

**Notice of Formulary Change**

**Regence Life & Health**

**Medicare Script <sup>TM</sup>**

**Medicare Script Enhanced <sup>TM</sup>**

## Notice of Formulary Change

The following pages provide information on changes to the plans formulary. If the drug you are taking is contained in this list you may be able to obtain an updated coverage determination or an exception to a coverage determination by following the guidelines referenced in the Appeals and Grievance section of the Evidence of Coverage.

### Formulary Tiers:

Tier 1: Generic

Tier 2: Preferred Brand

Tier 3: Non-preferred Brand

Tier 4: Miscellaneous Injectibles

Tier 5: Specialty Medications

### Formulary Legend:

#### **FF** Free First Fill Medications

For our members on Asuris Medicare Script Enhanced, this prescription drug will be provided at no charge the first time you fill it (up to a 30 day supply)

#### **GC** Gap Coverage Medications

For our members on Asuris Medicare Script Enhanced, we provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

#### **HI** Home Infusion Therapy Medications

For members on our plans that cover both medical and Rx, this prescription drug may be covered under your medical benefit. For more information, call Customer Service at 1-800-541-8981, 8 a.m. to 8 p.m., seven days a week. (TTY/TDD Users should call 1-800-382-1003.)

#### **LA** Limited Access Medications

This prescription drug may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-541-8981, 8 a.m. to 8 p.m., seven days a week. (TTY/TDD users should call 1-800-382-1003.)

#### **PA** Prior Authorization Medications

Prior Authorization required for coverage. For more information, find your drug in our formulary and review the Notes section in the right column.

#### **QL** Quantity Level Limit Medications

Quantity Level limits apply. For more information, find your drug in our formulary and review the Notes section in the right column.

## Notice of Formulary Change

### Medication Name

**Effective Date: 03/01/2009**

<i>acetazol hc soln</i>	<i>New NDC added to formulary on Tier 1</i>
<i>acetazolamide cp12</i>	<i>New NDC added to formulary on Tier 1</i>
AMBIEN CR TBCR	Quantity Limit Increased from 14 to 30
AMBIEN TABS	Quantity Limit Increased from 14 to 30
APRISO CP24	New NDC added to formulary on Tier 3
ASTEPRO SOLN	New NDC added to formulary on Tier 3
ATACAND HCT TABS	New NDC added to formulary on Tier 3
BANZEL TABS	New NDC added to formulary on Tier 3
<i>bleph-10 soln</i>	<i>Changed from Tier 3 to Tier 1</i>
<i>butorphanol tartrate soln</i>	<i>Quantity Limit Removed</i>
<i>calcitonin-salmon soln</i>	<i>New NDC added to formulary on Tier 1</i>
<i>calcium acetate caps</i>	<i>New NDC added to formulary on Tier 1</i>
<i>carbidopa/levodopa odt tbdp</i>	<i>New NDC added to formulary on Tier 1</i>
<i>ciclopirox gel</i>	<i>New NDC added to formulary on Tier 1</i>
<i>didanosine cpdr</i>	<i>New NDC added to formulary on Tier 1</i>
DORYX TBEC	New NDC added to formulary on Tier 3
<i>dorzolamide hcl soln</i>	<i>New NDC added to formulary on Tier 1</i>
<i>dorzolamide hcl/timolol maleate soln</i>	<i>New NDC added to formulary on Tier 1</i>
DUREZOL EMUL	New NDC added to formulary on Tier 3
EPIDUO GEL	New NDC added to formulary on Tier 3
FORTEO SOLN	New NDC added to formulary on Tier 5 PA - Prior authorization required for coverage. QL - When authorized quantity limited to #1 x 2.4ml injection per 30 days, up to a lifetime maximum of 2 years of therapy.
<i>galantamine hydrobromide cp24</i>	<i>New NDC added to formulary on Tier 1</i>
HALFLYTELY BOWEL PREP KIT	New NDC added to formulary on Tier 3
HALFLYTELY BOWEL PREP/FLAVOR PACKS KIT	New NDC added to formulary on Tier 3
HUMALOG KWIKPEN SOLN	New NDC added to formulary on Tier 2
HUMALOG MIX 50/50 KWIKPEN SUSP	New NDC added to formulary on Tier 2

## Notice of Formulary Change

### Medication Name

**Effective Date: 03/01/2009**

HUMALOG MIX 75/25 KWIKPEN SUSP	New NDC added to formulary on Tier 2
HUMULIN R U-500 (CONCENTRATED) SOLN	New NDC added to formulary on Tier 2
KEPPRA XR TB24	New NDC added to formulary on Tier 3
LANTUS FOR OPTICLIK SOLN	New NDC added to formulary on Tier 2
<i>levetiracetam tabs</i>	<i>New NDC added to formulary on Tier 1</i>
MILLIPRED SOLN	New NDC added to formulary on Tier 3
MINTEZOL CHEW	Drug removed from formulary
MINTEZOL SUSP	Drug removed from formulary
<i>morphine sulfate soln</i>	<i>New NDC added to formulary on Tier 1</i>
MOXATAG TB24	New NDC added to formulary on Tier 3
NORDITROPIN NORDIFLEX PEN SOLN	New NDC added to formulary on Tier 5 PA - Prior authorization required for coverage.
NULYTELY/FLAVOR PACKS SOLR	New NDC added to formulary on Tier 3
<i>omeprazole cpdr</i>	<i>New NDC added to formulary on Tier 1</i>
OMNITROPE SOLN	New NDC added to formulary on Tier 5 PA - Prior authorization required for coverage.
<i>oxybutynin chloride syrp</i>	<i>New NDC added to formulary on Tier 1</i>
<i>oxycodone hcl er tb12</i>	<i>New NDC added to formulary on Tier 1</i> <i>QL - Quantity limited up to 160mg per day. All strengths of generic oxycodone HCL ER and brand Oxycontin accumulate together.</i>
<i>oxycodone hcl tabs</i>	<i>New NDC added to formulary on Tier 1</i>
PRANDIMET TABS	New NDC added to formulary on Tier 3
PREZISTA 400MG & 600MG TABS	New NDC added to formulary on Tier 5
PROCRIT SOLN	Quantity Limit Increased from 6 to 12
<i>protriptyline hcl tabs</i>	<i>New NDC added to formulary on Tier 1</i>
RELISTOR KIT	New NDC added to formulary on Tier 5 PA - Prior authorization required for coverage. QL - When authorized, quantity limited to #14 doses per 30 days.
RELISTOR SOLN	New NDC added to formulary on Tier 5 PA - Prior authorization required for coverage. QL - When authorized, quantity limited to #8.4ml per 30 days

## Notice of Formulary Change

### Medication Name

**Effective Date: 03/01/2009**

<i>reprexain tabs</i>	<i>Changed from Tier 3 to Tier 1</i>
REQUIP XL TB24	New NDC added to formulary on Tier 3
<i>roxicet soln</i>	<i>Changed from Tier 3 to Tier 1</i>
<i>roxicet tabs</i>	<i>Changed from Tier 3 to Tier 1</i>
SANCUSO PTCH	New NDC added to formulary on Tier 5 PA - Prior authorization required for coverage. QL - When authorized, quantity limited to #2 patches per 30 days.
SONATA CAPS	Quantity Limit Increased from 14 to 30
SPECTRACEF TABS	New NDC added to formulary on Tier 3
STALEVO 125 TABS	New NDC added to formulary on Tier 2
STALEVO 75 TABS	New NDC added to formulary on Tier 2
<i>stavudine caps</i>	<i>New NDC added to formulary on Tier 1</i>
TARCEVA TABS	Quantity Limit Increased from 30 to 180
<i>tobramycin /dexamethasone susp</i>	<i>New NDC added to formulary on Tier 1</i>
TRILIPIX CPDR	New NDC added to formulary on Tier 3
<i>unithroid tabs</i>	<i>New NDC added to formulary on Tier 1</i>
<i>venlafaxine hcl er tb24</i>	<i>New NDC added to formulary on Tier 1</i>
VERIPRED 20 SOLN	New NDC added to formulary on Tier 3
<i>zaleplon caps</i>	<i>Quantity Limit Increased from 14 to 30</i>
ZOLOFT TABS	New NDC added to formulary on Tier 3
<i>zolpidem tartrate tabs</i>	<i>Quantity Limit Increased from 14 to 30</i>

## Notice of Formulary Change

### Medication Name

**Effective Date: 04/01/2009**

ACTOPLUS MET TABS	Changed from Tier 3 to Tier 2
ALTACE TABS	New NDC added to formulary on Tier 3
AVINZA CP24	New NDC added to formulary on Tier 3
CAPOTEN TABS	New NDC added to formulary on Tier 3
<i>carbinoxamine maleate liqd</i>	<i>New NDC added to formulary on Tier 1</i>
<i>carbinoxamine maleate tabs</i>	<i>New NDC added to formulary on Tier 1</i>
<i>divalproex sodium cpsp</i>	<i>New NDC added to formulary on Tier 1</i>
<i>divalproex sodium tb24</i>	<i>New NDC added to formulary on Tier 1</i>
<i>doxycycline monohydrate tabs</i>	<i>New NDC added to formulary on Tier 1</i>
DUETACT TABS	Changed from Tier 3 to Tier 2
<i>endocet tabs</i>	<i>New NDC added to formulary on Tier 1</i>
FLOVENT DISKUS AEPB	New NDC added to formulary on Tier 2
<i>generlac soln</i>	<i>New NDC added to formulary on Tier 1</i>
KAPIDEX CPDR	New NDC added to formulary on Tier 3 PA - Prior authorization required for coverage. Potential preferred options: cimetidine, famotidine, omeprazole, pantoprazole, ranitidine, PREVACID
<i>levetiracetam soln</i>	<i>New NDC added to formulary on Tier 1</i>
<i>levetiracetam tabs</i>	<i>New NDC added to formulary on Tier 1</i>
METROGEL-VAGINAL GEL	New NDC added to formulary on Tier 3
nicotine pt24	Drug removed from formulary
<i>orphenadrine /asa /caffeine tabs</i>	<i>Changed from Tier 3 to Tier 1</i>
PREZISTA 75MG TABS	New NDC added to formulary on Tier 2
<i>reserpine tabs</i>	<i>New NDC added to formulary on Tier 1</i>
<i>risperidone soln</i>	<i>New NDC added to formulary on Tier 1</i>
SARAFEM TABS	New NDC added to formulary on Tier 3
<i>selfemra caps</i>	<i>New NDC added to formulary on Tier 1</i>
<i>sodium sulfacetamide soln</i>	<i>New NDC added to formulary on Tier 1</i>
<i>sulfacetamide sodium soln</i>	<i>New NDC added to formulary on Tier 1</i>

## Notice of Formulary Change

### Medication Name

---

**Effective Date: 04/01/2009**

*sumatriptan succinate soln*

*New NDC added to formulary on Tier 1*

*GC; QL - Quantity limited to #3ml (6 injections) per 30 days.*

---

*sumatriptan succinate tabs*

*New NDC added to formulary on Tier 1*

*GC; QL - Quantity limited to #12 tablets per 30 days.*

---

TERAZOL 3 CREAM

New NDC added to formulary on Tier 3

---

## Notice of Formulary Change

### Medication Name

**Effective Date: 05/01/2009**

ANASPAZ TABS	New NDC added to formulary on Tier 3
APLENZIN TB24	New NDC added to formulary on Tier 3
<i>colestipol hcl for oral suspension pack</i>	<i>New NDC added to formulary on Tier 1</i>
DEGARELIX SOLR	New NDC added to formulary on Tier 4
<i>hyomax-ft tbdp</i>	<i>New NDC added to formulary on Tier 1</i>
<i>hyomax-sl subl</i>	<i>New NDC added to formulary on Tier 1</i>
<i>hyoscyamine sulfate sl subl</i>	<i>New NDC added to formulary on Tier 1</i>
<i>hyoscyamine sulfate tabs</i>	<i>New NDC added to formulary on Tier 1</i>
<i>hyoscyamine sulfate tbdp</i>	<i>New NDC added to formulary on Tier 1</i>
IMITREX STATDOSE SYSTEM KIT	New NDC added to formulary on Tier 2 QL - Quantity limited to #6 injections per 30 days.
LEVSIN /SL SUBL	New NDC added to formulary on Tier 3
LEVSIN TABS	New NDC added to formulary on Tier 3
NITROQUICK SUBL	Drug removed from formulary
RAPAFLO CAPS	New NDC added to formulary on Tier 3
<i>symax fastabs tbdp</i>	<i>New NDC added to formulary on Tier 1</i>
<i>symax-sl subl</i>	<i>New NDC added to formulary on Tier 1</i>
TOVIAZ TB24	New NDC added to formulary on Tier 3
ULORIC TABS	New NDC added to formulary on Tier 3
VECTICAL OINT	New NDC added to formulary on Tier 3
VIMPAT TABS	New NDC added to formulary on Tier 3

## Notice of Formulary Change

### Medication Name

**Effective Date: 06/01/2009**

ACANYA GEL	New NDC added to formulary on Tier 3
ALKERAN SOLR	Part BvsD PA removed
AMICAR TABS	New NDC added to formulary on Tier 3
<i>aminocaproic acid soln</i>	<i>New NDC added to formulary on Tier 4</i>
<i>aminocaproic acid syrp</i>	<i>New NDC added to formulary on Tier 1</i>
<i>aminocaproic acid tabs</i>	<i>New NDC added to formulary on Tier 1</i>
ARANESP ALBUMIN FREE SOLN	Quantity Limit Removed, Prior Authorization was removed
ARANESP ALBUMIN FREE SURECLICK SOLN	Quantity Limit Removed, Prior Authorization was removed
<i>benzoyl peroxide creamy wash liqd</i>	<i>New NDC added to formulary on Tier 1</i>
<i>benzoyl peroxide gel</i>	<i>New NDC added to formulary on Tier 1</i>
<i>benzoyl peroxide wash liqd</i>	<i>New NDC added to formulary on Tier 1</i>
<i>choline magnesium trisalicylate liqd</i>	<i>New NDC added to formulary on Tier 1</i>
<i>choline magnesium trisalicylate tabs</i>	<i>New NDC added to formulary on Tier 1</i>
<i>codeine sulfate tabs</i>	<i>New NDC added to formulary on Tier 1</i>
COSOPT SOLN	Brand Tier Increase. Changed from Tier 2 to Tier 3. *Alternative: Generic DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN. Tier 1 - generic copay \$4.00
DEPAKOTE ER TB24	Brand Tier Increase. Changed from Tier 2 to Tier 3. *Alternative: Generic DIVALPROEX SODIUM TB24. Tier 1 - generic copay \$4.00
DEPAKOTE SPRINKLES CPSP	Brand Tier Increase. Changed from Tier 2 to Tier 3. *Alternative: Generic DIVALPROEX SODIUM CPSP. Tier 1 - generic copay \$4.00
DEPAKOTE TBEC	Brand Tier Increase. Changed from Tier 2 to Tier 3. *Alternative: Generic DIVALPROEX SODIUM TBEC. Tier 1 - generic copay \$4.00
DIAMOX CP12	Brand Tier Increase. Changed from Tier 2 to Tier 3. *Alternative: Generic ACETAZOLAMIDE CP12. Tier 1 - generic copay \$4.00
<i>diltzac cp24</i>	<i>New NDC added to formulary on Tier 1</i>
ELOXATIN SOLN	Part B versus D PA added. Contact Plan for coverage details
EPOGEN SOLN	Quantity Limit Removed, Prior Authorization was removed

## Notice of Formulary Change

### Medication Name

**Effective Date: 06/01/2009**

<i>hyoscyamine sulfate elix</i>	<i>New NDC added to formulary on Tier 1</i>
<i>hyoscyamine sulfate soln</i>	<i>New NDC added to formulary on Tier 1</i>
IMITREX SOLN	Brand Tier Increase. Changed from Tier 2 to Tier 3. *Alternative: Generic SUMATRIPTAN SUCCINATE SOLN. Tier 1 - generic copay \$4.00
IMITREX TABS	Brand Tier Increase. Changed from Tier 2 to Tier 3. *Alternative: Generic SUMATRIPTAN SUCCINATE TABS. Tier 1 - generic copay \$4.00
KEPPRA SOLN	Brand Tier Increase. Changed from Tier 2 to Tier 3. *Alternative: Generic LEVETIRACETAM SOLN. Tier 1 - generic copay \$4.00
KEPPRA TABS	Brand Tier Increase. Changed from Tier 2 to Tier 3. *Alternative: Generic LEVETIRACETAM TABS. Tier 1 - generic copay \$4.00
KEPPRA XR TB24	New NDC added to formulary on Tier 3
MIACALCIN SOLN	Brand Tier Increase. Changed from Tier 2 to Tier 3. *Alternative: Generic CALCITONIN-SALMON SOLN. Tier 1 - generic copay \$4.00
MICRO-K 8MEQ CPR	Brand Tier Increase. Changed from Tier 2 to Tier 3. *Alternative: Generic POTASSIUM CHLORIDE ER CPR. Tier 1 - generic copay \$4.00
<i>pilocarpine hcl soln</i>	<i>New NDC added to formulary on Tier 1</i>
PROCRIT SOLN	Quantity Limit Removed, Prior Authorization was removed
PROMACTA TABS	New NDC added to formulary on Tier 5 LA; PA - Prior authorization required for coverage.
RAPTIVA KIT	Drug removed from formulary
RAZADYNE TABS	Brand Tier Increase. Changed from Tier 2 to Tier 3. *Alternative: Generic GALANTAMINE HYDROBROMIDE TABS. Tier 1 - generic copay \$4.00
RISPERDAL SOLN	Brand Tier Increase. Changed from Tier 2 to Tier 3. *Alternative: Generic RISPERIDONE SOLN. Tier 1 - generic copay \$4.00
RYZOLT TB24	New NDC added to formulary on Tier 3
<i>salsalate tabs</i>	<i>New NDC added to formulary on Tier 1</i>

## Notice of Formulary Change

### Medication Name

**Effective Date: 06/01/2009**

SPRYCEL TABS	New NDC added to formulary on Tier 5
<i>sumatriptan succinate soln</i>	<i>New NDC added to formulary on Tier 1 GC; QL - Quantity limited to #3ml (6 injections) per 30 days.</i>
SUPRAX TABS	New NDC added to formulary on Tier 3
<i>topiramate tabs</i>	<i>New NDC added to formulary on Tier 1</i>
TRUSOPT SOLN	Brand Tier Increase. Changed from Tier 2 to Tier 3. *Alternative: Generic DORZOLAMIDE HCL SOLN. Tier 1 - generic copay \$4.00
<i>urea cream</i>	<i>New NDC added to formulary on Tier 1</i>
<i>urea lotn</i>	<i>New NDC added to formulary on Tier 1</i>
<i>urea nail gel</i>	<i>New NDC added to formulary on Tier 1</i>
<i>urea nailstik soln</i>	<i>New NDC added to formulary on Tier 1</i>
<i>urea oint</i>	<i>New NDC added to formulary on Tier 1</i>
<i>urealac cream</i>	<i>New NDC added to formulary on Tier 1</i>
XENAZINE TABS	New NDC added to formulary on Tier 5 PA - Prior authorization required for coverage. QL - When authorized, quantity limited to #60 tablets per 30 days.
ZERIT CAPS	Brand Tier Increase. Changed from Tier 2 to Tier 3. *Alternative: Generic STAVUDINE CAPS. Tier 1 - generic copay \$4.00

## Notice of Formulary Change

### Medication Name

**Effective Date: 07/01/2009**

ACZONE GEL	New NDC added to formulary on Tier 3
AFINITOR TABS	New NDC added to formulary on Tier 5 PA - Prior authorization required for coverage. QL - When authorized, quantity limited to #30 tablets per 30 days.
BYSTOLIC TABS	New NDC added to formulary on Tier 3
<i>carbamazepine er tb12</i>	<i>New NDC added to formulary on Tier 1</i>
DILAUDID SOLN	New NDC added to formulary on Tier 4
ELIPHOS TABS	New NDC added to formulary on Tier 2
EXFORGE HCT TABS	New NDC added to formulary on Tier 3
GELNIQUE GEL	New NDC added to formulary on Tier 3
<i>mycophenolate mofetil caps</i>	<i>New NDC added to formulary on Tier 1 GC; PA - This drug may be covered under Medicare Part B or D. Contact Plan for coverage details.</i>
<i>mycophenolate mofetil tabs</i>	<i>New NDC added to formulary on Tier 1 GC; PA - This drug may be covered under Medicare Part B or D. Contact Plan for coverage details.</i>
<i>oxycodone /acetaminophen tabs</i>	<i>New NDC added to formulary on Tier 1</i>
REQUIP XL TB24	New NDC added to formulary on Tier 3
<i>risperidone odt tbdp</i>	<i>New NDC added to formulary on Tier 1</i>
<i>stavudine solr</i>	<i>New NDC added to formulary on Tier 1</i>
<i>sumatriptan succinate soln</i>	<i>Quantity Limit Increased from 3 to 6</i>
<i>topiramate cpsp</i>	<i>New NDC added to formulary on Tier 1</i>
VIMPAT SOLN	New NDC added to formulary on Tier 4

## Notice of Formulary Change

### Medication Name

**Effective Date: 08/01/2009**

BESIVANCE SUSP	New NDC added to formulary on Tier 3
CETRAXAL SOLN	New NDC added to formulary on Tier 3
CYTOMEL TABS	Brand Tier Increase. Changed from Tier 2 to Tier 3. *Alternative: Generic LIOTHYRONINE SODIUM TABS. Tier 1 - generic copay \$4.00
KINRIX SUSP	New NDC added to formulary on Tier 4
K-PHOS NEUTRAL TABS	New NDC added to formulary on Tier 3
<i>liothyronine sodium tabs</i>	<i>New NDC added to formulary on Tier 1</i>
NAPRELAN TB24	New NDC added to formulary on Tier 3
NITRO-BID OINT	New NDC added to formulary on Tier 3
OPIUM TINCTURE TINC	New NDC added to formulary on Tier 3
PENTACEL SUSR	New NDC added to formulary on Tier 4
<i>phospha 250 neutral tabs</i>	<i>New NDC added to formulary on Tier 1</i>
PROPINE SOLN	Changed from Tier 3 to Tier 2
ROTARIX SUSR	New NDC added to formulary on Tier 3
TOPAMAX TABS	Brand Tier Increase. Changed from Tier 2 to Tier 3. *Alternative: Generic TOPIRAMATE TABS. Tier 1 - generic copay \$4.00
ULESFIA LOTN	New NDC added to formulary on Tier 3
<i>ursodiol tabs</i>	<i>New NDC added to formulary on Tier 1</i>
VYVANSE CAPS	New NDC added to formulary on Tier 2
ZERIT SOLR	Brand Tier Increase. Changed from Tier 2 to Tier 3. *Alternative: Generic STAVUDINE SOLR. Tier 1 - generic copay \$4.00

## Notice of Formulary Change

### Medication Name

**Effective Date: 09/01/2009**

ADCIRCA TABS	New NDC added to formulary on Tier 3, PA - Prior authorization required for coverage. QL - When authorized, quantity limited to #60 tablets per 30 days.
APTIVUS SOLN	New NDC added to formulary on Tier 3
ASACOL HD TBEC	New NDC added to formulary on Tier 2
ASTEPRO SOLN	Changed from Tier 3 to Tier 2
<i>bicalutamide tabs</i>	<i>New NDC added to formulary on Tier 1</i>
CREON CPEP	New NDC added to formulary on Tier 2
DRITHO-CREME HP CREA	New NDC added to formulary on Tier 3
DRITHO-SCALP CREA	New NDC added to formulary on Tier 3
<i>gavilyte-g solr</i>	<i>New NDC added to formulary on Tier 1</i>
<i>isradipine caps</i>	<i>Changed from Tier 3 to Tier 1</i>
KEROL EMUL	New NDC added to formulary on Tier 3
LAMICTAL ODT TBDP	New NDC added to formulary on Tier 3
MULTAQ TABS	New NDC added to formulary on Tier 3
<i>risperidone odt tbdp</i>	<i>New NDC added to formulary on Tier 1</i>
SEROQUEL XR TB24	New NDC added to formulary on Tier 2
SIMPONI SOLN	New NDC added to formulary on Tier 5, PA - Prior authorization required for coverage. QL - When authorized, quantity limited to 0.5ml per 30 days.
TOPAMAX SPRINKLE CPSP	Brand Tier Increase. Changed from Tier 2 to Tier 3. *Alternative: Generic TOPIRAMATE CPSP. Tier 1 - generic copay \$4.00
<i>tri-lo-sprintec tabs</i>	<i>New NDC added to formulary on Tier 1</i>
TRUVADA TABS	Changed from Tier 3 to Tier 2

## Notice of Formulary Change

### Medication Name

**Effective Date: 10/01/2009**

ACTONEL TABS	PA Added.
ACTONEL WITH CALCIUM TABS	PA Added.
<i>amoxicillin/clavulanate potassium susr</i>	<i>New NDC added to formulary on Tier 1</i>
APLENZIN TB24	New NDC added to formulary on Tier 3
<i>apraclonidine soln</i>	<i>New NDC added to formulary on Tier 1</i>
BECONASE AQ SUSP	PA Added.
benzoyl peroxide creamy wash liqd	Drug removed from formulary
<i>benztropine mesylate soln</i>	<i>New NDC added to formulary on Tier 4</i>
BONIVA TABS	PA Added.
CELLCEPT CAPS	Brand Tier Increase. Changed from Tier 2 to Tier 3. *Alternative: Generic MYCOPHENOLATE MOFETIL CAPS. Tier 1 - generic copay \$4.00
CELLCEPT TABS	Brand Tier Increase. Changed from Tier 2 to Tier 3. *Alternative: Generic MYCOPHENOLATE MOFETIL TABS. Tier 1 - generic copay \$4.00
<i>codeine sulfate tabs</i>	<i>New NDC added to formulary on Tier 1</i>
COLCRYS TABS	New NDC added to formulary on Tier 3
EFFIENT TABS	New NDC added to formulary on Tier 3
HECTOROL CAPS	New NDC added to formulary on Tier 3
KAPIDEX CPDR	Changed from Tier 3 to Tier 2
LAMICTAL XR TB24	New NDC added to formulary on Tier 3
LYRICA 300MG CAPS	QL (60 for 30 days) decrease
<i>morphine sulfate supp</i>	<i>New NDC added to formulary on Tier 1</i>
NASACORT AQ AERS	PA Added.
NASONEX SUSP	PA Added.
<i>next choice tabs</i>	<i>New NDC added to formulary on Tier 1</i>
OMNARIS SUSP	PA Added.

## Notice of Formulary Change

### Medication Name

**Effective Date: 10/01/2009**

*oxaliplatin soln*

*New NDC added to formulary on Tier 5, HI; PA - This drug may be covered under Medicare Part B or D. Contact Plan for coverage details.*

QUALAQUIN CAPS

PA Added.

RHINOCORT AQUA SUSP

PA Added.

*tacrolimus caps*

*New NDC added to formulary on Tier 1, GC; PA - This drug may be covered under Medicare Part B or D. Contact Plan for coverage details.*

TASIGNA CAPS

QL (120 for 30 days) added

TEGRETOL-XR TB12

Brand Tier Increase. Changed from Tier 2 to Tier 3.  
\*Alternative: Generic CARBAMAZEPINE ER TB12. Tier 1 - generic copay \$4.00

TREXIMET TABS

PA Added.

URSO 250 TABS

Brand Tier Increase. Changed from Tier 2 to Tier 3.  
\*Alternative: Generic URSODIOL TABS. Tier 1 - generic copay \$4.00

URSO FORTE TABS

Brand Tier Increase. Changed from Tier 2 to Tier 3.  
\*Alternative: Generic URSODIOL TABS. Tier 1 - generic copay \$4.00

VERAMYST SUSP

PA Added.

ZIPSOR CAPS

New NDC added to formulary on Tier 3

## Notice of Formulary Change

### Medication Name

---

**Effective Date: 11/01/2009****CASODEX TABS**

Brand Tier Increase. Changed from Tier 2 to Tier 3.

\*Alternative: Generic BICALUTAMIDE TABS. Tier 1 - generic copay \$4.00

---

**CILOXAN SOLN**

Brand Tier Increase. Changed from Tier 2 to Tier 3.

\*Alternative: Generic CIPROFLOXACIN HCL SOLN. Tier 1 - generic copay \$4.00

---

\*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.

C0001 FORMULARY CHANGES  
M0016 FORMULARY CHANGES

9/28/2009