



A Medicare Approved Prescription Drug Plan

MedicareRx
Prescription Drug Coverage

2012
EnvisionRx Plus Silver (PDP)
Formulary Addendum

Below is a list formulary changes for the benefit year 2012. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2012 downloadable formulary on the **EnvisionRx Plus** (PDP) website.

For a complete list of drugs covered by **EnvisionRx Plus Silver**, please visit our Web site at www.envisionrxplus.com or call Member Services at 1-866-250-2005, 24 hours a day, 7 days a week. TTY/TDD users should call 711.

2012 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 01/01/2012				
ABILIFY 9.75 MG INJ	4	3	Formulary Enhancement	N/A
ABILIFY 1 MG/ML SOL	4	3	Formulary Enhancement	N/A
ABILIFY 2, 5, 10, 15, 20, & 30 MG TAB	4	3	Formulary Enhancement	N/A
ABILIFY DISCMELT 10 & 15 MG TAB	4	3	Formulary Enhancement	N/A
ADVAIR DISKU AER 100/50, 250/50, & 500/50 MCG	4	3	Formulary Enhancement	N/A
ADVAIR HFA AER 45/21, 115/21, & 230/21 MCG	4	3	Formulary Enhancement	N/A
ANDRODERM DIS 2MG/24HR & 4MG/24HR	NF	3	Formulary Enhancement	N/A
APIDRA SOLOSTAR INJ	NF	3	Formulary Enhancement	N/A
APIDRA U-100 INJ	NF	3	Formulary Enhancement	N/A
APRISO 375 MG ER CAP	4	3	Formulary Enhancement	N/A
ASACOL 400 & 800 MG EC TAB	4	3	Formulary Enhancement	N/A
ASTEPRO 0.15% SPR	4	3	Formulary Enhancement	N/A
AELVIA TAB	NF	3	Formulary Enhancement	N/A

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AVODART 0.5 MG CAP	4	3	Formulary Enhancement	N/A
AZILECT 0.5 & 1 MG TAB	4	3	Formulary Enhancement	N/A
AZOPT 1% OPHTH SUSP	4	3	Formulary Enhancement	N/A
BARACLUDE 0.05 MG/ML SOL	4	3	Formulary Enhancement	N/A
BARACLUDE 0.5 & 1 MG TAB	5	3	Formulary Enhancement	N/A
BOOSTRIX INJ	NF	3	Formulary Enhancement	N/A
carbamazepine 100, 200, & 300 mg er cap	NF	2	Formulary Enhancement	N/A
CELEBREX 100 & 200 MG CAP	NF	3	Formulary Enhancement	N/A
CELEBREX 50 & 400 MG CAP	4	3	Formulary Enhancement	N/A
CIPRODEX 0.3-0.1% SUSP	NF	3	Formulary Enhancement	N/A
COMBIGAN 0.2-0.5% OP SOL	NF	3	Formulary Enhancement	N/A
DETROL 1 & 2 MG TAB	NF	3	Formulary Enhancement	N/A
DETROL LA 2 & 4 MG CAP	NF	3	Formulary Enhancement	N/A
DIOVAN 40, 80, 160, & 320 MG TAB	NF	3	Formulary Enhancement	N/A
DIOVAN HCT 80-12.5, 160-12.5 MG, 160-25, 320-12.5, & 320-25 MG TAB	NF	3	Formulary Enhancement	N/A
disulfiram 250 & 500 mg tab	NF	2	Formulary Enhancement	N/A
DOCEFREZ 20 & 80 MG INJ	NF	5 + PA	Formulary Enhancement	N/A
DUREZOL 0.05% EMU	NF	3	Formulary Enhancement	N/A
EGRIFTA 1 MG INJ	NF	5 + PA	Formulary Enhancement	N/A
ELIDEL 1% CRM	4	3	Formulary Enhancement	N/A
EMEND 40 & 125 MG CAP	4+ PA QL 30/30	3 + PA QL 30/30	Formulary Enhancement	N/A
EMEND 80 & 125 MG PACK	4 + PA	3 + PA	Formulary Enhancement	N/A
ENABLEX 7.5 & 15 MG TAB	NF	3	Formulary Enhancement	N/A
EPIPEN 2-PAK 0.3 MG INJ	NF	3	Formulary Enhancement	N/A
EPIPEN-JR 2-PAK INJ	NF	3	Formulary Enhancement	N/A
FAZACLO 150 & 200 MG ODT TAB	NF	4	Formulary Enhancement	N/A

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fentanyl 25 mcg/hr dis	NF	2 + QL 10/30 + ST	Formulary Enhancement	N/A
fentanyl 12 mcg/hr, 50 mcg/hr, 75 mcg/hr, & 100 mcg/hr dis	2 + PA+ QL 10/30 + ST	2 + QL 10/30 + ST	Formulary Enhancement	N/A
FLOVENT DISK AER 50, 100, & 250 MCG	4	3	Formulary Enhancement	N/A
FLOVENT HFA AER 44, 110, & 220 MCG	4	3	Formulary Enhancement	N/A
fondaparinux 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, & 10 mg/0.8ml inj	NF	2	Formulary Enhancement	N/A
FOSRENOL 500, 150, 1000 MG CHW TAB	4	3	Formulary Enhancement	N/A
gabapentin 50 mg/ml sol	NF	2	Formulary Enhancement	N/A
GELNIQUE 10% GEL	NF	4	Formulary Enhancement	N/A
gemcitabine 1 gm inj	NF	5	Formulary Enhancement	N/A
GEODON 20 MG/ML INJ	4	3	Formulary Enhancement	N/A
GEODON 20, 40, 60, & 80 MG CAP	4	3	Formulary Enhancement	N/A
INCIVEK 375 MG TAB	NF	5 + PA	Formulary Enhancement	N/A
INTELENCE 200 MG TAB	NF	5	Formulary Enhancement	N/A
JALYN CAP	4	3	Formulary Enhancement	N/A
KADIAN 10, 20, 30, 50, 60, 80, 100, & 200 MG CR CAP	NF	3	Formulary Enhancement	N/A
levofloxacin 5 mg/ml & 25 mg/ml sol	NF	2	Formulary Enhancement	N/A
levofloxacin 250, 500, & 750 mg tab	NF	2	Formulary Enhancement	N/A
Lamivudine/Zidovudine 150-300 mg tab	NF	2	Formulary Enhancement	N/A
LOVAZA 1 GM CAP	4	3	Formulary Enhancement	N/A
LUMIGAN 0.01% & 0.03% SOL	NF	3	Formulary Enhancement	N/A

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LUPRON DEPOT 45 MG INJ	NF	5	Formulary Enhancement	N/A
LYRICA 25, 50, 75, 100, 150, 200, 225, & 300 MG CAP	4	3	Formulary Enhancement	N/A
LYSTEDA 650 MG TAB	4	3	Formulary Enhancement	N/A
MOXEZA 0.5% SOL	NF	3	Formulary Enhancement	N/A
naproxen 500 mg tab	NF	1	Formulary Enhancement	N/A
NEVANAC 0.1% OPHTH SUSP	4	3	Formulary Enhancement	N/A
NIASPAN 500, 750, 1000 MG ER TAB	4	3	Formulary Enhancement	N/A
NITROLINGUAL PUMPSPRA SPR	4	3	Formulary Enhancement	N/A
NUEDEXTA 20-10MG CAP	NF	4 + PA	Formulary Enhancement	N/A
NULOJIX 250 MG INJ	NF	5 + PA	Formulary Enhancement	N/A
ONGLYZA 2.5 & 5 MG TAB	4	3	Formulary Enhancement	N/A
PATADAY 0.2% OPHTH SOL	4	3	Formulary Enhancement	N/A
PEGINTRON 50 MCG KIT	NF	5	Formulary Enhancement	N/A
PEGINTRON 50, 80, 120, & 150 MCG RP KIT	NF	5	Formulary Enhancement	N/A
PLAVIX 75 & 300 MG TAB	4	3	Formulary Enhancement	N/A
PRADAXA 75 & 300 MG CAP	4	3	Formulary Enhancement	N/A
PRANDIN 0.5, 1, & 2 MG TAB	4	3	Formulary Enhancement	N/A
PRISTIQ 50, 100 MG ER TAB	4	3	Formulary Enhancement	N/A
PULMICORT 0.25 MG/2ML & 0.5 MG/2ML SUSP	NF	3	Formulary Enhancement	N/A
PULMICORT 180 MCG INH	NF	3	Formulary Enhancement	N/A
PULMICORT 90 MCG INJ	NF	3	Formulary Enhancement	N/A
RAPAFLO 4 & 8 MG CAP	NF	3	Formulary Enhancement	N/A
RENAGEL 400 & 800 MG TAB	NF	4	Formulary Enhancement	N/A
REVELA 0.8 & 2.4 GM PAK	4	3	Formulary Enhancement	N/A
REVELA 800 MG TAB	4	3	Formulary Enhancement	N/A
REYATAZ 100 MG CAP	4	3	Formulary Enhancement	N/A

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REYATAZ 150, 200, & 300 MG CAP	5	3	Formulary Enhancement	N/A
SANTYL 250 UNT/ GM OINT	4	3	Formulary Enhancement	N/A
SAPHRIS 5 & 10 MG SL TAB	4	3	Formulary Enhancement	N/A
SAVELLA 12.5, 25, 50, & 100 MG TAB	4	3	Formulary Enhancement	N/A
SINGULAIR 5 & 4 MG CHW TAB	4	3	Formulary Enhancement	N/A
SINGULAIR 4 MG GRA	4	3	Formulary Enhancement	N/A
SINGULAIR 10 MG TAB	4	3	Formulary Enhancement	N/A
SPIRIVA HANDIHALER CAP	4	3	Formulary Enhancement	N/A
sumatriptan 6 mg/0.5ml pfs	NF	2	Formulary Enhancement	N/A
SYLATRON 296, 444, & 888 MCG KIT	NF	5	Formulary Enhancement	N/A
TAMIFLU 6 MG/ML SUSP	NF	4	Formulary Enhancement	N/A
TASIGNA 150 CAP	NF	5	Formulary Enhancement	N/A
TRICOR 48 & 145 MG TAB	4	3	Formulary Enhancement	N/A
TOVIAZ 4 & 8 MG TAB	NF	3	Formulary Enhancement	N/A
TRADJENTA 5 MG TAB	NF	4	Formulary Enhancement	N/A
VICTOZA 18 MG/3ML INJ	NF	3	Formulary Enhancement	N/A
VICTRELIS 200 MG CAP	NF	5 + PA	Formulary Enhancement	N/A
VIGAMOX 0.5% OP SOL	NF	3	Formulary Enhancement	N/A
VIIBRYD 10, 20, & 40 MG TAB	4	3	Formulary Enhancement	N/A
WELCHOL 3.75 GM PAK	4	3	Formulary Enhancement	N/A
WELCHOL 625 MG TAB	4	3	Formulary Enhancement	N/A
XARELTO 10 MG TAB	NF	3	Formulary Enhancement	N/A
ZETIA 10 MG TAB	4	3	Formulary Enhancement	N/A

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EnvisionRx Plus Silver is offered by Envision Insurance Company, a Medicare-approved Part D sponsor.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, you may ask **EnvisionRx Plus Silver** to make an exception

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to our coverage rules. To request a formulary, tiering or utilization restriction exception, please contact Member Services at 1-866-250-2005, 24 hours a day, 7 days a week. TTY/TDD users should call 711.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2012.

This information is available for free in other languages. Please contact our customer service number at 1-866-250-2005 for additional information.

Esta información está disponible de forma gratuita en otros idiomas. Por favor de contactar nuestro número de servicio al cliente al 1-866-250-2005 para obtener información adicional.