

2008 Notice Formulary Drug List Changes

Community HealthFirst may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we will notify you 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 have questions about these changes, please contact Customer Service 8 a.m. to 8 p.m., 7 days a week:

Current Members: 1-800-942-0247
 Prospective Members: 1-800-944-1247
 TTY / TDD for the hearing-impaired: 1-866-186-2479

The table below outlines upcoming changes to our formulary that will impact you:

Name of Affected Drug	Description of Change	Date of Change	Reason for Change	Alternative Drug*	Alternative Drug Co-payment or Co-insurance
Alendronate 5 MG Tablet	Formulary addition; Tier 1	3/1/2008	Formulary addition; Tier 1	N/A	N/A
Alendronate 10 MG Tablet	Formulary addition; Tier 1	3/1/2008	Formulary addition; Tier 1	N/A	N/A
Alendronate 35 MG Tablet	Formulary addition; Tier 1	3/1/2008	Formulary addition; Tier 1	N/A	N/A
Alendronate 40 MG Tablet	Formulary addition; Tier 1	3/1/2008	Formulary addition; Tier 1	N/A	N/A
Alendronate 70 MG Tablet	Formulary addition; Tier 1	3/1/2008	Formulary addition; Tier 1	N/A	N/A
Amifostine 500 MG Vial	Formulary addition; Tier 3	5/1/2008	Formulary addition; Tier 3	N/A	N/A
Azor 5/20 MG Tablet	Formulary addition; Tier 2	2/1/2008	Formulary addition; Tier 2	N/A	N/A
Azor 5/40 MG Tablet	Formulary addition; Tier 2	2/1/2008	Formulary addition; Tier 2	N/A	N/A
Azor 10/20 MG Tablet	Formulary addition; Tier 2	2/1/2008	Formulary addition; Tier 2	N/A	N/A
Azor 10/40 MG Tablet	Formulary addition; Tier 2	2/1/2008	Formulary addition; Tier 2	N/A	N/A
Bacteriostatic Saline Vial NDC # 63323092430 &	Removed from the formulary	6/23/2008	Based on the guidance from CMS on 6/1/2007, this dosage form	Other bacteriostatic saline products are still eligible under the Part D	Tier 1

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00409196614			has been deleted from the Formulary Reference File (FRF)	Plan	
Balsalazide Disodium 750 MG Capsule	Formulary addition; Tier 1	2/1/2008	Formulary addition; Tier 1	N/A	N/A
Benadryl 25 MG Kapseals NDC # 00501200048	Removed from the CMS Formulary Reference File (FRF)	5/24/2008	Based on the guidance from CMS on 6/1/2007, this dosage form has been deleted from the Formulary Reference File (FRF)	Other antihistamines are still eligible under the Part D Plan	Tier 1; Tier 2
Cefotetan 1 GM Vial	Formulary addition; Tier 1	2/1/2008	Formulary addition; Tier 1	N/A	N/A
Cefotetan 2 GM Vial	Formulary addition; Tier 1	2/1/2008	Formulary addition; Tier 1	N/A	N/A
Cefotetan 10 GM Vial	Formulary addition; Tier 1	2/1/2008	Formulary addition; Tier 1	N/A	N/A
Cefuroxime 125 MG/5 ML Suspension	Formulary addition; Tier 1	3/1/2008	Formulary addition; Tier 1	N/A	N/A
Cefuroxime 250 MG/5 ML Suspension	Formulary addition; Tier 1	3/1/2008	Formulary addition; Tier 1	N/A	N/A
Ciprofloxacin 200 MG/100 ML	Formulary addition; Tier 1	5/1/2008	Formulary addition; Tier 1	N/A	N/A
Ciprofloxacin 400 MG/200 ML	Formulary addition; Tier 1	5/1/2008	Formulary addition; Tier 1	N/A	N/A
Colchicine 0.5 MG/ML Vial NDC # 55390060502	Removed from the CMS Formulary Reference File (FRF)	5/24/2008	Based on the guidance from CMS on 6/1/2007, this dosage form has been deleted from the Formulary Reference File (FRF)	Other dosage forms of colchicine are still eligible under the Part D Plan	Tier 1
Diclofenac 0.1% Eye Drops	Formulary addition; Tier 1	2/1/2008	Formulary addition; Tier 1	N/A	N/A

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Exubera Combination Pack 15 NDC # 00069005053	Removed from the CMS Formulary Reference File (FRF)	5/24/2008	Based on the guidance from CMS on 6/1/2007, this dosage form has been deleted from the Formulary Reference File (FRF)	Other insulin products are still eligible under the Part D Plan	Tier 2
Exubera Kit NDC # 00069005085	Removed from the CMS Formulary Reference File (FRF)	5/24/2008	Based on the guidance from CMS on 6/1/2007, this dosage form has been deleted from the Formulary Reference File (FRF)	Other insulin products are still eligible under the Part D Plan	Tier 2
Estradiol Valerate 10 MG/ML Vial	Formulary addition; Tier 1	3/1/2008	Formulary addition; Tier 1	N/A	N/A
Estradiol Valerate 20 MG/ML Vial	Formulary addition; Tier 1	3/1/2008	Formulary addition; Tier 1	N/A	N/A
Estradiol Valerate 40 MG/ML Vial	Formulary addition; Tier 1	3/1/2008	Formulary addition; Tier 1	N/A	N/A
Ethmozine 200 MG Tablet NDC # 54092004601	Removed from the formulary	7/22/2008	Based on the guidance from CMS on 6/1/2007, this dosage form has been deleted from the Formulary Reference File (FRF)	Other antidysrhythmic drugs are still eligible under the Part D Plan	Tier 1
Ethmozine 250 MG Tablet NDC # 54092004701	Removed from the formulary	7/22/2008	Based on the guidance from CMS on 6/1/2007, this dosage form has been deleted from the Formulary Reference File (FRF)	Other antidysrhythmic drugs are still eligible under the Part D Plan	Tier 1

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Ethmozine 300 MG Tablet NDC # 54092004801	Removed from the formulary	7/22/2008	Based on the guidance from CMS on 6/1/2007, this dosage form has been deleted from the Formulary Reference File (FRF)	Other antidysrhythmic drugs are still eligible under the Part D Plan	Tier 1
Fomepizole 1 GM/ML Vial	Formulary addition; Tier 1	2/1/2008	Formulary addition; Tier 1	N/A	N/A
Fosphenytoin 50 MG/ML Vial	Formulary addition; Tier 1	2/1/2008	Formulary addition; Tier 1	N/A	N/A
Gamastan S/D Vial	Formulary addition; Tier 2	2/1/2008	Formulary addition; Tier 2	N/A	N/A
Granisetron 0.1 MG/ML Vial	Formulary addition; Tier 1	3/1/2008	Formulary addition; Tier 1	N/A	N/A
Granisetron 1 MG/ML Vial	Formulary addition; Tier 1	3/1/2008	Formulary addition; Tier 1	N/A	N/A
Granisetron 1 MG Tablet	Formulary addition; Tier 1	3/1/2008	Formulary addition; Tier 1	N/A	N/A
Granisol 2 MG/10 ML Solution	Formulary addition; Tier 1	4/1/2008	Formulary addition; Tier 1	N/A	N/A
Intelence 100 MG Tablet	Formulary addition; Tier 3	3/1/2008	Formulary addition; Tier 3	N/A	N/A
Irinotecan 100 MG/5 ML Vial	Formulary addition; Tier 1	4/1/2008	Formulary addition; Tier 1	N/A	N/A
Isentress 400 MG Tablet	Formulary addition; Tier 3	1/1/2008	Formulary addition; Tier 3	N/A	N/A
Kuvan 100 MG Tablet	Formulary addition; Tier 3	3/1/2008	Formulary addition; Tier 3	N/A	N/A
Monistat 7 Combination Pack NDC # 00062542202	Removed from the CMS Formulary Reference File (FRF)	6/23/2008	Based on the guidance from CMS on 6/1/2007, this dosage form has been deleted from the Formulary Reference File (FRF)	Other vaginal antifungals are still eligible under the Part D Plan	Tier 1
Neupro 2 MG/24 HR Patch NDC #	Removed from the CMS Formulary Reference File	7/22/2008	Based on the guidance from CMS on 6/1/2007, this	Other antiparkinson drugs are still eligible under	Tier 1; Tier 2; Tier 3

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00091648601	(FRF)		dosage form has been deleted from the Formulary Reference File (FRF)	the Part D Plan	
Neupro 4 MG/24 HR Patch NDC # 00091648701	Removed from the CMS Formulary Reference File (FRF)	7/22/2008	Based on the guidance from CMS on 6/1/2007, this dosage form has been deleted from the Formulary Reference File (FRF)	Other antiparkinson drugs are still eligible under the Part D Plan	Tier 1; Tier 2; Tier 3
Neupro 6 MG/24 HR Patch NDC # 00091648801	Removed from the CMS Formulary Reference File (FRF)	7/22/2008	Based on the guidance from CMS on 6/1/2007, this dosage form has been deleted from the Formulary Reference File (FRF)	Other antiparkinson drugs are still eligible under the Part D Plan	Tier 1; Tier 2; Tier 3
Nitroglycerin 9 MG Capsule NDC # 00603478420 & 00677096706	Removed from the formulary	5/24/2008	Based on the guidance from CMS on 6/1/2007, this dosage form has been deleted from the Formulary Reference File (FRF)	Other nitroglycerin products are still eligible under the Part D Plan	Tier 1; Tier 2
Nitro-Time 2.5 MG Capsule NDC # 49483022110	Removed from the formulary	6/23/2008	Based on the guidance from CMS on 6/1/2007, this dosage form has been deleted from the Formulary Reference File (FRF)	Other nitrates are still eligible under the Part D Plan	Tier 1; Tier 2

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Nitro-Time 9 MG Capsule NDC # 49483022310	Removed from the formulary	6/23/2008	Based on the guidance from CMS on 6/1/2007, this dosage form has been deleted from the Formulary Reference File (FRF)	Other nitrates are still eligible under the Part D Plan	Tier 1; Tier 2
Ofloxacin 0.3% Ear Drops	Formulary addition; Tier 1	1/1/2008	Formulary addition; Tier 1	N/A	N/A
Oxcarbazepine 150 MG Tablet	Formulary addition; Tier 1	1/1/2008	Formulary addition; Tier 1	N/A	N/A
Oxcarbazepine 300 MG Tablet	Formulary addition; Tier 1	1/1/2008	Formulary addition; Tier 1	N/A	N/A
Oxcarbazepine 600 MG Tablet	Formulary addition; Tier 1	1/1/2008	Formulary addition; Tier 1	N/A	N/A
Oxycodone CR 10 MG NDC # 00591350101	Removed from the formulary	7/22/2008	Based on the guidance from CMS on 6/1/2007, this dosage form has been deleted from the Formulary Reference File (FRF)	Other OxyContin products are still eligible under the Part D Plan	Tier 2
Oxycodone CR 20 MG NDC # 00591350201	Removed from the formulary	7/22/2008	Based on the guidance from CMS on 6/1/2007, this dosage form has been deleted from the Formulary Reference File (FRF)	Other OxyContin products are still eligible under the Part D Plan	Tier 2
Oxycodone CR 40 MG NDC # 00591350301	Removed from the formulary	7/22/2008	Based on the guidance from CMS on 6/1/2007, this dosage form has been deleted from the Formulary	Other OxyContin products are still eligible under the Part D Plan	Tier 2

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			Reference File (FRF)		
Oxycodone CR 80 MG NDC # 00093003301	Removed from the formulary	7/22/2008	Based on the guidance from CMS on 6/1/2007, this dosage form has been deleted from the Formulary Reference File (FRF)	Other OxyContin products are still eligible under the Part D Plan	Tier 2
Oxycodone ER 10 MG NDC # 00093002401	Removed from the formulary	7/22/2008	Based on the guidance from CMS on 6/1/2007, this dosage form has been deleted from the Formulary Reference File (FRF)	Other OxyContin products are still eligible under the Part D Plan	Tier 2
Oxycodone ER 20 MG NDC # 00093003101	Removed from the formulary	7/22/2008	Based on the guidance from CMS on 6/1/2007, this dosage form has been deleted from the Formulary Reference File (FRF)	Other OxyContin products are still eligible under the Part D Plan	Tier 2
Oxycodone ER 40 MG NDC # 00093003201	Removed from the formulary	7/22/2008	Based on the guidance from CMS on 6/1/2007, this dosage form has been deleted from the Formulary Reference File (FRF)	Other OxyContin products are still eligible under the Part D Plan	Tier 2
Oxycodone ER 80 MG NDC #	Removed from the formulary	7/22/2008	Based on the guidance from CMS on 6/1/2007, this	Other OxyContin products are still eligible under	Tier 2

Name of Affected Drug	Description of Change	Date of Change	Reason for Change	Alternative Drug*	Alternative Drug Co-payment or Co-insurance
68774016401			dosage form has been deleted from the Formulary Reference File (FRF)	the Part D Plan	
Oxycodone-Ibuprofen 5/400 MG Tablet	Formulary addition; Tier 1	2/1/2008	Formulary addition; Tier 1	N/A	N/A
Pantoprazole 20 MG Tablet EC	Formulary addition; Tier 1	2/1/2008	Formulary addition; Tier 1	N/A	N/A
Pantoprazole 40 MG Tablet EC	Formulary addition; Tier 1	2/1/2008	Formulary addition; Tier 1	N/A	N/A
Phenazopyridine 100 MG Tablet NDC # 00904792260	Removed from the formulary	6/23/2008	Based on the guidance from CMS on 6/1/2007, this dosage form has been deleted from the Formulary Reference File (FRF)	Other phenazopyridine products are still eligible under the Part D Plan	Tier 1
Pyridium 100 MG Tablet NDC # 00430018024	Removed from the CMS Formulary Reference File (FRF)	6/23/2008	Based on the guidance from CMS on 6/1/2007, this dosage form has been deleted from the Formulary Reference File (FRF)	Other phenazopyridine products are still eligible under the Part D Plan	Tier 1
Ramipril 2.5 MG Capsule	Formulary addition; Tier 1	2/1/2008	Formulary addition; Tier 1	N/A	N/A
Ramipril 5 MG Capsule	Formulary addition; Tier 1	2/1/2008	Formulary addition; Tier 1	N/A	N/A
Ramipril 10 MG Capsule	Formulary addition; Tier 1	2/1/2008	Formulary addition; Tier 1	N/A	N/A
Sanctura XR 60 MG Capsule	Formulary addition; Tier 2	3/1/2008	Formulary addition; Tier 2	N/A	N/A
Soriatane CK 10 MG Kit	Formulary addition; Tier 2	4/1/2008	Formulary addition; Tier 2	N/A	N/A
Soriatane CK 25 MG Kit	Formulary addition; Tier 2	4/1/2008	Formulary addition; Tier 2	N/A	N/A
Sporanox 250	Removed from	6/23/2008	Based on the	Other	Tier 1; Tier 2;

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MG Kit NDC # 50458029801	the CMS Formulary Reference File (FRF)		guidance from CMS on 6/1/2007, this dosage form has been deleted from the Formulary Reference File (FRF)	antifungals are still eligible under the Part D Plan	Tier 3
Stalevo 200 MG Tablet	Formulary addition; Tier 2	1/1/2008	Formulary addition; Tier 2	N/A	N/A
SymlinPen 60 Pen Injector	Formulary addition; Tier 2	3/1/2008	Formulary addition; Tier 2	N/A	N/A
SymlinPen 120 Pen Injector	Formulary addition; Tier 2	3/1/2008	Formulary addition; Tier 2	N/A	N/A
Tasigna 200 MG Capsule	Formulary addition; Tier 3	3/1/2008	Formulary addition; Tier 3	N/A	N/A
Theophylline ER 400 MG Tablet	Formulary addition; Tier 1	2/1/2008	Formulary addition; Tier 1	N/A	N/A
Theophylline ER 600 MG Tablet	Formulary addition; Tier 1	2/1/2008	Formulary addition; Tier 1	N/A	N/A
Trexiz Capsule	Formulary addition; Tier 1	2/1/2008	Formulary addition; Tier 1	N/A	N/A
Tri-Legest Fe – 28 Day Tablet	Formulary addition; Tier 1	1/1/2008	Formulary addition; Tier 1	N/A	N/A
Valproic Acid Liquid NDC # 51927321000	Removed from the CMS Formulary Reference File (FRF)	5/24/2008	Based on the guidance from CMS on 6/1/2007, this dosage form has been deleted from the Formulary Reference File (FRF)	Other valproic acid products are still eligible under the Part D Plan	Tier 1
Zyflo 600 MG Filmtab NDC # 68734070010	Removed from the formulary	6/23/2008	Based on the guidance from CMS on 6/1/2007, this dosage form has been deleted from the Formulary Reference File (FRF)	Other leukotriene modifiers are still eligible under the Part D Plan	Tier 2
Zyflo CR 600 MG	Formulary	2/1/2008	Formulary	N/A	N/A

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Tablet	addition; Tier 2		addition; Tier 2		

*Alternative drugs are drugs in the same therapeutic category/class or cost-sharing tier as the affected drug. Only your physician can determine if the alternate listed here is appropriate for you given the individualized nature of drug therapy. Please consult with your physician as to whether this is an appropriate drug for you.