

EXPANDED FORMULARY UPDATES

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Effective Date	Nature of Change	Description of Change	Drug Alternative
ADCIRCA (tadalafil) tabs, 20 mg	Brand	12/1/09	Addition	Tier 4. Prior Authorization applies.	Not applicable
AFINITOR (everolimus) tabs, 5 mg, 10 mg	Brand	6/1/09	Addition	Tier 4	Not applicable
APTIVUS (tipranavir) soln, 100 mg/mL	Brand	1/1/09	Addition	Additional dosage form, Tier 3	Not applicable
ARZERRA (ofatumamab) IV inj, 100 mg/5 mL	Brand	11/1/09	Addition	Tier 4. New antineoplastic.	Not applicable
ASACOL HD (mesalamine) DR tabs, 800 mg	Brand	9/1/09	Addition	Tier 2	Not applicable
ASTEPRO (azelastine) nasal, 0.15% (205.5 mcg/spray)	Brand	12/1/09	Addition	Tier 2. Quantity Limits apply.	Not applicable
ASTEPRO (azelastine) nasal, 137 mcg/spray	Brand	9/1/09	Addition	Tier 2. Quantity Limits apply.	Not applicable
AVINZA (morphine sulfate) ER tabs (24 hr), 45 mg, 75 mg	Brand	2/8/09	Addition	Additional strengths, Tier 2	Not applicable
balsalazide caps, 750 mg	Generic	3/1/09	Addition	Generic for Colazal, Tier 1	Not applicable
BANZEL (rufinamide) tabs, 200 mg, 400 mg	Brand	3/1/09	Addition	Tier 3	Not applicable
bicalutamide tabs, 50 mg	Generic	7/7/09	Addition	First generic for Casodex, Tier 1	Not applicable
brimonidine ophthalmic soln, 0.15%	Generic	10/4/09	Addition	Tier 1. First generic for Alphagan P.	Not applicable
buprenorphine SL tabs, 2 mg, 8 mg	Generic	10/18/09	Addition	Tier 1. First generics for Subutex.	Not applicable
calcium acetate caps, 667 mg	Generic	1/1/09	Addition	First generic for PhosLo, Tier 1	Not applicable
carbamazepine ER tabs, 200 mg, 400 mg	Generic	5/10/09	Addition	First generic for these strengths of Tegretol XR, Tier 1	Not applicable
cefazolin for inj, 20 gm	Generic	6/21/09	Cost Share Reduction	Change to Tier 1 (was 3)	Not applicable
ciclopirox gel, 0.77%	Generic	1/1/09	Addition	First generic for this dosage form of Loprox, Tier 1	Not applicable
clonidine transdermal, 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	Generic	8/23/09	Addition	Tier 1. First generic for Catapres-TTS	Not applicable
COARTEM (artemether/lumefantrine) tabs, 20-120 mg	Brand	9/1/09	Addition	Tier 3	Not applicable
COLAZAL (balsalazide) caps, 750 mg	Brand	3/1/09	Addition	Tier 3	Not applicable

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colchicine tabs, 0.6 mg	Generic	11/21/09	Removal	Not FDA approved. Not eligible for Part D coverage.	Colcrys
COLCRYS (colchicine) tabs, 0.6 mg	Brand	8/26/09	Addition	Tier 3	Not applicable
cycloserine caps, 250 mg	Generic	5/28/09	Addition	First generic for Seromycin, Tier 1	Not applicable
DEGARELIX for inj, 120 mg	Brand	3/8/09	Addition	Tier 3	Not applicable
DEGARELIX for inj, 80 mg	Brand	3/2/09	Addition	Tier 3	Not applicable
DETROL (tolterodine) tabs, 1 mg, 2 mg	Brand	1/1/09	Cost Share Reduction	Change to Tier 2 (was 3). Quantity Limits continue to apply.	Not applicable
dexamethasone tabs, 1.5 mg taper pack 10 day, 13 day	Generic	11/15/09	Addition	Tier 1. First generics for Dexpak.	Not applicable
dexamethasone tabs, 1.5 mg taper pack 6 day	Generic	12/6/09	Addition	Tier 1. First generics for Dexpak.	Not applicable
diclofenac sodium ophth soln, 0.1%	Generic	1/1/09	Addition	Generic for Voltaren, Tier 1	Not applicable
didanosine DR caps, 125 mg	Generic	1/1/09	Addition	First generic for this strength of Videx EC, Tier 1	Not applicable
DILAUDID (hydromorphone) tabs, 2 mg, 4 mg	Brand	1/1/09	Addition	Additional strengths, Tier 3	Not applicable
divalproex DR pellets in caps, 125 mg	Generic	2/1/09	Addition	First generic for Depakote Sprinkles, Tier 1	Not applicable
divalproex ER tabs, 250 mg	Generic	2/1/09	Addition	First generic for Depakote ER, Tier 1	Not applicable
divalproex ER tabs, 500 mg	Generic	2/8/09	Addition	First generic for this strength of Depakote ER, Tier 1	Not applicable
dorzolamide ophth soln, 2%	Generic	1/1/09	Addition	First generic for Trusopt, Tier 1	Not applicable
dorzolamide/timolol ophth soln, 2-0.5%	Generic	1/1/09	Addition	First generic for Cosopt, Tier 1	Not applicable
EFFIENT (prasugrel) tabs, 5 mg, 10 mg	Brand	12/1/09	Addition	Tier 2.	Not applicable
EXFORGE HCT (amlodipine/valsartan/hydrochlorothiazide) tabs, 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg	Brand	9/1/09	Addition	Tier 2. Step Therapy applies.	Not applicable

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famciclovir tabs, 125 mg, 250 mg, 500 mg	Generic	9/1/09	Addition	Tier 1	Not applicable
FAMVIR (famciclovir) tabs, 125 mg, 250 mg, 500 mg	Brand	9/1/09	Addition	Tier 3	Not applicable
FEXOFENADINE-PSEUDOEPHEDRINE extended-release 12 hr tabs, 60 mg-120 mg	Brand	11/15/09	Addition	Tier 3. Brand distributor version of a formulary brand product (Allegra D 12 hr).	Not applicable
FOLOTYN (pralatrexate) inj, 20 mg/mL	Brand	10/11/09	Addition	Tier 4. New antineoplastic	Not applicable
galantamine ER caps, 8 mg, 16 mg, 24 mg	Generic	1/1/09	Addition	First generic for Razadyne ER, Tier 1	Not applicable
galantamine oral soln, 4 mg/mL	Generic	8/23/09	Addition	Tier 1. First generic for Razadyne oral soln.	Not applicable
HECTOROL (doxercalciferol) caps, 1 mcg	Brand	7/19/09	Addition	Additional strength, Tier 2.	Not applicable
HIBERIX (haemophilus B polysaccharide conjugate vaccine) for inj, 10-25 mcg	Brand	8/30/09	Addition	Tier 3. Additional vaccine.	Not applicable
HYCAMTIN (topotecan) caps, 0.25 mg, 1 mg	Brand	1/1/09	Addition	Additional dosage form, Tier 4	Not applicable
hydrocodone/ibuprofen tabs, 10-200 mg	Generic	1/25/09	Addition	First generic for this strength of Ibudone, Tier 1	Not applicable
INVEGA (paliperidone) tabs 1.5 mg	Brand	10/4/09	Addition	Tier 3. Additional strength. Step Therapy and Quantity Limits apply.	Not applicable
INVEGA SUSTENNA (paliperidone) extended-release inj, 39 mg/0.25 mL, 78 mg/0.5 mL	Brand	12/1/09	Addition	Tier 3. Step Therapy and Quantity Limits apply.	Not applicable
ketorolac ophth soln, 0.4%	Generic	11/8/09	Addition	Tier 1. First generic for Acular LS.	Not applicable
ketorolac ophth soln, 0.5%	Generic	11/8/09	Addition	Tier 1. First generic for Acular.	Not applicable
lamotrigine starter kit-not taking carbamazepine, tabs, 25 mg (42); 100 mg (7)	Generic	9/20/09	Addition	Tier 1. First generics for Lamictal Starter Kit-not taking carbamazepine	Not applicable

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lamotrigine starter kit-taking carbamazepine/not taking valproate, tabs, 25 mg (84); 100 mg (14)	Generic	9/20/09	Addition	Tier 1. First generics for Lamictal Starter Kit-taking carbamazepine	Not applicable
lamotrigine starter kit-taking valproate, tabs, 25 mg (35)	Generic	10/11/09	Addition	Tier 1. First generic for Lamictal Starter Kit-taking valproate.	Not applicable
lansoprazole delayed-release caps, 15 mg, 30 mg	Generic	11/15/09	Addition	Tier 1. First generics for Prevacid. Quantity Limits apply.	Not applicable
levetiracetam soln, 100 mg/mL; tabs, 1000 mg	Generic	1/18/09	Addition	First generic for these strengths of Keppra, Tier 1	Not applicable
levetiracetam tabs, 250 mg, 500 mg, 750 mg	Generic	1/1/09	Addition	First generic for Keppra, Tier 1	Not applicable
liothyronine sodium tabs, 5 mcg, 25 mcg, 50 mcg	Generic	3/29/09	Addition	First generic for Cytomel, Tier 1	Not applicable
LOPROX (ciclopirox) gel, 0.77%	Brand	1/1/09	Addition	Additional dosage form, Tier 3	Not applicable
malathion lotion, 0.5%	Generic	5/28/09	Addition	First generic for Ovide, Tier 1	Not applicable
melphalan for inj, 50 mg	Generic	9/13/09	Addition	Tier 4. First generic for Alkeran.	Not applicable
MULTAQ (dronedarone) tabs, 400 mg	Brand	12/1/09	Addition	Tier 2.	Not applicable
mycophenolate mofetil caps, 250 mg	Generic	5/10/09	Addition	First generic for CellCept, Tier 1	Not applicable
myphenolate mofetil tabs, 500 mg	Generic	5/10/09	Addition	First generic for CellCept, Tier 4	Not applicable
nateglinide tabs, 60 mg, 120 mg	Generic	9/13/09	Addition	Tier 1. First generics for Starlix.	Not applicable
NEVANAC (nepafenac) ophth susp, 0.1%	Brand	1/1/09	Addition	Tier 3	Not applicable
nicotine transdermal patch, 7 mg/24 hr, 14 mg/24 hr, 21 mg/24 hr	Generic	5/23/09	Removal	Rx product discontinued, not eligible for Part D coverage	Consult prescriber
NOXAFIL (posaconazole) susp, 40 mg/mL	Brand	1/1/09	Addition	Tier 4. Prior Authorization applies	Not applicable
NUTROPIN AQ NUSPIN (somatropin) inj, 5 mg/2 mL	Brand	11/15/09	Addition	Tier 4. Additional strength. Prior Authorization applies.	Not applicable
ONGLYZA (saxagliptin) tabs, 2.5 mg, 5 mg	Brand	12/1/09	Addition	Tier 2. Quantity Limits apply.	Not applicable

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oxaliplatin inj, 5 mg/mL	Generic	10/11/09	Addition	Tier 4. First generics for Eloxatin.	Not applicable
oxycodone/acetaminophen tabs, 2.5-325 mg	Generic	1/18/09	Addition	First generic for this strength of Percocet, Tier 1	Not applicable
PATANASE (olopatadine) nasal soln, 0.6%	Brand	3/1/09	Addition	Tier 3. Quantity Limits apply	Not applicable
peg 3350/kcl/sod bicarb/nacl/sod sulf for soln, 236 g	Generic	6/7/09	Addition	First generic for Golytely, Tier 1	Not applicable
phenytoin sodium extended caps, 200 mg, 300 mg	Generic	11/22/09	Addition	Tier 1. First generics for Phenytek.	Not applicable
PHOSLO (calcium acetate) caps, 667 mg	Brand	1/1/09	Cost Share Reduction	Change to Tier 2 (was 3).	Not applicable
piperacillin-tazobactam, for inj, 2-0.25 g, 3-0.375 g, 4-0.5 g, 36-4.5 g	Generic	10/11/09	Addition	Tier 1. First generics for Zosyn.	Not applicable
polyethylene glycol 3350 powder for soln, 17 g/scoopful	Generic	7/1/09	Removal	Rx product does not meet the definition of a Part D drug. Available OTC (without prescription)	Consult prescriber
prenatal vitamins with polysaccharide iron complex/folic acid chew tabs, 29 mg-1 mg	Generic	1/1/09	Addition	First generic for Select-OB, Tier 1	Not applicable
PREZISTA (darunavir) tabs, 150 mg	Brand	5/28/09	Addition	Additional strength, Tier 3	Not applicable
PREZISTA (darunavir) tabs, 400 mg	Brand	1/1/09	Addition	Additional strength, Tier 3	Not applicable
PREZISTA (darunavir) tabs, 75 mg	Brand	2/8/09	Addition	Additional strength, Tier 3	Not applicable
PRISTIQ (desvenlafaxine) ER tabs, 50 mg, 100 mg	Brand	1/1/09	Addition	Tier 3. Step Therapy applies	Not applicable
PROLASTIN-C (proteinase inhibitor human) for inj, 1000 mg	Brand	11/30/09	Addition	Tier 4. New formulation.	Not applicable
RAPTIVA (efalizumab) for inj, 125 mg	Brand	6/9/09	Removal	Product withdrawn from market, not	Consult prescriber
RENVELA (sevelamer carbonate) powder packets 0.8 g, 2.4 g	Brand	8/26/09	Addition	Tier 2. New dosage form.	Not applicable
ribavirin caps, 200 mg; tabs, 200 mg, 400 mg, 600 mg	Generic	3/20/09	Cost Share Reduction	Change to Tier 1 (was 4).	Not applicable
RISPERIDONE ODT, 0.25 mg	Brand	6/14/09	Addition	Additional strength, Tier 3. Step Therapy	Not applicable
risperidone ODT, 0.5 mg, 2 mg	Generic	3/8/09	Addition	Tier 1. Quantity Limits apply	Not applicable

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risperidone ODT, 1 mg	Generic	10/21/09	Cost Share Reduction	Change to Tier 1 (was 3). Quantity Limits apply.	Not applicable
RISPERIDONE ODT, 1 mg, 3 mg, 4 mg	Brand	3/8/09	Addition	Tier 3. Quantity Limits apply	Not applicable
risperidone ODT, 3 mg, 4 mg	Generic	6/7/09	Addition	First generics for these strengths of Risperdal M-tab, Tier 1. Quantity Limits apply.	Not applicable
risperidone soln, 1 mg/mL	Generic	2/12/09	Cost Share Reduction	First generic for Risperdal soln & previous brand distributor to Tier 1. Quantity Limits continue to apply.	Not applicable
SABRIL (vigabatrin) tabs, 500 mg; powder pack, 500 mg	Brand	12/1/09	Addition	Tier 3.	Not applicable
SAPHRIS (asenapine) SL tabs, 5 mg, 10 mg	Brand	12/1/09	Addition	Tier 3. Step Therapy and Quantity Limits apply.	Not applicable
SELECT-OB (prenatal vitamins with polysaccharide iron complex/folic acid) chew tabs, 29 mg-1 mg	Brand	1/1/09	Addition	Tier 3	Not applicable
SEROQUEL XR (quetiapine) ER tabs, 50mg, 150 mg	Brand	1/25/09	Addition	Additional strengths, Tier 2. Quantity	Not applicable
SFROWASA (mesalamine) enema, 4 g	Brand	2/1/09	Addition	Tier 3	Not applicable
STALEVO (carbidopa/levodopa/entacapone) tabs, 18.75-75-200 mg, 31.25-125-200 mg	Brand	1/1/09	Addition	Additional strengths, Tier 2	Not applicable
stavudine caps, 15 mg, 20 mg, 30 mg, 40 mg	Generic	1/4/09	Addition	First generic for Zerit, Tier 1	Not applicable
stavudine for soln, 1 mg/mL	Generic	3/29/09	Addition	First generic for Zerit soln, Tier 1	Not applicable
STIMATE (desmopressin) nasal spray, 1.5 mg/mL	Brand	1/1/09	Addition	Tier 3	Not applicable
sumatriptan succinate inj (vials), 6 mg/0.5 mL	Generic	2/13/09	Cost Share Reduction	First generic for Imitrex inj & previous brand distributor to Tier 1. Quantity Limits continue to apply.	Not applicable

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SUMATRIPTAN SUCCINATE inj (vials), 6 mg/0.5 mL; inj kit, 4 mg/0.5 mL, 6 mg/0.5 mL	Brand	1/1/09	Addition	Brand distributor version of previous single-source brand formulary product (Imitrex), Tier 3. Quantity Limits apply	Not applicable
sumatriptan succinate tabs, 25 mg, 50 mg, 100 mg	Generic	2/13/09	Addition	First generic for Imitrex tabs, Tier 1. Quantity Limits apply.	Not applicable
tacrolimus caps, 0.5 mg, 1 mg	Generic	9/25/09	Cost Share Reduction	Change to Tier 1 (was 4).	Not applicable
tacrolimus caps, 0.5 mg, 1 mg, 5 mg	Generic	8/16/09	Addition	Tier 4. First generic for Prograf caps.	Not applicable
TEMODAR (temozolomide) for inj, 100 mg	Brand	3/15/09	Addition	Tier 4	Not applicable
TOBRAMYCIN/DEXAMETHASONE ophth susp, 0.3-0.1%	Brand	1/1/09	Addition	Brand distributor version of previous single-source brand formulary product (Tobradex), Tier 2.	Not applicable
tobramycin/dexamethasone ophth susp, 0.3-0.1%	Generic	1/15/09	Cost Share Reduction	Brand distributor version changed to generic - Tier 2 to 1	Not applicable
topiramate caps, 15 mg, 25 mg	Generic	4/19/09	Addition	First generic for Topamax Sprinkles, Tier 1.	Not applicable
topiramate tabs, 25 mg, 50 mg, 100 mg, 200 mg	Generic	3/29/09	Addition	First generic for Topamax, Tier 1	Not applicable
TRILIPIX (choline fenofibrate) DR caps, 45 mg, 135 mg	Brand	9/1/09	Addition	Tier 2	Not applicable
tri-lo-sprintec (norgestimate/ethinyl estradiol) tabs	Generic	7/12/09	Addition	First generic for Ortho Tri-Cyclen Lo, Tier 1	Not applicable
tri-lo-sprintec (norgestimate/ethinyl estradiol) tabs	Generic	12/23/09	Removal	Manufacturer is no longer marketing.	Consult prescriber
ULESFIA (benzyl alcohol) lotn, 5%	Brand	9/1/09	Addition	Tier 3	Not applicable
valacyclovir tabs, 500 mg, 1000 mg	Generic	12/4/09	Addition	Tier 1. First generics for Valtrex.	Not applicable
VENLAFAXINE ER tabs, 37.5 mg, 75 mg, 150 mg, 225 mg	Brand	1/1/09	Addition	Tier 2. Step Therapy applies	Not applicable

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VFEND (voriconazole) for susp, 40 mg/mL; tabs, 50 mg, 200 mg	Brand	1/1/09	Addition	Additional dosage forms, Tier 4. Prior Authorization applies	Not applicable
VIMPAT (lacosamide) inj, 200 mg/20 mL	Brand	5/28/09	Addition	Additional dosage form, Tier 3. Step Therapy applies.	Not applicable
VIMPAT (lacosamide) tabs, 50 mg, 100 mg, 150 mg, 200 mg	Brand	6/1/09	Addition	Tier 3. Step Therapy applies.	Not applicable
VOLTAREN (diclofenac sodium) ophth soln, 0.1%	Brand	1/1/09	Addition	Tier 3	Not applicable
XENAZINE (tetrabenazine) tabs, 12.5 mg, 25 mg	Brand	6/1/09	Addition	Tier 4. Prior Authorization is	Not applicable
ZETIA (ezetimibe) tabs, 10 mg	Brand	1/1/09	Cost Share Reduction	Change to Tier 2 (was 3). Step	Not applicable

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