

HMO SNP

Affected Drug Brand Name	Affected Drug Strength	Offset Brand Name	Alternative Tier	Effective Date	Action
CALCITRIOL CAP	0.25MCG, 0.5MCG	NA	NA	4/1/2011	Prior Authorizatoin criteria will be added to this drug to help find out if it should be covered by Medicare Part B or Part D.
CALCITRIOL INJ	1MCG/ML, 2MCG/ML	NA	NA	4/1/2011	Prior Authorizatoin criteria will be added to this drug to help find out if it should be covered by Medicare Part B or Part D.
CALCITRIOL SOL	1MCG/ML	NA	NA	4/1/2011	Prior Authorizatoin criteria will be added to this drug to help find out if it should be covered by Medicare Part B or Part D.
HECTOROL CAP	0.5MCG, 1MCG, 2.5MCG	NA	NA	4/1/2011	Prior Authorizatoin criteria will be added to this drug to help find out if it should be covered by Medicare Part B or Part D.
HECTOROL INJ	4MCG/2ML	NA	NA	4/1/2011	Prior Authorizatoin criteria will be added to this drug to help find out if it should be covered by Medicare Part B or Part D.
HEP SOD/D5W INJ	20000UNT	NA	NA	4/1/2011	Prior Authorizatoin criteria will be added to this drug to help find out if it should be covered by Medicare Part B or Part D.
HEP SOD/NACL INJ	25000UNT, 2UNIT/ML	NA	NA	4/1/2011	Prior Authorizatoin criteria will be added to this drug to help find out if it should be covered by Medicare Part B or Part D.
HEPARIN SOD INJ	1000/ML, 10000/ML, 2000/ML, 20000/ML, 2500/ML, 5000/ML	NA	NA	4/1/2011	Prior Authorizatoin criteria will be added to this drug to help find out if it should be covered by Medicare Part B or Part D.

Affected Drug Brand Name	Affected Drug Strength	Offset Brand Name	Alternative Tier	Effective Date	Action
LEVOCARNITIN SOL	1GM/10ML	NA	NA	4/1/2011	Prior Authorizatoin criteria will be added to this drug to help find out if it should be covered by Medicare Part B or Part D.
LEVOCARNITIN TAB	330MG	NA	NA	4/1/2011	Prior Authorizatoin criteria will be added to this drug to help find out if it should be covered by Medicare Part B or Part D.
LIDO/PRILOCN CRE	2.5-2.5%	NA	NA	4/1/2011	Prior Authorizatoin criteria will be added to this drug to help find out if it should be covered by Medicare Part B or Part D.
MIACALCIN INJ	200/ML	NA	NA	4/1/2011	Prior Authorizatoin criteria will be added to this drug to help find out if it should be covered by Medicare Part B or Part D.

A Coordinated Care plan with a Medicare Advantage contract and a contract with the state Medicaid program.
Other providers are available in our network. Other plans may be available in the service area.

Updated 7/1/2011