

Upcoming Changes to the Community CCR_xSM Formulary

Community CCR_x may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, add prior authorization, quantity limit and/or step therapy restrictions on a drug, 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—unless the Food and Drug Administration deems a drug on our formulary to be unsafe or if the drug's manufacturer removes the drug from the market, in which case we will immediately remove the drug from our formulary.

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

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Co-payment/Co-insurance	Effective Date
Altace capsules	Deletion	New generic added	Ramipril	Generic	8/1/2008
Avandia	Addition of Step Therapy and Quantity Limits	Ensure trial of lower tier alternatives and FDA approved dosing.	Actos	Preferred Brand	7/1/2008
Avandamet	Addition of Step Therapy and Quantity Limits	Ensure trial of lower tier alternatives and FDA approved dosing.	ActoPlus Met	Preferred Brand	7/1/2008
Avandaryl	Addition of Step Therapy and Quantity Limits	Ensure trial of lower tier alternatives and FDA approved dosing.	Duetact	Preferred Brand	7/1/2008
Colchicine Inj 0.5 MG/ML	Deletion	FDA Withdrawal	Colchicine tablets	Generic	2/22/2008

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Co-payment/Co-insurance	Effective Date
Coreg	Deletion	New generic added	Carvedilol	Generic	7/1/2008
Ethmozine	Deletion	Discontinued by manufacturer	Contact your doctor for alternative medications	Not applicable	6/1/2008
Exubera	Deletion	Discontinued by manufacturer	Contact your doctor for alternative medications	Not applicable	3/1/2008
Felodipine	Addition of Step Therapy	Ensure trial of lower cost alternatives to increase patient coverage savings. Applies to new starts only.	Amlodipine	Generic	9/1/2008
Fosamax 35 mg, 70 mg	Deletion	New generic added	Alendronate Sodium	Generic	7/1/2008
Fosamax Plus D	Deletion	Ensure trial of lower tier alternatives. Applies to new starts only.	Alendronate Sodium	Generic	7/1/2008

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Co-payment/Co-insurance	Effective Date
Itraconazole capsules	Addition of PA Requirement	Verify use is for approved indication. Applies to new starts only.	Terbinafine	Generic	9/1/2008
Marinol	Deletion – Select and Alliance formularies only.	New generic added	Dronabinol	Generic	10/1/2008
Neupro	Deletion	Discontinued by manufacturer	Ropinirole	Generic	6/1/2008
Nifedipine SR 24 Hour	Addition of Step Therapy	Ensure trial of lower cost alternatives to increase patient coverage savings. Applies to new starts only.	Amlodipine	Generic	9/1/2008
Precose	Deletion	New generic added	Acarbose	Generic	9/1/2008
Requip	Deletion	New generic added	Ropinirole	Generic	8/1/2008
Risperdal tablets	Deletion	New generic added	Risperidone	Generic	10/1/2008

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Co-payment/Co-insurance	Effective Date
Sensipar	Prior Authorization Addition	Ensure appropriate use. Applies to new starts only.	Calcitriol	Generic	7/1/2008
			Phoslo Renagel	Preferred Brand	
			AND		
			Hectorol	Preferred Brand	
Sular 10mg, 20mg, 30mg, 40mg	Deletion	Discontinued by manufacturer and new formulation added.	Sular 8.5mg, 17mg, 25.5mg, 34mg	Preferred Brand	9/1/2008
Vancocin capsules	Tier Change	Ensures trial of lower tier alternatives to limit the development of bacterial resistance. Applies to new starts only.	Metronidazole	Generic	9/1/2008
Voltaren Ophthalmic Solution 0.1%	Deletion	Generic available	Diclofenac Sodium Ophthalmic Solution 0.1%	Generic	7/1/2008
Zemplar	Step Change: Failure of Calcitriol and Hectorol	Ensure trial of lower tier alternatives. Applies to new starts only.	Calcitriol AND Hectorol	Generic Preferred Brand	7/1/2008

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Co-payment/Co-insurance	Effective Date
Zyrtec	Deletion	Discontinued by manufacturer	Fexofenadine Xyzal	Generic Brand	3/1/2008

*Alternative drugs are drugs in the same therapeutic category/class or cost-sharing tier as the affected drug. Please consult with your physician as to whether this is an appropriate drug for you, as he or she must decide to prescribe it for you if appropriate. If none of the alternative drugs listed above are right for you due to your medical condition, you may request an exception to our formulary. To file a request, you must have a supporting statement from your physician. If your physician has demonstrated the need for a drug not on our formulary, we will grant a drug exception. For more information you can call us at 1-866-684-5353 (TTY/TDD users call 1-866-684-5351), 8:00 a.m. to 8:00 p.m., every day, for help in asking for this type of decision.

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