



Upcoming Changes to the CVS Caremark Medicare Part D Plan 4T PLAT COMM Formulary

CVS Caremark Medicare Part D Plan may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members 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. If you are affected by a change in drug coverage or restriction you can ask the plan to make an exception and cover the drug in the way you would like. To learn more about coverage decisions and how to ask for an exception, see your *Evidence of Coverage*, or call Customer Care at 1-877-542-0284 (TTY: 1-877-542-0284), 24 hours a day, 7 days a week.

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 Copay*	Effective Date
AVELOX TAB 400MG; ABC TAB 400MG	Deletion of Drug from Formulary	Generic Available	MOXIFLOXACIN HCL 400 MG TAB	Tier 1	09/01/2014
AVINZA CAP 30MG; 45MG; 60MG; 75MG; 90MG; 120MG	Deletion of Drug from Formulary	Generic Available	MORPHINE SULFATE BEADS CAP SR 24H	Tier 1	09/01/2014
BONIVA INJ 3MG/3ML	Deletion of Drug from Formulary	Generic Available	IBANDRONATE SODIUM INJ	Tier 1	09/01/2014
EVISTA TAB 60MG	Deletion of Drug from Formulary	Generic Available	RALOXIFENE HCL TAB 60 MG	Tier 1	09/01/2014
HECTOROL CAP 0.5MCG; 1MCG; 2.5MCG	Deletion of Drug from Formulary	Generic Available	DOXERCALCIFEROL CAP	Tier 1	09/01/2014
HECTOROL INJ 4MCG/2ML	Deletion of Drug from Formulary	Generic Available	DOXERCALCIFEROL INJ	Tier 1	09/01/2014

LODOSYN TAB 25MG	Deletion of Drug from Formulary	Generic Available	CARBIDOPA TAB 25 MG	Tier 1	09/01/2014
LUNESTA TAB 1MG, 2 MG, 3MG	Deletion of Drug from Formulary	Generic Available	ESZOPICLONE	Tier 1	09/01/2014
MEPRON SUSP	Deletion of Drug from Formulary	Generic Available	ATOVAQUONE 750 MG/5ML SUSP	Tier 4	09/01/2014
MICARDIS HCT TAB 40/12.5; 80/12.5; 80-25MG	Deletion of Drug from Formulary	Generic Available	TELMISARTAN-HYDROCHLOROTHIAZIDE	Tier 1	09/01/2014
MYCOBUTIN CAP 150MG	Deletion of Drug from Formulary	Generic Available	RIFABUTIN 150 MG CAP	Tier 1	09/01/2014
NEXIUM I.V. INJ 20MG; 40MG	Deletion of Drug from Formulary	Generic Available	ESOMEPRAZOLE INJ	Tier 1	09/01/2014
ORTHO EVRA DIS WEEK	Deletion of Drug from Formulary	Generic Available	XULANE	Tier 1	09/01/2014
RAPAMUNE TAB 0.5MG	Deletion of Drug from Formulary	Generic Available	SIROLIMUS 0.5 MG TAB	Tier 1	09/01/2014
VIRAMUNE XR TAB 400MG	Deletion of Drug from Formulary	Generic Available	NEVIRAPINE SR 24HR 400 MG	Tier 1	09/01/2014

*Alternative drugs are drugs in the same therapeutic category/class or cost-sharing tier as the affected drug. Only the prescriber can determine if the alternative here is appropriate for a patient given the individualized nature of the drug therapy. Co-pay Tier may vary depending upon enrollee's Formulary.

This information is available for free in other languages. Please call our Customer Care number at 1-877-542-0284, 1-877-542-0284. Esta información está disponible gratuitamente en otros idiomas. Llame a nuestro Servicio al Miembro, al 1-877-542-0284 (teléfono de texto TTY: 1-877-542-0284), las 24 horas del día, los 7 días de la semana.