

2010 PART D FORMULARY CHANGE NOTIFICATION

Listed below are the annual notices for Part D formulary changes for 2010. The member's formulary is dependent upon the specific Part D plan in which the member is enrolled. Medica Prime Solution with the Part D Rider, Medica Advantage Solution, and Medica Complete Solution members use the Open formulary. Medica Advantage Solution Choice (MA-PFFS), Medica AccessAbility Solution, and Medica Dual Solution (MSHO) members use the Closed formulary. Medica Part D Employer Group retirees use the closed or the open formulary depending on their particular group's benefit design.

Notice of Annual Formulary Changes:

As a Part D plan sponsor, Medica can make formulary changes from one plan year to the next. The following list is a summary of the most common formulary changes (defined below) for Medica Part D in 2010. This list is subject to change. For a complete and up to date formulary list, please visit our comprehensive formulary on www.medica.com at:

<https://www.medica.com/C12/DrugFormularyPartD/default.aspx>

Formulary Removals (Negative Changes):

- removing a drug from the formulary
- moving a drug from a lower tier to a higher tier, which may result in a higher member copayment and coinsurance
- addition of Step Therapy, Prior Authorization, or Quantity Level Limits to a covered formulary drug

Formulary Additions (Positive Changes):

- adding a drug to the formulary
- moving a drug from a higher tier to a lower tier, which may result in a lower member copayment and coinsurance
- removal of Step Therapy, Prior Authorization, or Quantity Level Limits from a covered formulary drug

Member Notice and Transition of Care:

Medica will notify existing 2009 members of changes of drugs on formularies that apply to their benefits. Additionally, any new member to Medica in 2010 will be managed through Medica's Part D Transition of Care Policy, located on www.medica.com at:

<https://member.medica.com/C17/PartDDrugFormularyChanges/default.aspx>

2010 PART D FORMULARY CHANGE NOTIFICATION

Negative Formulary Changes January 1st , 2010:

PART D OPEN FORMULARY 2010 – NEGATIVE CHANGES		
Name of Affected Drug	Change(s) Limited to Specific Dosage Forms	Description of Change(s)
ACTIQ	<i>all strengths</i>	Increase to Tier 4
ADDERALL XR	<i>all strengths</i>	Increase to Tier 3
AMICAR	500MG TABLET	Increase to Tier 3
ANDROID	10MG CAPSULE	Increase to Tier 2
A-T-S	2% SOLUTION	Increase to Tier 3
AVITA	0.025% CREAM(GM)	Increase to Tier 3
BACTOCILL	<i>all strengths</i>	Increase to Tier 3
BENZOTIC	5.4%-1.4% DROPS	Increase to Tier 3
CASODEX	50MG TABLET	Increase to Tier 3
CINRYZE	500 UNIT VIAL	Add Prior Authorization
CLOBEVATE	0.05% GEL (GM)	Increase to Tier 3
COGNEX	<i>all strengths</i>	Add Step Therapy Required/Remove Quantity Limit
COLCHICINE	0.6MG TABLETS	Remove from Formulary
DEPAKOTE	500MG TABLET DR	Increase to Tier 3
DRITHOCREME HP	1% CREAM(GM)	Increase to Tier 3
ECONOPRED PLUS	1% DROPS SUSP	Increase to Tier 3
FOSAMAX PLUS D	<i>all strengths</i>	Remove Step Therapy Required/Increase to Tier 3
GYNODIOL	<i>all strengths</i>	Increase to Tier 3
IMITREX INJECTION	4MG/0.5ML KIT-REFILL	Increase to Tier 3
IMITREX NASAL SPRAY	20MG SPRAY	Increase to Tier 3
INTAL	METERED DOSE INHALER	Remove from Formulary
INVEGA SUSTENNA INJECTION	<i>all strengths</i>	Add Step Therapy Required

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PART D OPEN FORMULARY 2010 – NEGATIVE CHANGES

Name of Affected Drug	Change(s) Limited to Specific Dosage Forms	Description of Change(s)
ISMO	20MG TABLET	Increase to Tier 3
ISOPTO CARPINE	4% DROPS	Increase to Tier 3
ISOPTO HOMATROPINE	2% DROPS	Increase to Tier 2
KERAFOAM	42% FOAM	Increase to Tier 3
K-PHOS NEUTRAL	250MG TABLET	Increase to Tier 3
K-TAB	10MEQ TABLET SA	Increase to Tier 3
LACTICARE-HC	2.5% LOTION	Increase to Tier 3
LORCET HD	5MG-500MG CAPSULE	Increase to Tier 3
LORTAB	2.5-500MG TABLET	Increase to Tier 3
LYRICA	<i>all strengths</i>	Add Quantity Limit
METADATE ER	20MG TABLET SA	Increase to Tier 3
ORAMORPH SR	<i>all strengths</i>	Increase to Tier 3
ORTHO-EST	<i>all strengths</i>	Increase to Tier 3
OXYFAST	20MG/ML ORAL CONC	Increase to Tier 3
PERLOXX	2.5-300MG TABLET	Increase to Tier 3
PRANDIN	<i>all strengths</i>	Increase to Tier 3
PREDNISOL	1% DROPS	Increase to Tier 3
PREVACID	<i>all strengths</i>	Remove Step Therapy Required/Increase to Tier 3
PREVACID IV	<i>all strengths</i>	Remove Step Therapy Required/Increase to Tier 3
PREVACID NAPRAPAC	<i>all strengths</i>	Remove Step Therapy Required/Increase to Tier 3
PREVPAC	<i>all strengths</i>	Remove Step Therapy Required/Increase to Tier 3
PROCTO-KIT	1% CREAM(GM)	Increase to Tier 3
PRONESTYL	250MG CAPSULE	Increase to Tier 2
PRONESTYL-SR	500MG TABLET SA	Increase to Tier 2
PROTONIX IV	40MG VIAL	Increase to Tier 3
RAPIFLUX	20MG TABLET	Increase to Tier 3
REBETRON 1000	1000-3/0.5 KIT	Remove from Formulary

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PART D OPEN FORMULARY 2010 – NEGATIVE CHANGES

Name of Affected Drug	Change(s) Limited to Specific Dosage Forms	Description of Change(s)
RIBATAB	<i>all strengths</i>	Increase to Tier 3
RISPERDAL M-TAB	<i>all strengths</i>	Increase to Tier 3
RYTHMOL SR	<i>all strengths</i>	Increase to Tier 3
TEGRETOL XR	<i>all strengths</i>	Increase to Tier 3
TESTRED	10MG CAPSULE	Increase to Tier 2
TOPROL XL	<i>all strengths</i>	Increase to Tier 3
TRETIN-X	0.1% COMBO. PKG	Remove from Formulary
TRILEPTAL	<i>all strengths</i>	Increase to Tier 3
TRIMOX	500MG CAPSULE	Increase to Tier 3
UMECTA	40% FOAM	Increase to Tier 3
UNITHROID	137MCG TABLET	Increase to Tier 3
URODOL	200MG TABLET	Increase to Tier 3
VALTREX	<i>all strengths</i>	Increase to Tier 3
VANDAZOLE	0.75% GEL W/APPL	Increase to Tier 3
VEETIDS	<i>all strengths</i>	Increase to Tier 3
VOLTAREN	1% GEL	Add Step Therapy Required
XYREM	500MG/ML SOLUTION	Increase to Tier 4

2010 PART D FORMULARY CHANGE NOTIFICATION

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PART D CLOSED FORMULARY 2010 – NEGATIVE CHANGES

Name of Affected Drug	Change(s) Limited to Specific Strengths or Dosage Forms	Description of Change(s)
ADDERALL XR	<i>all strengths</i>	Remove from Formulary
AMICAR	500MG TABLET	Remove from Formulary
ANDROID	10MG CAPSULE	Increase to Tier 2
A-T-S	2% SOLUTION	Remove from Formulary
AVITA	0.025% CREAM(GM)	Remove from Formulary
BACTOCILL	<i>all strengths</i>	Remove from Formulary
BENZOTIC	5.4%-1.4% DROPS	Remove from Formulary
CASODEX	50MG TABLET	Remove from Formulary
CELLCEPT	<i>all strengths</i>	Remove from Formulary
CINRYZE	<i>all strengths</i>	Add Prior Authorization
CLOBEVATE	0.05% GEL (GM)	Remove from Formulary
COLCHICINE	0.6MG TABLETS	Remove from Formulary
DEPAKOTE	500MG TABLET DR	Remove from Formulary
DRITHOCREME HP	1% CREAM(GM)	Remove from Formulary
ECONOPRED PLUS	1% DROPS SUSP	Remove from Formulary
EPOPROSTENOL	<i>all strengths</i>	Increase to Tier 2
FLOLAN	<i>all strengths</i>	Remove from Formulary
FLUMADINE	100MG TABLET	Remove from Formulary
FOSAMAX PLUS D	<i>all strengths</i>	Remove from Formulary
GYNODIOL	<i>all strengths</i>	Remove from Formulary
IMITREX INJECTION	<i>all strengths</i>	Remove from Formulary
IMITREX NASAL SPRAY	<i>all strengths</i>	Remove from Formulary
INTAL	METERED DOSE INHALER	Remove from Formulary
ISMO	20MG TABLET	Remove from Formulary
ISOPTO CARPINE	4% DROPS	Remove from Formulary
ISOPTO HOMATROPINE	2% DROPS	Increase to Tier 2

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PART D CLOSED FORMULARY 2010 – NEGATIVE CHANGES

Name of Affected Drug	Change(s) Limited to Specific Strengths or Dosage Forms	Description of Change(s)
KERAFOAM	42% FOAM	Remove from Formulary
K-PHOS NEUTRAL	250MG TABLET	Remove from Formulary
K-TAB	10MEQ TABLET SA	Remove from Formulary
LACTICARE-HC	2.5% LOTION	Remove from Formulary
LORCET HD	5MG-500MG CAPSULE	Remove from Formulary
LORTAB	2.5-500MG TABLET	Remove from Formulary
LYRICA	<i>all strengths</i>	Add Quantity Limits
METADATE ER	20MG TABLET SA	Remove from Formulary
NITROSTAT	<i>all strengths</i>	Remove from Formulary
ORAMORPH SR	<i>all strengths</i>	Remove from Formulary
ORTHO-EST	<i>all strengths</i>	Remove from Formulary
OXYFAST	20MG/ML ORAL CONC	Remove from Formulary
PRANDIN	<i>all strengths</i>	Remove from Formulary
PREDNISOL	1% DROPS	Remove from Formulary
PREVACID	<i>all strengths</i>	Remove from Formulary
PREVACID IV	<i>all strengths</i>	Remove from Formulary
PREVACID NAPRAPAC	<i>all strengths</i>	Remove from Formulary
PREVPAC	<i>all strengths</i>	Remove from Formulary
PROCTO-KIT	1% CREAM(GM)	Remove from Formulary
PRONESTYL	250MG CAPSULE	Increase to Tier 2
PRONESTYL-SR	500MG TABLET SA	Increase to Tier 2
PROTONIX IV	40MG VIAL	Remove from Formulary
RAPIFLUX	20MG TABLET	Remove from Formulary
REBETRON 1000	1000-3/0.5 KIT	Remove from Formulary
RIBATAB	<i>all strengths</i>	Remove from Formulary
RISPERDAL M-TAB	<i>all strengths</i>	Remove from Formulary

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PART D CLOSED FORMULARY 2010 – NEGATIVE CHANGES

Name of Affected Drug	Change(s) Limited to Specific Strengths or Dosage Forms	Description of Change(s)
TEGRETOL XR	<i>all strengths</i>	Remove from Formulary
TESTRED	10MG CAPSULE	Increase to Tier 2
TOPROL XL	<i>all strengths</i>	Remove from Formulary
TRILEPTAL	<i>all strengths</i>	Remove from Formulary
TRIMOX	500MG CAPSULE	Remove from Formulary
UMECTA	40% FOAM	Remove from Formulary
UNITHROID	137MCG TABLET	Remove from Formulary
VALTREX	<i>all strengths</i>	Remove from Formulary
VANAZOLE	0.75% GEL W/APPL	Remove from Formulary
VEETIDS	<i>all strengths</i>	Remove from Formulary

2010 PART D FORMULARY CHANGE NOTIFICATION

Positive Formulary Changes January 1st, 2010:

PART D OPEN FORMULARY 2010 – POSITIVE CHANGES		
Name of Affected Drug	Change(s) Limited to Specific Dosage Forms	Description of Change(s)
ACANYA	1.2%-2.5% GEL (GM)	Decrease to Tier 1
ADCIRCA	20MG TABLET	Add to Formulary Tier 4 with Prior Authorization
AKINETON	2MG TABLET	Decrease to Tier 2
APLENZIN	174MG EXT RELEASE TABLET	Add to Formulary Tier 3
APRACLONIDINE	5MG/ML OPHTHALMIC SOLUTION	Add to Formulary Tier 1
ARANESP	40MCG	Decrease to Tier 2
ARIXTRA	2.5MG/0.5 DISP SYRIN	Decrease to Tier 2
BESIVANCE	6MG/ML OPHTHALMIC SOLUTION	Add to Formulary Tier 3
CLONIDINE TRANSDERMAL PATCH	<i>all strengths</i>	Add to Formulary Tier 1
COLCRYS	0.6MG TABLETS	Add to Formulary Tier 3
EXTAVIA	0.25MG/ML INJECTION	Add to Formulary Tier 4
GALANTAMINE	4MG/ML ORAL SOLUTION	Add to Formulary Tier 1
INDOCIN	25MG/5ML ORAL SUSP	Decrease to Tier 2
INTRON A	10MMU VIAL	Decrease to Tier 2
LAMICTAL XL	<i>all strengths</i>	Add to Formulary Tier 3
METHADOSE	10MG/ML ORAL CONC	Add to Formulary Tier 3
NEXIUM	<i>all strengths</i>	Decrease to Tier 2
NEXIUM I.V.	<i>all strengths</i>	Decrease to Tier 2
NORGESIC FORTE	50-770-60 TABLET	Add to Formulary Tier 3
NUCYNTA	<i>all strengths</i>	Add to Formulary Tier 3 with Step Therapy Required
OCTREOTIDE ACETATE	50MCG/ML VIAL	Decrease to Tier 1
OPIUM	10MG/ML TINCTURE	Decrease to Tier 1
PREZISTA	75MG TABLET	Decrease to Tier 2

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PART D OPEN FORMULARY 2010 – POSITIVE CHANGES

Name of Affected Drug	Change(s) Limited to Specific Dosage Forms	Description of Change(s)
PROCRIT	10000/ML VIAL	Decrease to Tier 2
SABRIL	<i>all strengths</i>	Add to Formulary Tier 4
SAPHRIS	<i>all strengths</i>	Add to Formulary Tier 3 with Quantity Limits
SAVELLA	<i>all strengths</i>	Add to Formulary Tier 2 with Quantity Limits
SIMPONI	0.5ML PREFILLED SYRINGE	Add to Formulary Tier 4
TETANUS TOXOID	5 LF UNIT DISP SYRIN	Decrease to Tier 1
ULESFIA	TOPICAL SOLUTION	Add to Formulary Tier 3 with Prior Authorization
ZEGERID	<i>all strengths</i>	Remove Step Therapy Required
ZODERM	8.5%-10% CREAM(ML)	Decrease to Tier 2

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PART D CLOSED FORMULARY 2010 – POSITIVE CHANGES

Name of Affected Drug	Change(s) Limited to Specific Dosage Forms	Description of Change(s)
ACANYA	1.2%-2.5% GEL (GM)	Decrease to Tier 1
ADCIRCA	20MG TABLET	Add to Formulary Tier 2 with Prior Authorization
AKINETON	2MG TABLET	Add to Formulary Tier 1
APRACLONIDINE	5MG/ML OPHTHALMIC SOLUTION	Add to Formulary Tier 1
CLONIDINE TRANSDERMAL PATCH	<i>all strengths</i>	Add to Formulary Tier 1
EXTAVIA	0.25MG/ML INJECTION	Add to Formulary Tier 2
GALANTAMINE	4MG/ML ORAL SOLUTION	Add to Formulary Tier 1
INDOCIN	25MG/5ML ORAL SUSP	Add to Formulary Tier 2
NEXIUM	<i>all strengths</i>	Add to Formulary Tier 2
NEXIUM I.V.	<i>all strengths</i>	Add to Formulary Tier 2
OCTREOTIDE ACETATE	50MCG/ML VIAL	Decrease to Tier 1
OPIUM	10MG/ML TINCTURE	Add to Formulary Tier 1
SABRIL	<i>all strengths</i>	Add to Formulary Tier 2
SAPHRIS	<i>all strengths</i>	Add to Formulary Tier 2 with Quantity Limits
SAVELLA	<i>all strengths</i>	Add to Formulary Tier 2 with Quantity Limits
SIMPONI	0.5ML PREFILLED SYRINGE	Add to Formulary Tier 2
TETANUS TOXOID	5 LF UNIT DISP SYRIN	Decrease to Tier 1
ULESFIA	TOPICAL SOLUTION	Add to Formulary Tier 3 with Prior Authorization
ZODERM	8.5%-10% CREAM(ML)	Add to Formulary Tier 2