



05-01-10

Senior Whole Health Plus of New York (HMO) Formulary Change

The following product changes will be implemented on the Medicare Part D Plan.

New Added Products: **Effective 05/01/2010**

Drug	Reason	Cost sharing**	Restrictions
ASTEPRO 0.15% NASAL SPRAY	New Drug	Preferred Brand Tier	QLL
BUDESONIDE 0.25 MG/2 ML SUSP	New Drug	Generic Tier	
BUDESONIDE 0.5 MG/2 ML SUSP	New Drug	Generic Tier	
ENBREL 25 MG/0.5 ML SYRINGE	New Drug	Preferred Brand Tier	PA
ISTODAX 10 MG VIAL	New Drug	Preferred Brand Tier	
LOVAZA 1 GM CAPSULE	New Add	Preferred Brand Tier	
OXYCONTIN 10 MG TABLET	New Add	Preferred Brand Tier	QLL
OXYCONTIN 20 MG TABLET	New Add	Preferred Brand Tier	QLL
OXYCONTIN 40 MG TABLET	New Add	Preferred Brand Tier	QLL
PHENYTOIN SOD EXT 200 MG CAP	New Drug	Generic Tier	
PHENYTOIN SOD EXT 300 MG CAP	New Drug	Generic Tier	
PREMARIN VAGINAL CREAM-APPL	New Add	Preferred Brand Tier	
PRIVIGEN 10% VIAL	New Drug	Preferred Brand Tier	PA
REVATIO 10 MG/12.5 ML VIAL	New Drug	Preferred Brand Tier	PA
ROXICODONE 5 MG TABLET	New Drug	Non-Preferred Brand Tier	
SOMATULINE 60 MG/0.2 ML SYRING	New Drug	Preferred Brand Tier	
SOTALOL HCL 150 MG/10 ML VIAL	New Drug	Non-Preferred Brand Tier	
STELARA 45 MG/0.5 ML SYRINGE	New Drug	Preferred Brand Tier	PA
STELARA 45 MG/0.5 ML VIAL	New Drug	Preferred Brand Tier	PA
STELARA 90 MG/ML SYRINGE	New Drug	Preferred Brand Tier	PA
VAGIFEM 10 MCG VAGINAL TAB	New Drug	Preferred Brand Tier	
VALCYTE 50 MG/ML SOLUTION	New Drug	Preferred Brand Tier	
VICTOZA 18 MG/3 ML INJECT PEN	New Add	Non-Preferred Brand Tier	QLL, PA
WELCHOL 3.75G PACKET	New Drug	Preferred Brand Tier	ST

*Consult your Medical provider for changes or recommendations to your medical care and prescription therapy

**Please consult the plan benefit design for copay/coinsurance amounts

***Indicates a restriction of Step Therapy, Prior Authorization, or Quantity Level Limits
[LA] = Limited Access, [PA] = Prior Authorization, [QLL] = Quantity Level Limit, [ST] = Step Therapy

MHP-C

H5992_2010_512 3/2/2010

A voluntary health plan with Medicare Advantage and NYS Medicaid contracts. This plan is available to anyone aged 65 or older who has both NY Medicaid and Medicare.

Express Communications



Removed Products: **There are no Removed Products this month.**
Cost Sharing Tier Updates: **There were no Cost Share Updates this month**
Utilization Management Updates: **Effective 5/1/10**

Drug	Change	Reason
AZITHROMYCIN 250 MG TABLET	Removed QLL	Clinical value
AZITHROMYCIN 500 MG TABLET	Removed QLL	Clinical value

New Added Products: **Effective 04/01/2010**

Drug	Reason	Cost sharing	Restrictions
ACTEMRA 200 MG/10 ML VIAL	New Drug	Preferred Brand Tier	PA
BEPREVE 1.5% EYE DROPS	New Drug	Preferred Brand Tier	
CHLOROTHIAZIDE SOD 500 MG VIAL	New Drug	Preferred Brand Tier	
CICLOPIROX 1% SHAMPOO	New Drug	Generic Tier	
CIMZIA 200 MG/ML SYRINGE KIT	New Drug	Preferred Brand Tier	PA
MORPHINE SULFATE 20 MG/ML SOLN	New Drug	Generic Tier	
MOZOBIL 20 MG/ML VIAL	New Drug	Preferred Brand Tier	
NIZATIDINE 15 MG/ML SOLUTION	New Drug	Generic Tier	
PRAMIPEXOLE DI-HCL 0.125 MG TB	New Drug	Generic Tier	
PRAMIPEXOLE DI-HCL 0.25 MG TAB	New Drug	Generic Tier	
PRAMIPEXOLE DI-HCL 0.5 MG TAB	New Drug	Generic Tier	
PRAMIPEXOLE DI-HCL 1 MG TABLET	New Drug	Generic Tier	
PRAMIPEXOLE DI-HCL 1.5 MG TAB	New Drug	Generic Tier	
SUMATRIPTAN 6 MG/0.5 ML VIAL	New Drug	Generic Tier	QLL

*Consult your Medical provider for changes or recommendations to your medical care and prescription therapy

**Please consult the plan benefit design for copay/coinsurance amounts

***Indicates a restriction of Step Therapy, Prior Authorization, or Quantity Level Limits
[LA] = Limited Access, [PA] = Prior Authorization, [QLL] = Quantity Level Limit, [ST] = Step Therapy

MHP-C

H5992_2010_512 3/2/2010

A voluntary health plan with Medicare Advantage and NYS Medicaid contracts. This plan is available to anyone aged 65 or older who has both NY Medicaid and Medicare.



New Added Products: **Effective 03/01/2010**

Drug	Reason	Cost Sharing**	Restrictions
ARZERRA 100 MG/5 ML VIAL	New Drug	Preferred Brand Tier	PA
AZELASTINE HCL 0.05% DROPS	New Drug	Generic Tier	
BUPRENORPHINE 2 MG TABLET SL	New Drug	Generic Tier	
BUPRENORPHINE 8 MG TABLET SL	New Drug	Generic Tier	
DEXTROSE 5%-LR IV SOLUTION	New Drug	Generic Tier	
DOXYCYCLINE HYC DR 100 MG CAP	New Drug	Generic Tier	
FANAPT 1 MG TABLET	New Drug	Preferred Brand Tier	QLL, PA
FANAPT 10 MG TABLET	New Drug	Preferred Brand Tier	QLL, PA
FANAPT 12 MG TABLET	New Drug	Preferred Brand Tier	QLL, PA
FANAPT 2 MG TABLET	New Drug	Preferred Brand Tier	QLL, PA
FANAPT 4 MG TABLET	New Drug	Preferred Brand Tier	QLL, PA
FANAPT 6 MG TABLET	New Drug	Preferred Brand Tier	QLL, PA
FANAPT 8 MG TABLET	New Drug	Preferred Brand Tier	QLL, PA
FANAPT TITRATION PACK	New Drug	Preferred Brand Tier	QLL, PA
GAVILYTE-C SOLUTION	New Drug	Generic Tier	
GAVILYTE-N SOLUTION	New Drug	Generic Tier	
HUMIRA 20 MG/0.4 ML SYRINGE	New Drug	Preferred Brand Tier	PA
INVEGA ER 1.5 MG TABLET	New Drug	Preferred Brand Tier	QLL, PA
INVEGA SUSTENNA 117 MG PREF SY	New Drug	Preferred Brand Tier	ST
INVEGA SUSTENNA 156 MG PREF SY	New Drug	Preferred Brand Tier	ST
INVEGA SUSTENNA 234 MG PREF SY	New Drug	Preferred Brand Tier	ST
INVEGA SUSTENNA 39 MG PREF SYR	New Drug	Preferred Brand Tier	ST
INVEGA SUSTENNA 78 MG PREF SYR	New Drug	Preferred Brand Tier	ST
KETOROLAC 0.4% OPHTH SOLUTION	New Drug	Generic Tier	
KETOROLAC 0.5% OPHTH SOLUTION	New Drug	Generic Tier	
LACTATED RINGERS INJECTION	New Drug	Generic Tier	
LANSOPRAZOLE DR 15 MG CAPSULE	New Drug	Generic Tier	QLL
LANSOPRAZOLE DR 30 MG CAPSULE	New Drug	Generic Tier	

*Consult your Medical provider for changes or recommendations to your medical care and prescription therapy

**Please consult the plan benefit design for copay/coinsurance amounts

***Indicates a restriction of Step Therapy, Prior Authorization, or Quantity Level Limits [LA] = Limited Access, [PA] = Prior Authorization, [QLL] = Quantity Level Limit, [ST] = Step Therapy

MHP-C

H5992_2010_512 3/2/2010

A voluntary health plan with Medicare Advantage and NYS Medicaid contracts. This plan is available to anyone aged 65 or older who has both NY Medicaid and Medicare.



Drug	Reason	Cost Sharing**	Restrictions
NAPROXEN SODIUM 275 MG TAB	New Drug	Generic Tier	
NAPROXEN SODIUM 550 MG TAB	New Drug	Generic Tier	
NATEGLINIDE 120 MG TABLET	New Drug	Generic Tier	
NATEGLINIDE 60 MG TABLET	New Drug	Generic Tier	
NITROLINGUAL 0.4 MG SPRAY	New Add	Preferred Brand Tier	
NUVIGIL 150 MG TABLET	New Add	Preferred Brand Tier	PA
NUVIGIL 250 MG TABLET	New Add	Preferred Brand Tier	PA
NUVIGIL 50 MG TABLET	New Add	Preferred Brand Tier	PA
ONSOLIS 1,200 MCG SOLUBLE FILM	New Drug	Preferred Brand Tier	QLL, PA
ONSOLIS 200 MCG SOLUBLE FILM	New Drug	Preferred Brand Tier	QLL, PA
ONSOLIS 400 MCG SOLUBLE FILM	New Drug	Preferred Brand Tier	QLL, PA
ONSOLIS 600 MCG SOLUBLE FILM	New Drug	Preferred Brand Tier	QLL, PA
ONSOLIS 800 MCG SOLUBLE FILM	New Drug	Preferred Brand Tier	QLL, PA
OXCARBAZEPINE 300 MG/5 ML SUSP	New Drug	Generic Tier	
PERINDOPRIL ERBUMINE 2 MG TAB	New Drug	Generic Tier	
PERINDOPRIL ERBUMINE 4 MG TAB	New Drug	Generic Tier	
PERINDOPRIL ERBUMINE 8 MG TAB	New Drug	Generic Tier	
PIPERACIL-TAZOACT 3.375 GM VL	New Drug	Generic Tier	
POLYETHYLENE GLYCOL 3350 POWD	New Drug	Generic Tier	
RENAGEL 400 MG TABLET	New Add	Preferred Brand Tier	
RENAGEL 800 MG TABLET	New Add	Preferred Brand Tier	
RISPERIDONE 1 MG ODT	New Drug	Generic Tier	QLL
SABRIL 500 MG POWDER PACKET	New Add	Preferred Brand Tier	LA
SABRIL 500 MG TABLET	New Add	Preferred Brand Tier	LA
SAMSCA 15 MG TABLET	New Drug	Preferred Brand Tier	QLL, PA
SAMSCA 30 MG TABLET	New Drug	Preferred Brand Tier	QLL, PA
SAPHRIS 10 MG TAB SUBLINGUAL	New Drug	Preferred Brand Tier	QLL, PA
SAPHRIS 5 MG TABLET SUBLINGUAL	New Drug	Preferred Brand Tier	QLL, PA
SODIUM BICARBONATE 8.4% SYRING	New Drug	Generic Tier	
SYMLINPEN 120 PEN INJECTOR	New Drug	Preferred Brand Tier	QLL, PA
TACROLIMUS ANHYDROUS 0.5MG CAP	New Drug	Generic Tier	PA

*Consult your Medical provider for changes or recommendations to your medical care and prescription therapy

**Please consult the plan benefit design for copay/coinsurance amounts

***Indicates a restriction of Step Therapy, Prior Authorization, or Quantity Level Limits [LA] = Limited Access, [PA] = Prior Authorization, [QLL] = Quantity Level Limit, [ST] = Step Therapy

MHP-C

H5992_2010_512 3/2/2010

A voluntary health plan with Medicare Advantage and NYS Medicaid contracts. This plan is available to anyone aged 65 or older who has both NY Medicaid and Medicare.



Drug	Reason	Cost Sharing**	Restrictions
TACROLIMUS ANHYDROUS 1 MG CAP	New Drug	Generic Tier	PA
TACROLIMUS ANHYDROUS 5 MG CAP	New Drug	Specialty Tier	PA
TIMOLOL 0.25% GEL-SOLUTION	New Drug	Generic Tier	
TIMOLOL 0.5% GEL-SOLUTION	New Drug	Generic Tier	
TRAMADOL HCL ER 100 MG TABLET	New Drug	Generic Tier	
TRAMADOL HCL ER 200 MG TABLET	New Drug	Generic Tier	
TWYNSTA 40-10 MG TABLET	New Drug	Preferred Brand Tier	ST
TWYNSTA 40-5 MG TABLET	New Drug	Preferred Brand Tier	ST
TWYNSTA 80-10 MG TABLET	New Drug	Preferred Brand Tier	ST
TWYNSTA 80-5 MG TABLET	New Drug	Preferred Brand Tier	ST
ULESFIA 5% LOTION	New Drug	Preferred Brand Tier	
VALACYCLOVIR HCL 1 GRAM TABLET	New Drug	Generic Tier	QLL
VALACYCLOVIR HCL 500 MG TABLET	New Drug	Generic Tier	QLL

Removed Products: **There are no Product Removals this month.**

Drug	Reason	Alternative*
------	--------	--------------

Cost Sharing Tier Updates: **There are no Cost Sharing Tier Updates this month.**

Drug	New Tier	Previous Tier	Restrictions
------	----------	---------------	--------------

*Consult your Medical provider for changes or recommendations to your medical care and prescription therapy

**Please consult the plan benefit design for copay/coinsurance amounts

***Indicates a restriction of Step Therapy, Prior Authorization, or Quantity Level Limits [LA] = Limited Access, [PA] = Prior Authorization, [QLL] = Quantity Level Limit, [ST] = Step Therapy

MHP-C

H5992_2010_512 3/2/2010

A voluntary health plan with Medicare Advantage and NYS Medicaid contracts. This plan is available to anyone aged 65 or older who has both NY Medicaid and Medicare.