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2013 Medicare Part D Formulary Change

We may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, or add prior authorizations, quantity limits and/or step therapy restrictions on a drug [or move a drug to a higher cost-sharing tier], we will let you know of the change at least 60 days before the date that the change becomes effective. However, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and let you know.

The product changes noted below will be implemented on the Medicare Part D Plan formulary.

To see if your drug is on this list, please refer to the tables below:

New Added Products: **Effective 11/01/2013**

Drug	Reason	Cost sharing**	Restrictions***
ACAMPROSATE CALC DR 333 MG TAB	New Drug	Generics	
ADRENALIN 1 MG/ML VIAL	New Drug	Generics	
AFINITOR DISPERZ 2 MG TABLET	New Drug	Specialty	
AFINITOR DISPERZ 3 MG TABLET	New Drug	Specialty	
AFINITOR DISPERZ 5 MG TABLET	New Drug	Specialty	
ASTAGRAF XL 0.5 MG CAPSULE	New Drug	Non Preferred Brands	[PA]
ASTAGRAF XL 1 MG CAPSULE	New Drug	Non Preferred Brands	[PA]
ASTAGRAF XL 5 MG CAPSULE	New Drug	Non Preferred Brands	[PA]
CANDESARTAN CILEXETIL 16 MG TB	New Drug	Generics	
CANDESARTAN CILEXETIL 32 MG TB	New Drug	Generics	
CANDESARTAN CILEXETIL 4 MG TAB	New Drug	Generics	
CANDESARTAN CILEXETIL 8 MG TAB	New Drug	Generics	
CLINDAMYCIN PEDIATR 75 MG/5 ML	New Drug	Generics	

Updated 11/2013

Y0026_123245 Approved 09/26/2012

Group Health Incorporated (GHI), GHI HMO Select, Inc. (GHI HMO), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies, EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.



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Drug	Reason	Cost sharing**	Restrictions***
ESOMEPRAZOLE DR 24.65 MG CAP	New Drug	Non Preferred Brands	[QLL][ST]
ESOMEPRAZOLE DR 49.3 MG CAP	New Drug	Non Preferred Brands	[ST]
ESTRASORB PACKET	New Drug	Non Preferred Brands	[QLL]
GILOTRIF 20 MG TABLET	New Drug	Specialty	[PA][QLL]
GILOTRIF 30 MG TABLET	New Drug	Specialty	[PA][QLL]
GILOTRIF 40 MG TABLET	New Drug	Specialty	[PA][QLL]
LIPTRUZET 10-10 MG TABLET	New Drug	Non Preferred Brands	[QLL][ST]
LIPTRUZET 10-20 MG TABLET	New Drug	Non Preferred Brands	[QLL][ST]
LIPTRUZET 10-40 MG TABLET	New Drug	Non Preferred Brands	[QLL][ST]
LIPTRUZET 10-80 MG TABLET	New Drug	Non Preferred Brands	[QLL][ST]
LO MINASTRIN FE TABLET CHEW	New Drug	Non Preferred Brands	
MORPHINE SULFATE ER 10 MG CAP	New Drug	Generics	[QLL]
NAFTIN 2% GEL	New Drug	Non Preferred Brands	
ONFI 2.5 MG/ML SUSPENSION	New Drug	Specialty	[PA]
REPAGLINIDE 0.5 MG TABLET	New Drug	Generics	[QLL]
REVLIMID 2.5 MG CAPSULE	New Drug	Specialty	[LA]
TIVICAY 50 MG TABLET	New Drug	Specialty	
ZUBSOLV 1.4-0.36 MG TABLET SL	New Drug	Non Preferred Brands	[QLL]
ZUBSOLV 5.7-1.4 MG TABLET SL	New Drug	Specialty	[QLL]

Formulary Removals: **There were no formulary removals this month.**

Cost Sharing Tier Updates: **Effective 11/01/2013**

Drug	New Tier**	Old Tier**	Restrictions***
ZENZEDI 2.5 MG TABLET	Preferred Brands	Non Preferred Brands	
ZENZEDI 7.5 MG TABLET	Preferred Brands	Non Preferred Brands	



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For more information about how these changes may affect your cost-sharing, such as copayments or coinsurance, or for more information about asking for an updated coverage determination or a formulary exception, please see the plan Evidence of Coverage.

Alternative drugs are drugs in the same therapeutic category/class as the affected drug. Only your doctor can determine alternative drugs that are appropriate for you given the individualized nature of drug therapy. Please talk to your doctor about any changes or recommendations to your medical care and prescription drug therapy. Alternative drugs and additional information about formulary changes can be found on the plan formulary,

*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

HIP Health Plan of New York (HIP) is a Medicare Advantage organization with a Medicare contract. Group Health Incorporated (GHI) is a Medicare Advantage organization and a standalone prescription drug plan with a Medicare contract. HIP and GHI are EmblemHealth companies.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

Beneficiaries must use network pharmacies to access their premium and/or copayment/coinsurance may change on January 1, 2014.

This document includes EmblemHealth Medicare PDP partial formulary as of November 1, 2013. For a complete, updated formulary, please visit our Web site at www.emblemhealth.com or call the Customer Service number below.

For alternative formats or language, please call Customer Service toll free at:

EmblemHealth Medicare PDP: 1-800-585-5786, 24 hours a day, 7 days a week

TTY/TDD users should call 1-800-899-2114, 24 hours a day, 7 days a week