



A plan for life.

**2010
Enhanced
Drug Formulary**

(Sample List of Covered Non-Part D Drugs)

for

**CDPHP Group Medicare Rx (HMO)
CDPHP Group Medicare Rx (PPO)**

Plans with 4-Tier Enhanced Pharmacy Coverage

(Throughout this document, these plans are referred to collectively as
“CDPHP Medicare Choices Group Drug Plans.”)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE
COVER IN THIS PLAN.

Note to existing members: This formulary has changed since last year. Please review this
document to make sure that it still contains the drugs you take.

This is not a complete list of Non-Part D drugs covered by the plan. To verify coverage, please call
Member Services at (518) 641-3950 or 1-888-248-6522, Monday through Friday between 8 a.m.
and 6 p.m. TTY/TDD users should call (518) 641-4000 or 1-877-261-1164.

Last updated: 09/09

The 2010 Enhanced Drug Formulary is applicable to the CDPHP Medicare Choices Group Drug Plans with four-tier enhanced prescription drug riders. Our plans, offered by the Capital District Physicians' Health Plan, Inc. and CDPHP Universal Benefits,® Inc. (referred to collectively herein as CDPHP®), are Medicare Advantage plans that contract with the federal government.

What Is The Enhanced Formulary?

The enhanced formulary includes additional coverage for non-Part D prescription drugs in the following categories: drugs used for anorexia, weight loss, or weight gain; drugs used to promote fertility; drugs used for the symptomatic relief of cough or colds; prescription vitamins and mineral products; barbiturates; benzodiazepines; certain drugs when used for the treatment of sexual or erectile dysfunction; and certain drugs (labeled DESI drugs) identified by the FDA that lack substantial evidence of effectiveness and are subject by the FDA to a Notice of Opportunity for Hearing (NOOH).

Nonprescription drugs, devices, and drugs used for cosmetic purposes are not covered on this enhanced formulary.

Can The Enhanced Formulary Change?

The prescription drug categories covered on the enhanced formulary are reviewed by the CDPHP Pharmacy and Therapeutics (P&T) committee. The P&T committee's primary purpose is to ensure that the most clinically appropriate and cost-effective drugs will be available on the formulary. The tier of the drugs on the enhanced formulary may change as a result of the P&T meetings.

How Do I Use The Enhanced Formulary Drug List?

The following drug list is a sample of prescription drugs covered on the enhanced formulary. This drug list is not inclusive nor does it guarantee coverage. For more information, please call member services.

CDPHP Medicare Choices Group Drug Plans cover both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

The drugs are listed in alphabetical order. Brand-name drugs are capitalized (e.g., MERIDIA) and generic drugs are listed in lower-case italics (e.g., *atropine*). The drug tier is listed to the right of each drug. If a restriction (PA, QL, STEP) applies to any of the drugs on the enhanced formulary drug list, this will be noted to the right of the tier information.

Please see your *Rider for Group Medicare Enhanced Pharmacy Coverage* for specific drug tier copayment/coinsurance, initial coverage limit, coverage gap, and deductible information.

If you do not see your non-Part D prescription drug listed here, please call member services at (518) 641-3950 or 1-888-248-6522, Monday through Friday between 8 a.m. and 6 p.m. to find out your drug's coverage tier and any applicable restrictions. TTY/TDD users should call (518) 641-4000 or 1-877-261-1164.

Are There Any Other Restrictions On Coverage?

Some drugs covered on the enhanced formulary may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization (PA):** CDPHP Medicare Choices Group Drug Plans require you to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, CDPHP Medicare Choices Group Drug Plans may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, CDPHP Medicare Choices Group Drug Plans limit the amount of the drug that will be covered.

- **Step Therapy (STEP):** In some cases, CDPHP Medicare Choices Group Drug Plans require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

You can ask CDPHP to make an exception to these restrictions or limits by having your physician submit a statement supporting your request. Generally, we must make our decision within 72 hours of your request.

For More Information

For more detailed information about your CDPHP Medicare Choices Group Drug Plan enhanced prescription drug coverage, please review your *Evidence of Coverage, Rider for Group Medicare Enhanced Pharmacy Coverage*, and other plan materials.

If you have questions about your CDPHP Medicare Choices Group Drug Plan, please call member services at (518) 641-3950 or 1-888-248-6522, Monday through Friday between the hours of 8 a.m. and 8 p.m. TTY/TDD users should call (518) 641-4000 or 1-877-261-1164. Or, visit www.cdphp.com.

2010 CDPHP Medicare Choices Group Drug Plans 4-Tier Enhanced Drug Formulary

Drug	Tier	Restriction
ADIPEX-P	Tier 3	QL~PA
<i>alprazolam</i>	Tier 1	
ALPRAZOLAM oral concentrate	Tier 2	
ANALPRAM HC	Tier 3	
ANUSOL-HC suppository	Tier 3	
ATIVAN	Tier 3	
<i>atropine/hyoscyamine/scopolamine/phenobarbital</i>	Tier 1	
<i>benzonatate</i>	Tier 1	
BRAVELLE	Tier 3	QL*PA
<i>brometane DX</i>	Tier 1	
<i>bromfed-DM</i>	Tier 1	
<i>butalbital/acetaminophen</i>	Tier 1	
<i>butalbital/acetaminophen/caffeine</i>	Tier 1	
<i>butalbital/aspirin/caffeine</i>	Tier 1	
CAVERJECT	Tier 3	QL+
CETROTIDE	Tier 2	QL*PA
<i>chlordiazepoxide</i>	Tier 1	
<i>chlordiazepoxide/clidinium</i>	Tier 1	
CIALIS	Tier 2	QL^
CLOMID	Tier 3	
<i>clomiphene</i>	Tier 1	
<i>clonazepam tabs</i>	Tier 1	
<i>clorazepate</i>	Tier 1	

QL 30 tablets/capsules per 25 days.

QL+ 6 units per 25 days; limited to males 18 years of age or older; cumulative by class.

QL^ 4 tablets/capsules per 25 days; limited to males 18 years of age or older; cumulative by class.

QL~PA Prior authorization required; subject to lifetime limit.

QL*PA Infertility limit 6 cycles per attempt per year; limited to members aged 21-44; prior authorization required.

2010 CDPHP Medicare Choices Group Drug Plans 4-Tier Enhanced Drug Formulary

Drug	Tier	Restriction
<i>codeine/guaifenesin/pseudoephedrine</i>	Tier 1	
<i>codeine/promethazine</i>	Tier 1	
CRINONE	Tier 2	QL*PA
<i>cyanocobalamin injection (B-12)</i>	Tier 1	
DALMANE	Tier 3	QL
<i>dextromethorphan/promethazine</i>	Tier 1	
<i>diazepam</i>	Tier 1	
DIAZEPAM oral concentrate, soln	Tier 2	
DOLGIC LQ, DOLGIC PLUS	Tier 3	
DONNATAL	Tier 3	
DORAL	Tier 3	QL
DRISDOL	Tier 3	
EDEX	Tier 2	QL+
ENDOMETRIN	Tier 3	QL*PA
<i>ergocalciferol (D2)</i>	Tier 1	
ESGIC, ESGIC-PLUS	Tier 3	
<i>estazolam</i>	Tier 1	QL
ESTRATEST, ESTRATEST HS	Tier 3	
<i>ethinyl estradiol/methyltestosterone</i>	Tier 1	
FIORICET	Tier 3	
FIORINAL	Tier 3	
<i>flurazepam</i>	Tier 1	QL
<i>folic acid</i>	Tier 1	
<i>folic acid/vitamin B6/vitamin B12</i>	Tier 1	
FOLLISTIM AQ	Tier 2	QL*PA
FOLTX	Tier 3	
GANIRELIX	Tier 2	QL*PA
GONAL-F, GONAL-F RFF	Tier 2	QL*PA
<i>guaifenesin/phenylephrine</i>	Tier 1	
<i>guaifenesin/phenylephrine ext-rel</i>	Tier 1	
<i>guaifenesin/pseudoephedrine ext-rel</i>	Tier 1	
HALCION	Tier 3	QL
HYCODAN	Tier 3	
<i>hydrocodone/homatropine</i>	Tier 1	
<i>hydrocortisone acetate supp</i>	Tier 1	
KLONOPIN	Tier 3	
LEVITRA	Tier 2	QL^

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Drug	Tier	Restriction
LIBRAX	Tier 3	
LIBRIUM	Tier 3	
<i>lorazepam</i>	Tier 1	
LORAZEPAM INTENSOL	Tier 2	
LUVERIS	Tier 2	QL*PA
MENOPUR	Tier 2	QL*PA
MEPHYTON	Tier 2	
MERIDIA	Tier 2	QL~PA
MUSE	Tier 2	QL+
NIRAVAM	Tier 3	
OVIDREL	Tier 2	QL*PA
<i>oxazepam</i>	Tier 1	
PAXIPAM	Tier 3	
PHENERGAN w/CODEINE	Tier 3	
PHENERGAN VC w/CODEINE	Tier 3	
<i>phenobarbital</i>	Tier 1	
<i>phentermine</i>	Tier 1	QL~PA
PHRENILIN, PHRENILIN FORTE	Tier 3	
PRAMOSONE	Tier 3	
PROCTOFOAM-HC	Tier 3	
PROSOM	Tier 3	QL
REPRONEX	Tier 3	QL*PA
RESTORIL	Tier 3	QL
RONDEC-DM	Tier 3	
SERAX	Tier 3	
SSKI	Tier 3	
<i>temazepam</i>	Tier 1	QL
TESSALON	Tier 3	
TRANXENE, TRANXENE SD	Tier 3	
<i>triazolam</i>	Tier 1	QL
<i>trimethobenzamide</i>	Tier 1	
VALIUM	Tier 3	
VIAGRA	Tier 2	QL^
XANAX, XANAX XR	Tier 3	
XENICAL	Tier 2	QL~PA

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