Not Applicable	Not Applicable	June 1, 2009

May 2009

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Copay/ Coinsurance	Effective Date
Degarelix	New medication addition to the formulary on tier 3	Not Applicable	Not Applicable	Not Applicable	May 1, 2009
Rapaflo	New medication addition to the formulary on tier 3	Not Applicable	Not Applicable	Not Applicable	May 1, 2009
Alvesco	New medication addition to the formulary on tier 3	Not Applicable	Not Applicable	Not Applicable	May 1, 2009

April 2009

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Copay/ Coinsurance	Effective Date
Ambien 5mg (zolpidem)	Increase quantity limit from 30/30 days to 60/30 days	Up to 10mg may be taken at bedtime	Not Applicable	Not Applicable	April 1, 2009
Carbinoxamine	New generic available to be added to tier 1	Generic medication	Not Applicable	Not Applicable	April 1, 2009
Divalproex	New generic available to be added to tier 1	Generic medication	Not Applicable	Not Applicable	April 1, 2009
Lunesta 1mg	Increase quantity limit from 30/30 days to 60/30 days	Up to 2mg may be taken at bedtime	Zolpidem tartrate	Tier 1--\$4	April 1, 2009
Promacta	New medication addition to the formulary on tier 4	Not Applicable	Not Applicable	Not Applicable	April 1, 2009
Sumatriptan	New generic available to be added to tier 1	Generic medication	Not Applicable	Not Applicable	April 1, 2009

March 2009

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Copay/ Coinsurance	Effective Date
Activella	New medication addition to the formulary on tier 3	Generic available	Generic (for 1mg/0.5mg strength)	Tier 1--\$4	March 1, 2009
Alimta	New medication addition to the formulary on tier 4	Not Applicable	Hydroxyurea Fludarabine Mercaptopurine	Tier 1--\$4 Tier 1--\$4 Tier 1--\$4	March 1, 2009
Amifostine	New medication addition to the formulary on tier 4	Not Applicable	Not Applicable	Not Applicable	March 1, 2009
Avandaryl	New medication addition to the formulary on tier 2	Not Applicable	Not Applicable	Not Applicable	March 1, 2009
Calcipotriene	New generic available to be added to tier 1	Generic medication	Not Applicable	Not Applicable	March 1, 2009
Calcitonin-Salmon	New generic available to be added to tier 1	Generic medication	Not Applicable	Not Applicable	March 1, 2009
Calcium acetate	New generic available to be added to tier 1	Generic medication	Not Applicable	Not Applicable	March 1, 2009
Carbidopa/ Levodopa ODT	New generic dosage form available to be added to tier 1	Generic medication	Not Applicable	Not Applicable	March 1, 2009
Ciclopirox	New generic available to be added to tier 1	Generic medication	Not Applicable	Not Applicable	March 1, 2009

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Copay/ Coinsurance	Effective Date
Dorzolamide	New generic available to be added to tier 1	Generic medication	Not Applicable	Not Applicable	March 1, 2009
Dorzolamide/ Timolol	New generic available to be added to tier 1	Generic medication	Not Applicable	Not Applicable	March 1, 2009
Dronabinol	New generic available to be added to tier 1	Generic medication	Not Applicable	Not Applicable	March 1, 2009
Eplerenone	New generic available to be added to tier 1	Generic medication	Not Applicable	Not Applicable	March 1, 2009
Estradiol/ Norethindrone acetate	New generic available to be added to tier 1	Generic medication	Not Applicable	Not Applicable	March 1, 2009
Galantamine	New generic available to be added to tier 1	Generic medication	Not Applicable	Not Applicable	March 1, 2009
Halflytely Bowel Prep	New medication added to tier 3				March 1, 2009
Lamotrigine tabs	New generic dosage form available to be added to tier 1	Generic medication	Not applicable	Not applicable	March 1, 2009
Letairis	New medication added to tier 4				March 1, 2009
Levetiracetam	New generic available to be added to tier 1	Generic medication	Not applicable	Not applicable	March 1, 2009
Nisoldipine	New generic available to be added to tier 1	Generic medication	Not applicable	Not applicable	March 1, 2009
Omnitrope	New medication added				March 1, 2009

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Copay/ Coinsurance	Effective Date
	to tier 4				
Protriptyline	New generic available to be added to tier 1	Generic medication	Not applicable	Not applicable	March 1, 2009
Ramipril	New generic available to be added to tier 1	Generic medication	Not applicable	Not applicable	March 1, 2009
Requip XL	New extended release formulation added to tier 2	New dosage form	Generic regular - release Requip	Tier 1 --\$4	March 1, 2009
Risperdal M-tab	New orally disintegrating formulation added to tier 2	New dosage form	Generic regular - release Risperdone	Tier 1 --\$4	March 1, 2009
Risperidone	New generic available to be added to tier 1	Generic medication	Not applicable	Not applicable	March 1, 2009
Ropinrole	New generic available to be added to tier 1	Generic medication	Not applicable	Not applicable	March 1, 2009
Stavudine	New generic available to be added to tier 1	Generic medication	Not applicable	Not applicable	March 1, 2009
Tobramycin/ Dexamethasone drops	New generic available to be added to tier 1	Generic medication	Not applicable	Not applicable	March 1, 2009
Treanda	New medication to be added to tier 4	New medication	Not applicable	Not applicable	March 1, 2009
Venlafaxine ER	New generic available to be added to tier 1	Generic medication	Not applicable	Not applicable	March 1, 2009

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Copay/ Coinsurance	Effective Date
Xenazine	New medication to be added to tier 4	New medication	Not applicable	Not applicable	
Zaleplon	New generic available to be added to tier 1	Generic medication	Not applicable	Not applicable	March 1, 2009

February 2009

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Copay/ Coinsurance	Effective Date
NONE					