

## MEDCO PHARMACY CHANGES – Effective 5/1/09 & 6/1/09

### EXCLUDED

Product	Condition	Current Tier	New Benefit Coverage	Member Notified	Preferred Alternatives
Soma	Short-term pain relief	Tier 3	EXCLUDED	Yes	Carisoprodol 350 mg (generic soma)
Venlafaxine ER	Depression	Tier 3	EXCLUDED	Yes	Venlafaxine HCl, Effexor XR

### MEDICATIONS DOWN-TIERED (LOWER COPAY)

Products	Indications	Current Tier	New Tier	Effective Date
Bystolic	High blood pressure	Tier 3	Tier 2	1/8/09
CaloMist	Vitamin B12 deficiency	Tier 3	Tier 2	12/23/08
Exjade	Elevated iron levels	Tier 3	Tier 2	12/23/08
Noxafil	Severe fungal infection	Tier 3	Tier 2	12/23/08
Sanctura XR	Overactive bladder	Tier 3	Tier 2	12/23/08
Divalproex sodium	Seizures, bipolar disorder, migraine preventions	Tier 2	Tier 1	12/29/08
Glyburide/metformin	Diabetes	Tier 2	Tier 1	12/29/08
Ramipril	High blood pressure, heart failure	Tier 2	Tier 1	12/29/08

### MEDICATIONS UP-TIERED (HIGHER COPAY)

Products	Tier	Indications	Mail Order	Notify	Preferred Alternatives
Metrogel 1% (gel & kit)	Tier 2 to Tier 3	Rosacea	No	No	Metronidazole gel 0.75%
Nascobal (spray and gel)	Tier 2 to Tier 3	Vitamin B12 deficiency	Yes	Yes	Calomist
Zylet	Tier 2 to Tier 3	Eye inflammation/infection	No	No	Neomycin/polymyxin/dexamethasone tobramycin-dexamethasone (generic TobraDex)

### NOTIFICATION – 6/1/09

Products	Condition	Notify	Conditions for coverage
Sandostatin	Various	Yes	Acromegaly, chemotherapy-induced diarrhea, metastatic carcinoid tumors, diarrhea assoc. with certain tumors and second line for HIV-associated diarrhea

**SUPPLY LIMITS – 6/1/09 - apply to all strengths unless noted. Phase 1 is below. Additional limits will be implemented on 9/1/09 and 1/1/10.**

Products	Condition	New Limit	Current Limit	Comments
Betimol	Glaucoma	5 ml per copay	None	Packaged in 5,10 and 15ML

Vesanoid	Cancer	89 days therapy per 365 days	None	
Cialis	Erectile Dysfunction	3 tabs per month	5 tabs per month	
Levitra	Erectile Dysfunction	3 tabs per month	5 tabs per month	
Desonate	Topical Corticosteroid	60 g per copay	None	Packages of 60 and 120 g
Verdeso	Topical Corticosteroid	50 g per copay	None	Pages of 50 and 100 g
Sancuso	Nausea/vomiting	1 patch per copay	N/A	New drug
Hycamtin 0.25 mg	Cancer	182 capsules per copay	N/A	New drug
Cymbalta 30 mg	Depression	31/34 capsules per month	62/68 caps per month	New limit only on new users, previous users remain at old limit
Catapres-TTS	Hypertension	4 patches per month	4 patches per copay	
Coreg CR	Hypertension	31/34 Capsules per month	31/34 caps per copay	
Lotrel 2.5/10,5/10,5/20,10/20,10/40	Hypertension	31/34 Capsules per month	31/34 caps per copay	
Lotrel 5/40	Hypertension	62/68 caps per month	62/68 caps per copay	
Copaxone	MS	32 vials per month	32 vials per copay	
Copegus	Hepatitis C	186 tablets per month	186 tablets per copay	
Pegasys	Hepatitis C	1 kit per month	1 kit per copay	
PEG-Intron	Hepatitis C	4 vials per month	4 vials per copay	
PEG-Intron Redipen	Hepatitis C	4 Redipens per month	4 Redipens per copay	
AndroGel Pump	Testosterone	2 pumps per month	2 pumps per copay	
AndroGel Packets	Testosterone	60 packets per month	60 packets per copay	

When pharmacy formulary changes are made Unitedhealthcare notifies patients, when they have filled a prescription within the last 6 months, if there are impacted negatively (more \$\$).