

Today's Options[®] PPO

Medicare Advantage Health Plans



6 International Drive, Rye Brook, New York 10573-1068

05/01/2012 Formulary Addendum

Changes may have occurred since the printing of the Today's Options[®] PPO formulary. Medications added or removed from the formulary are listed below.

This is not a complete list of all formulary drugs covered by the plan. For a complete listing, or if you need additional information about the Today's Options PPO formulary, please call Member Services at 1-866-422-5009, 8:00 a.m. to 8:00 p.m. in your local time zone (TTY users call 1-877-907-2985) 7 days a week.

Please retain this with your formulary

You may also access our formulary or information showing the addition or removal of formulary medications on our website at www.TodaysOptionsPPO.com.

01/01/2012 Formulary Additions

| DRUG NAME | TIER | NOTES |
|---|------|---------------------------------|
| <i>atovaquone-proguanil</i> | 3 | |
| CAPRELSA 100 MG | 4 | 60 tablets per 30 days, PA, LA |
| CAPRELSA 300 MG | 4 | 30 tablets per 30 days, PA, LA |
| <i>clindamycin 75 mg cap</i> | 3 | |
| COMPLERA | 4 | |
| DIFICID | 4 | ST |
| <i>diltiazem hcl coated beads er 24hr 360mg</i> | 2 | 30 capsules per 30 days |
| ENABLEX | 3 | 30 tablets per 30 days |
| <i>felbamate</i> | 3 | |
| <i>fondaparinux sodium sc soln 10 mg</i> | 4 | 24 mL (30 syringes) per 30 days |
| <i>fondaparinux sodium sc soln 2.5 mg</i> | 2 | 15 mL (30 syringes) per 30 days |
| <i>fondaparinux sodium sc soln 5 mg</i> | 4 | 12 mL (30 syringes) per 30 days |
| <i>fondaparinux sodium sc soln 7.5 mg</i> | 4 | 18 mL (30 syringes) per 30 days |
| GAMMAKED | 4 | PA |
| HIZENTRA | 4 | PA |
| <i>imipenem-cilastatin iv 250mg, 500mg</i> | 3 | |

PA = Prior Authorization, QL = Quantity Limits, ST = Step Therapy, LA = Limited Access, HR = High Risk

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., COUMADIN) and generic drugs are listed in lower-case italics (e.g., *warfarin*).

| DRUG NAME | TIER | NOTES |
|---|-------------|--------------------------------|
| ISOPTO CARPINE | 3 | |
| JALYN | 2 | 30 capsules per 30 days |
| <i>lamivudine-zidovudine</i> | 4 | |
| <i>lamivudine tab</i> | 2 | |
| <i>levetiracetam er 24 hour 500 mg</i> | 1 | 180 tablets per 30 days |
| <i>levetiracetam er 24 hour 750 mg</i> | 1 | 120 tablets per 30 days |
| <i>levocetirizine oral soln</i> | 1 | 300 mL per 30 days |
| <i>levocetirizine tab</i> | 1 | 30 tablets per 30 days |
| <i>levofloxacin iv</i> | 2 | |
| LUMIGAN | 2 | 2.5 mL per 30 days |
| LUPRON DEPOT-PED IM KIT 11.25 MG, 30 MG | 4 | 1 kit per 90 days, PA |
| <i>methylergonovine maleate 0.2 mg</i> | 3 | |
| <i>morphine sulfate inj 1mg/ml, 25mg/ml</i> | 1 | PA |
| MOVIPREP | 3 | |
| <i>neo-polycin ophth oint</i> | 1 | |
| <i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg</i> | 1 | 28 tablets per 28 days |
| NULOJIX | 4 | PA |
| <i>olanzapine im soln 10 mg</i> | 3 | 3 mL per 3 days |
| <i>olanzapine odt 5 mg</i> | 2 | 30 tablets per 30 days |
| <i>olanzapine odt 10 mg</i> | 2 | 120 tablets per 30 days |
| <i>olanzapine odt 15 mg, 20 mg</i> | 2 | 60 tablets per 30 days |
| <i>orsythia</i> | 1 | 28 tablets per 28 days |
| PRIVIGEN | 4 | PA |
| <i>rosadan cream 0.75 %</i> | 1 | |
| SUBOXONE SUBLINGUAL FILM | 2 | 90 films per 30 days, PA |
| SUPRAX ORAL SUSP | 2 | |
| TAMIFLU SUSP 6 MG/ML | 2 | 240 mL per 30 days |
| <i>tranexamic acid iv soln</i> | 2 | |
| <i>trimipramine maleate</i> | 3 | |
| VICTRELIS | 4 | 360 capsules per 30 days, PA |
| XALKORI | 4 | 60 tablets per 30 days, PA, LA |
| XARELTO 10 MG | 2 | 60 tablets per 30 days, PA |
| XARELTO 15 MG, 20 MG | 2 | 30 tablets per 30 days, PA |

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| DRUG NAME | TIER | NOTES |
|------------------|-------------|---------------------------------|
| XIFAXAN 550 MG | 4 | 60 tablets per 30 days, PA |
| ZELBORAF | 4 | 240 tablets per 30 days, PA, LA |

01/15/2012 Formulary Additions

| DRUG NAME | TIER | NOTES |
|------------------|-------------|-----------------------------------|
| DALIRESP | 2 | |
| PEGASYS PROCLICK | 4 | 2 mL (4 syringes) per 28 days, PA |

02/01/2012 Formulary Additions

| DRUG NAME | TIER | NOTES |
|--|-------------|----------------------------|
| <i>cromolyn conc 100 mg/5 mL</i> | 3 | |
| <i>flucytosine</i> | 4 | |
| <i>fluocinolone acetonide topical soln oil 0.01%</i> | 3 | |
| JAKAFI | 4 | 60 tablets per 30 days, PA |

03/01/2012 Formulary Additions

| DRUG NAME | TIER | NOTES |
|---|-------------|------------------------|
| LATUDA 20 MG | 3 | 30 tablets per 30 days |
| PHOSLYRA | 2 | |
| PROMACTA 12.5 MG | 4 | PA |
| RELISTOR 8 MG/0.4 ML INJ | 3 | PA |
| SUCRAID | 3 | |
| VIREAD 40 MG/GM, 150 MG, 200 MG, 250 MG | 2 | |

04/01/2012 Formulary Additions

| DRUG NAME | TIER | NOTES |
|---|-------------|----------------------------|
| AFINITOR 7.5 MG | 4 | 30 tablets per 30 days, PA |
| BRILINTA | 3 | PA |
| CARBAGLU | 4 | |
| <i>escitalopram oxalate 5 mg, 20 mg</i> | 3 | 30 tablets per 30 days |
| <i>escitalopram oxalate 10 mg</i> | 3 | 45 tablets per 30 days |
| INLYTA | 4 | PA, LA |

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| DRUG NAME | TIER | NOTES |
|--|-------------|-------------------------|
| <i>vestura</i> | 3 | 28 tablets per 28 days |
| ZERIT 1 MG/ML ORAL SOLN | 2 | |
| <i>ziprasidone hcl 20 mg, 40 mg, 60 mg</i> | 3 | 60 capsules per 30 days |
| <i>ziprasidone hcl 80 mg</i> | 3 | 90 capsules per 30 days |

05/01/2012 Formulary Additions

| DRUG NAME | TIER | NOTES |
|---------------------------------------|-------------|----------------------------|
| ERIVEDGE | 4 | PA, LA |
| <i>escitalopram oxalate oral soln</i> | 3 | 600 mL per 30 days |
| <i>ibandronate 150 mg</i> | 2 | 1 tablet per 30 days, PA |
| JANUMET XR 50-500 MG, 50-1000 MG | 2 | 60 tablets per 30 days |
| JANUMET XR 100-1000 MG | 2 | 30 tablets per 30 days |
| MENEST | 2 | PA, HR |
| <i>modafanil</i> | 3 | 30 tablets per 30 days, PA |
| <i>quetiapine fumarate</i> | 3 | 90 tablets per 30 days |
| <i>vancomycin cap</i> | 4 | |

01/01/2012 Formulary Deletions

None

01/15/2012 Formulary Deletions

None

02/01/2012 Formulary Deletions

None

03/01/2012 Formulary Deletions

None

04/01/2012 Formulary Deletions

None

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05/01/2012 Formulary Deletions

None

01/01/2012 Formulary Changes

| DRUG NAME | TIER | NOTES |
|---|------|--------------------------------|
| DENAVIR | 3 | 5 gm per 30 days |
| <i>dicyclomine hcl im soln</i> | 1 | |
| <i>donepezil</i> | 1 | 30 tablets per 30 days |
| <i>donepezil odt</i> | 1 | 30 tablets per 30 days |
| LEXAPRO 10 MG TAB | 3 | 30 tablets per 30 days |
| LEXAPRO 5 MG, 20 MG TAB | 3 | 45 tablets per 30 days |
| LEXAPRO ORAL SOLN | 3 | 600 mL per 30 days |
| PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG | 2 | 30 tablets per 30 days, PA, HR |
| PREMARIN 1.25 MG | 2 | PA, HR |
| PREMPHASE | 2 | 28 tablets per 28 days, PA, HR |
| PREMPRO | 2 | 28 tablets per 28 days, PA, HR |
| SUPRAX 400 MG | 2 | |
| VANCOCIN | 4 | |
| VFEND SUSP | 4 | 450 mL per 30 days |
| <i>voriconazole tab</i> | 4 | 120 tablets per 30 days |

01/15/2012 Formulary Changes

None

02/01/2012 Formulary Changes

| DRUG NAME | TIER | NOTES |
|-----------|------|------------------------|
| VIIBRYD | 2 | 30 tablets per 30 days |

03/01/2012 Formulary Changes

| DRUG NAME | TIER | NOTES |
|---|------|--|
| FASLODEX | 4 | PA |
| <i>heparin sodium (lock flush excluded) 1000 unit/ml, 5000 unit/ml, 10000 unit/ml inj</i> | 1 | PA only required if you are covered under the End-Stage Renal Disease program. |

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| DRUG NAME | TIER | NOTES |
|---|-------------|--|
| HEPARIN SODIUM (LOCK FLUSH EXCLUDED) 2000 UNIT/ML, 2500 UNIT/ML INJ | 2 | PA only required if you are covered under the End-Stage Renal Disease program. |
| <i>heparin sodium (lock flush excluded)</i> <i>20000 unit/ml inj</i> | 2 | PA only required if you are covered under the End-Stage Renal Disease program. |
| LIDOCAINE/PRILOCAINE CREAM | 1 | PA only required if you are covered under the End-Stage Renal Disease program. |
| PAMIDRONATE DISODIUM IV SOLN | 2 | PA only required if you are covered under the End-Stage Renal Disease program. |

04/01/2012 Formulary Changes

| DRUG NAME | TIER | NOTES |
|---|-------------|-----------------------|
| ASMANEX 120 METERED DOSES | 2 | 1 inhaler per 30 days |
| ASMANEX 14 METERED DOSES | 2 | 1 inhaler per 14 days |
| ASMANEX 30 METERED DOSES 110 MCG/INH AEROSOL | 2 | 1 inhaler per 30 days |
| ASMANEX 30 METERED DOSES 220 MCG/INH AEROSOL | 2 | 1 inhaler per 30 days |
| ASMANEX 60 METERED DOSES | 2 | 1 inhaler per 30 days |
| ASMANEX 7 METERED DOSES | 2 | 1 inhaler per 30 days |
| PROLIA | 3 | 1 mL per 180 days |

05/01/2012 Formulary Changes

| DRUG NAME | TIER | NOTES |
|------------------|-------------|------------------------|
| ARICEPT 23 MG | 2 | 30 tablets per 30 days |

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A health plan with a Medicare contract.

Today's Options® PPO is offered by the following organizations that contract with the Federal government: American Progressive Life & Health Insurance Company of New York and The Pyramid Life Insurance Company, members of the Universal American family of companies.

You must use network pharmacies to access prescription drug benefits, except under non-routine circumstances, and quantity limitations and restrictions may apply.

Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1, 2013.

This information is available for free in other languages. Please contact our customer service number at 1-866-422-5009, 8:00 a.m. to 8:00 p.m. in your local time zone (TTY users call 1-877-907-2985) 7 days a week for additional information.

Esta información está disponible sin cargo en otros idiomas. Para obtener más información, comuníquese con el Servicio de Atención al Cliente al número 1-866-422-5009, de 8:00 a. m. a 8:00 p. m. en su zona horaria local (los usuarios de TTY deben llamar al 1-877-907-2985) los 7 días de la semana.

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week. The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778; or Your State Medicaid Office.

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