



04-01-11

Medicare Part D Formulary Change

The product changes noted below will be implemented on the Medicare Part D Plan for the following Express Scripts Medicare Part D clients:

Client Name	Rx Group Number
Commonwealth Care Alliance	CW2A

New Prior Authorization for Determination of End Stage Renal Disease Status.

Drug	Restrictions***
CALCITRIOL 1 MCG/ML AMPUL	PA
CALCITRIOL 2 MCG/ML VIAL	PA
CUBICIN 500 MG VIAL	PA
HEPARIN SOD 1,000 UNIT/ML VIAL	PA
HEPARIN SOD 10,000 UNIT/ML VL	PA
HEPARIN SOD 2,000 UNIT/ML VIAL	PA
HEPARIN SOD 2,500 UNIT/ML VIAL	PA
HEPARIN SOD 20,000 UNIT/ML VL	PA
HEPARIN SOD 5,000 UNIT/ML VIAL	PA
HEPARIN-1/2NS 25,000 UNIT/250	PA
HEPARIN-1/2NS 25,000 UNIT/500	PA
HEPARIN-D5W 20,000 UNIT/500 ML	PA
HEPARIN-NS 2,000 UNIT/1,000 ML	PA
LEVOCARNITINE 100 MG/ML SOLN	PA
LEVOCARNITINE 200 MG/ML VIAL	PA
LEVOCARNITINE 330 MG TABLET	PA
MIACALCIN 200 UNIT/ML VIAL	PA
PAMIDRONATE 30 MG/10 ML VIAL	PA
PAMIDRONATE 60 MG/10 ML VIAL	PA
PAMIDRONATE 90 MG/10 ML VIAL	PA
REFLUDAN 50 MG VIAL	PA
VANCOMYCIN 1 GM VIAL	PA
VANCOMYCIN 500 MG A-V VIAL	PA
VANCOMYCIN HCL 10 GM VIAL	PA

Express Communications

*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 may exist

[LA] = Limited Access, [PA] = Prior Authorization, [QLL] = Quantity Level Limit, [ST] = Step Therapy
MHP-C3T