

Formulary Addendum as of October 1, 2010 for KelseyCare Advantage Rx and Rx+Choice

Formulary Additions

Drug Name	Tier	Notes	Effective Date
{24 (drospirenone 3 mg / ethinyl estradiol 0.02 mg oral tablet) / 4 (inert ingredients 1 mg oral tablet) } pack [gianvi 28-day]	1	☞†	10/1/10
24 hr venlafaxine 150 mg extended release capsule	2	QL ☞	10/1/10
24 hr venlafaxine 37.5 mg extended release capsule	2	QL ☞	10/1/10
24 hr venlafaxine 75 mg extended release capsule	2	QL ☞	10/1/10
ACTEMRA 200 MG/10 ML (20 MG/ML) IV	4	PA ☞	7/1/10
adapalene 0.001 mg/mg topical gel	2	☞	10/1/10
adapalene 1 mg/ml topical cream	2	☞	10/1/10
amantadine syp 50mg/5ml	1	☞†	6/1/10
AMINOSYN II M INJ 3.5%D5W	2	☞	3/1/10
amoxicillin-pot clavulanate sr 1,000 mg-62.5 mg 12 hr tab	2	☞	7/1/10
AMPYRA 10 MG 12 HR TAB	4	QL PA ☞	7/1/10
anastrozole 1 mg oral tablet	2	☞	10/1/10
ARZERRA CON 100/5ML	4	☞	3/1/10
ASMANEX 30 AER 110MCG	2	QL ☞	6/1/10
azelastine spr 0.1%	2	QL ☞	9/1/10
budesonide sus 0.25mg/2	2	PA ☞	5/1/10
budesonide sus 0.5mg/2	2	PA ☞	5/1/10
buprenorphine sub 2mg	2	☞	3/1/10
buprenorphine sub 8mg	2	☞	3/1/10
BYETTA INJ 5MCG	2	ST ☞	3/1/10
CERVARIX INJ	2		3/1/10
CERVARIX INJ PRE-FILLED SYRINGE	2		3/1/10
chlorothiaz inj 500mg	2	☞	5/1/10
ciclopirox sha 1%	1	☞†	5/1/10
CIMZIA KIT	4	PA ☞	5/1/10
CIMZIA KIT 200MG/ML	4	PA ☞	5/1/10
clindamycin 1 % topical foam	2	☞	7/1/10
COARTEM TAB 20-120MG	2	QL ☞	6/1/10
dextrose 5%/lactated ringer's inj	1	☞†	3/1/10
diltiazem sr 180 mg 24 hr tab	2	QL ☞	7/1/10
diltiazem sr 240 mg 24 hr tab	2	QL ☞	7/1/10

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<i>diltiazem sr 300 mg 24 hr tab</i>	2	QL ☐	7/1/10
<i>diltiazem sr 360 mg 24 hr tab</i>	2	QL ☐	7/1/10
<i>diltiazem sr 420 mg 24 hr tab</i>	2	QL ☐	7/1/10
<i>doxycycline hyclate cap 100mg</i>	1	☐†	3/1/10
EFFIENT 10MG TAB	2	PA ☐	3/1/10
EFFIENT 5MG TAB	2	PA ☐	3/1/10
ENBREL INJ 25/0.5ML	4	PA ST ☐	5/1/10
FANAPT PAK	3	ST ☐	5/1/10
FANAPT TAB 10MG	3	ST ☐	5/1/10
FANAPT TAB 12MG	3	ST ☐	5/1/10
FANAPT TAB 1MG	3	ST ☐	5/1/10
FANAPT TAB 2MG	3	ST ☐	5/1/10
FANAPT TAB 4MG	3	ST ☐	5/1/10
FANAPT TAB 6MG	3	ST ☐	5/1/10
FANAPT TAB 8MG	3	ST ☐	5/1/10
<i>fluoxetine 90 mg cap, delayed release</i>	2	QL ☐	7/1/10
<i>gavilyte-c sol</i>	1	☐†	3/1/10
<i>gavilyte-n sol flav pk</i>	1	☐†	3/1/10
HUMIRA KIT 20MG/0.4ML	4	QL PA ST ☐	3/1/10
<i>imiquimod cre 5%</i>	2	QL ☐	6/1/10
INTUNIV TAB 1MG	3	QL ☐	3/1/10
INTUNIV TAB 2MG	3	QL ☐	3/1/10
INTUNIV TAB 3MG	3	QL ☐	3/1/10
INTUNIV TAB 4MG	3	QL ☐	3/1/10
INVEGA SUS INJ 117MG/0.75ML	3	☐	3/1/10
INVEGA SUS INJ 156MG/ML	3	☐	3/1/10
INVEGA SUS INJ 39MG/0.25ML	3	☐	3/1/10
INVEGA SUST INJ 234MG/1.5ML	3	☐	3/1/10
INVEGA SUST INJ 78MG/0.5ML	3	☐	3/1/10
INVEGA TAB 1.5MG	3	QL ☐	3/1/10
ISTODAX INJ 10MG	4	PA ☐	5/1/10
IXIARO (PF) 6 MCG/0.5 ML IM SYRINGE	2		7/1/10
<i>ketorolac sol 0.4%</i>	2	☐	3/1/10
<i>ketorolac sol 0.5%</i>	2	☐	3/1/10
<i>lactated ringer's inj</i>	1	☐†	3/1/10
<i>lansoprazole 15mg cap</i>	2	QL ☐	3/1/10
<i>lansoprazole 30mg cap</i>	2	QL ☐	3/1/10

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<i>levalbuterol neb 1.25/0.5</i>	2	PA ☞	5/1/10
<i>levetiracetam 100 mg/ml injectable solution</i>	2	☞	10/1/10
LIPOSYN II INJ 10%	3	PA ☞	3/1/10
LIPOSYN II INJ 20%	3	PA ☞	3/1/10
LIPOSYN III INJ 10%	3	PA ☞	3/1/10
LIPOSYN III INJ 20%	3	PA ☞	3/1/10
<i>liposyn III inj 30%</i>	1	PA ☞ †	3/1/10
<i>losartan 100 mg tab</i>	2	QL ☞	7/1/10
<i>losartan 25 mg tab</i>	2	QL ☞	7/1/10
<i>losartan 50 mg tab</i>	2	QL ☞	7/1/10
<i>losartan-hydrochlorothiazide 100 mg-12.5 mg tab</i>	2	QL ☞	7/1/10
<i>losartan-hydrochlorothiazide 100 mg-25 mg tab</i>	2	QL ☞	7/1/10
<i>losartan-hydrochlorothiazide 50 mg-12.5 mg tab</i>	2	QL ☞	7/1/10
MAXAIR AUTOHALER 200MCG	3	QL ☞	3/1/10
<i>metaxalone 800 mg tab</i>	2	☞	7/1/10
METZOLV ODT TAB 10MG	3	☞	3/1/10
METZOLV ODT TAB 5MG	3	☞	3/1/10
<i>minocycline tab 135mg er</i>	2	☞	6/1/10
<i>minocycline tab 45mg er</i>	2	☞	6/1/10
<i>minocycline tab 90mg er</i>	2	☞	6/1/10
<i>morphine sul sol 20mg/ml</i>	1	☞ †	5/1/10
MOZOBIL INJ	4	PA ☞	5/1/10
MULTAQ 400 MG TAB	3	☞	7/1/10
<i>naproxen sod tab 275mg</i>	1	☞ †	3/1/10
<i>naproxen sod tab 550mg</i>	1	☞ †	3/1/10
<i>naratriptan 1 mg oral tablet</i>	2	QL ☞	10/1/10
<i>naratriptan 2.5 mg oral tablet</i>	2	QL ☞	10/1/10
<i>nateglinide tab 120mg</i>	1	QL ☞ †	3/1/10
<i>nateglinide tab 60mg</i>	1	QL ☞ †	3/1/10
<i>nizatidine sol 15mg/ml</i>	2	☞	5/1/10
NORVIR 100 MG TAB	2	☞	8/1/10
NUTROPIN AQ INJ 10MG/2ML	4	PA ☞	3/1/10
NUTROPIN AQ INJ 20MG/2ML	4	PA ☞	3/1/10
NUVIGIL TAB 150MG	3	QL PA ☞	3/1/10
NUVIGIL TAB 250MG	3	QL PA ☞	3/1/10
NUVIGIL TAB 50MG	3	QL PA ☞	3/1/10
<i>omeprazole 20 mg / sodium bicarbonate 1100 mg oral capsule</i>	2	QL ☞	10/1/10

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<i>omeprazole 40 mg / sodium bicarbonate 1100 mg oral capsule</i>	2	QL ☞	10/1/10
<i>omeprazole 40 mg enteric coated capsule</i>	1	☞†	10/1/10
<i>oxcarbazepine 300mg/5ml</i>	2	☞	3/1/10
PANCREAZE 10 CAP	3	☞	9/1/10
PANCREAZE 16 CAP	3	☞	9/1/10
PANCREAZE 20 CAP	3	☞	9/1/10
PANCREAZE 4 CAP	3	☞	9/1/10
<i>perindopril tab 2mg</i>	1	QL ☞ †	3/1/10
<i>perindopril tab 4mg</i>	1	QL ☞ †	3/1/10
<i>perindopril tab 8mg</i>	1	QL ☞ †	3/1/10
<i>phenytoin ex cap 200mg</i>	1	☞†	5/1/10
<i>phenytoin ex cap 300mg</i>	1	☞†	5/1/10
<i>piperacilin 200mg/ml tazobactam 25mg/ml injectable solution</i>	2	☞	3/1/10
<i>polyethylene glycol 3350 nf</i>	1	☞ †	3/1/10
<i>pramipexole tab 0.125mg</i>	2	☞	5/1/10
<i>pramipexole tab 0.25mg</i>	2	☞	5/1/10
<i>pramipexole tab 0.5mg</i>	2	☞	5/1/10
<i>pramipexole tab 1.5mg</i>	2	☞	5/1/10
<i>pramipexole tab 1mg</i>	2	☞	5/1/10
RENAGEL TAB 400MG	2	☞	3/1/10
RENAGEL TAB 800MG	2	☞	3/1/10
REVATIO INJ	4	PA ☞	5/1/10
<i>risperidone tab 1mg odt</i>	1	QL ☞ †	3/1/10
<i>rivastigmine 1.5 mg oral capsule</i>	2	QL ☞	10/1/10
<i>rivastigmine 3 mg oral capsule</i>	2	QL ☞	10/1/10
<i>rivastigmine 4.5 mg oral capsule</i>	2	QL ☞	10/1/10
<i>rivastigmine 6 mg oral capsule</i>	2	QL ☞	10/1/10
SABRIL 500MG TAB	4	☞	3/1/10
SABRIL 50MG/ML ORAL SOLUTION	4	☞	3/1/10
SAMSCA 15MG	2	QL ☞	3/1/10
SAMSCA 30MG	2	QL ☞	3/1/10
SAPHRIS 10MG	3	QL ☞	3/1/10
SAPHRIS 5MG	3	QL ☞	3/1/10
<i>selegiline tab 5mg</i>	1	☞ †	3/1/10
<i>sodium bicarbonate inj 8.4%</i>	1	☞ †	3/1/10

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SOMATULINE INJ 60/0.2ML	4	PA ☞	5/1/10
<i>sotalol hcl inj 150/10ml</i>	1	☞†	5/1/10
STELARA INJ 45MG/0.5	4	QL PA ☞	5/1/10
STELARA INJ 90MG/ML	4	QL PA ☞	5/1/10
<i>sumatriptan tab 100mg</i>	1	QL ☞ †	3/1/10
<i>sumatriptan tab 25mg</i>	1	QL ☞ †	3/1/10
<i>sumatriptan tab 50mg</i>	1	QL ☞ †	3/1/10
SYMLINPEN 120	2	PA	3/1/10
<i>tacrolimus 0.5mg capsule</i>	2	PA ☞	3/1/10
<i>tacrolimus 1mg capsule</i>	2	PA ☞	3/1/10
<i>tacrolimus 5mg capsule</i>	2	PA ☞	3/1/10
<i>tamsulosin cap 0.4mg</i>	2	QL ☞	6/1/10
<i>timolol gel 0.25% op</i>	2	☞	3/1/10
<i>timolol gel 0.5% op</i>	2	☞	3/1/10
<i>torse mide 20 mg/2 ml (10 mg/ml) iv</i>	1	☞†	8/1/10
<i>tramadol tab 100mg er</i>	2	QL ☞	3/1/10
<i>tramadol tab 200mg er</i>	2	QL ☞	3/1/10
<i>trando/verap tab 2-180 cr</i>	2	QL ☞	9/1/10
<i>trando/verap tab 2-240 cr</i>	2	QL ☞	9/1/10
<i>trando/verap tab 4-240 cr</i>	2	QL ☞	9/1/10
VAGIFEM TAB 10MCG	2	☞	5/1/10
<i>valacyclovir tab 1gm</i>	2	☞	3/1/10
<i>valacyclovir tab 500mg</i>	2	☞	3/1/10
VALCYTE SOL 50MG/ML	4	☞	5/1/10
VIBATIV INJ 250MG	2	PA ☞	3/1/10
VICTOZA 0.6 MG/0.1 ML (18 MG/3 ML) SUB-Q PEN INJECTOR	2	QL PA ☞	7/1/10
VIMPAT SOL 10MG/ML	3	☞	9/1/10
VOTRIENT TAB 200MG	4	☞	3/1/10
VPRIV 400 UNIT SOLUTION	4	PA ☞	7/1/10
WELCHOL PAK 3.75GM	3	☞	5/1/10
ZENPEP CAP 10000 UNIT	2	☞	3/1/10
ZENPEP CAP 15000 UNIT	2	☞	3/1/10
ZENPEP CAP 20000 UNIT	2	☞	3/1/10
ZENPEP CAP 5000 UNIT	2	☞	3/1/10
ZYMAXID 0.5 % EYE DROPS	3	☞	8/1/10
ZYPREXA RELP INJ 405MG	4	PA ☞	6/1/10

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Requirement Changes

As of October 1, 2010, there are no Requirement Changes.

Tier Changes

Affected Drug	Tier*	Notes	Effective Date
<i>acetazolimide cap 500mg</i>	1	☞ †	3/1/10
ARIXTRA SOL 2.5MG/0.5ML	2	☞	3/1/10
<i>bicalutamide tab 50mg</i>	1	☞ †	3/1/10
<i>butorphanol sol 10mg/ml</i>	1	QL ☞ †	3/1/10
<i>cabergoline tab 0.5mg</i>	1	☞ †	3/1/10
<i>carb/levo tab 25-100mg</i>	1	☞ †	5/1/10
<i>ciclopirox gel 0.77%</i>	1	☞ †	3/1/10
<i>clonidine dis 0.1/24hr</i>	1	QL ☞ †	3/1/10
<i>clozapine tab 100mg</i>	1	ST ☞ †	3/1/10
<i>cyclosporine cap 25mg</i>	1	PA ☞ †	3/1/10
<i>cyclosporine cap 25mg mod</i>	1	PA ☞ †	3/1/10
<i>danazol cap 100mg</i>	1	☞ †	3/1/10
<i>didanosine cap 250mg</i>	1	☞ †	3/1/10
<i>divalproex tab 500mg er</i>	1	☞ †	3/1/10
<i>doxycycline mono tab 75mg</i>	1	☞ †	3/1/10
<i>flutamide cap 125mg</i>	1	☞ †	3/1/10
<i>galantamine cap 16mg er</i>	1	☞ †	3/1/10
<i>galantamine cap 24mg er</i>	1	☞ †	3/1/10
<i>galantamine cap 8mg er</i>	1	☞ †	3/1/10
<i>galantamine sol 4mg/ml</i>	1	QL ☞ †	3/1/10
<i>galantamine tab 4mg</i>	1	QL ☞ †	3/1/10
<i>galantamine tab 8mg</i>	1	QL ☞ †	3/1/10
<i>lamotrigine tab 100mg</i>	1	☞ †	3/1/10
<i>lamotrigine tab 150mg</i>	1	☞ †	3/1/10
<i>lamotrigine tab 200mg</i>	1	☞ †	3/1/10
<i>lamotrigine tab 25mg</i>	1	☞ †	3/1/10
<i>levetiracetam sol 100mg/ml</i>	1	☞ †	3/1/10
<i>levetiracetam tab 1000mg</i>	1	☞ †	3/1/10
<i>levetiracetam tab 250mg</i>	1	☞ †	3/1/10
<i>levetiracetam tab 500mg</i>	1	☞ †	3/1/10
<i>levetiracetam tab 750mg</i>	1	☞ †	3/1/10
<i>levothroid tab 100mcg</i>	1	☞ †	5/1/10
<i>levothroid tab 112mcg</i>	1	☞ †	5/1/10

* Lower cost sharing tier

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<i>levothroid tab 125mcg</i>	1	☒†	5/1/10
<i>levothroid tab 137mcg</i>	1	☒†	5/1/10
<i>levothroid tab 150mcg</i>	1	☒†	5/1/10
<i>levothroid tab 175mcg</i>	1	☒†	5/1/10
<i>levothroid tab 200mcg</i>	1	☒†	5/1/10
<i>levothroid tab 25mcg</i>	1	☒†	5/1/10
<i>levothroid tab 300mcg</i>	1	☒†	5/1/10
<i>levothroid tab 50mcg</i>	1	☒†	5/1/10
<i>levothroid tab 75mcg</i>	1	☒†	5/1/10
<i>levothroid tab 88mcg</i>	1	☒†	5/1/10
<i>mycophenolate cap 250mg</i>	1	PA ☒†	3/1/10
<i>protriptyline tab 10mg</i>	1	☒†	3/1/10
<i>risperidone tab 0.5mg</i>	1	QL ☒†	3/1/10
<i>risperidone tab 1mg</i>	1	QL ☒†	3/1/10
<i>risperidone tab 2mg</i>	1	QL ☒†	3/1/10
<i>risperidone tab 3mg</i>	1	QL ☒†	3/1/10
<i>risperidone tab 4mg</i>	1	QL ☒†	3/1/10
<i>stavudine cap 15mg</i>	1	☒†	3/1/10
<i>stavudine cap 20mg</i>	1	☒†	3/1/10
<i>timolol gel sol 0.25% op</i>	1	☒†	5/1/10
<i>timolol gel sol 0.5% op</i>	1	☒†	5/1/10
<i>topiramate cap 15mg</i>	1	☒†	3/1/10
<i>topiramate tab 100mg</i>	1	☒†	3/1/10
<i>topiramate tab 200mg</i>	1	☒†	3/1/10
<i>topiramate tab 25mg</i>	1	☒†	3/1/10
<i>topiramate tab 50mg</i>	1	☒†	3/1/10
<i>trazodone tab 300mg</i>	1	☒†	3/1/10
<i>trilyte sol</i>	1	☒†	3/1/10
<i>zidovudine syp 50mg/5ml</i>	1	☒†	3/1/10

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Formulary Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Tier	Notes	Effective Date
ACEON TAB 2MG	Deletion	Available in generic. Only generic is covered	<i>perindopril 2mg</i>	1	QL †	6/1/10
ACEON TAB 4MG	Deletion	Available in generic. Only generic is covered	<i>perindopril 4mg</i>	1	QL †	6/1/10
ACEON TAB 8MG	Deletion	Available in generic. Only generic is covered	<i>perindopril 8mg</i>	1	QL †	6/1/10
ACULAR LS SOL 0.4%	Deletion	Available in generic. Only generic is covered	<i>ketorolac sol 0.4%</i>	2		6/1/10
ACULAR SOL 0.5% OP	Deletion	Available in generic. Only generic is covered	<i>ketorolac sol 0.5%</i>	2		6/1/10
ALDARA CRE 5%	Deletion	Available in generic. Only generic is covered	<i>imiquimod cre 5%</i>	2	QL	9/1/10
AMINESS INJ 5.2%	Deletion	Drug discontinued by manufacturer	RENAMIN INJ 6.5%	2		3/1/10
ASTELIN NASA SPR 137MCG	Deletion	Available in generic. Only generic is covered	<i>azelastine spr 0.1%</i>	2	QL	12/1/10
AUGMENTIN XR 1000 MG/62.5 MG TAB	Deletion	Available in generic. Only generic is covered	<i>amox-pot cla tab er</i>	2		10/1/10
CARDIZEM LA 180 MG TAB	Deletion	Available in generic. Only generic is covered	<i>diltiazem er tab 180mg/24</i>	2	QL	10/1/10
CARDIZEM LA 240 MG TAB	Deletion	Available in generic. Only generic is covered	<i>diltiazem er tab 240mg/24</i>	2	QL	10/1/10
CARDIZEM LA 300 MG TAB	Deletion	Available in generic. Only generic is covered	<i>diltiazem er tab 300mg/24</i>	2	QL	10/1/10
CARDIZEM LA 360 MG TAB	Deletion	Available in generic. Only generic is covered	<i>diltiazem er tab 360mg/24</i>	2	QL	10/1/10
CARDIZEM LA 420 MG TAB	Deletion	Available in generic. Only generic is covered	<i>diltiazem er tab 420mg/24</i>	2	QL	10/1/10













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<i>colchicine</i>	Deletion	Not a Part D Covered Drug	Consult Your Doctor	N/A		11/22/09
COZAAR 100 MG TAB	Deletion	Available in generic. Only generic is covered	<i>losartan pot tab 100mg</i>	2	QL ☞	10/1/10
COZAAR 25 MG TAB	Deletion	Available in generic. Only generic is covered	<i>losartan pot tab 25mg</i>	2	QL ☞	10/1/10
COZAAR 50 MG TAB	Deletion	Available in generic. Only generic is covered	<i>losartan pot tab 50mg</i>	2	QL ☞	10/1/10
EVOCLIN 10MG/MG TOPICAL FOAM	Deletion	Available in generic. Only generic is covered	<i>clindamycin aer 1%</i>	2	☞	10/1/10
FLOMAX CAP 0.4MG	Deletion	Available in generic. Only generic is covered	<i>tamsulosin cap 0.4mg</i>	2	☞	9/1/10
HYZAAR 100/12.5 MG TAB	Deletion	Available in generic. Only generic is covered	<i>losartan/hct tab 100-12.5</i>	2	QL ☞	10/1/10
HYZAAR 100/25 MG TAB	Deletion	Available in generic. Only generic is covered	<i>losartan/hct tab 100-25</i>	2	QL ☞	10/1/10
HYZAAR 50/12.5 MG TAB	Deletion	Available in generic. Only generic is covered	<i>losartan/hct tab 50-12.5</i>	2	QL ☞	10/1/10
IMITREX TAB 100MG	Deletion	Available in generic. Only generic is covered	<i>sumatriptan tab 100mg</i>	1	QL ☞ †	6/1/10
IMITREX TAB 50MG	Deletion	Available in generic. Only generic is covered	<i>sumatriptan tab 50mg</i>	1	QL ☞ †	6/1/10
MIRAPEX TAB 0.125MG	Deletion	Available in generic. Only generic is covered	<i>pramipexole tab 0.125mg</i>	2	☞	7/1/2010
MIRAPEX TAB 0.25MG	Deletion	Available in generic. Only generic is covered	<i>pramipexole tab 0.25mg</i>	2	☞	7/1/2010
MIRAPEX TAB 0.5MG	Deletion	Available in generic. Only generic is covered	<i>pramipexole tab 0.5mg</i>	2	☞	7/1/2010

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†=We provide coverage of this prescription through the gap.

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Tier	Notes	Effective Date
MIRAPEX TAB 1.5MG	Deletion	Available in generic. Only generic is covered	<i>pramipexole tab 1.5mg</i>	2		7/1/2010
MIRAPEX TAB 1MG	Deletion	Available in generic. Only generic is covered	<i>pramipexole tab 1mg</i>	2		7/1/2010
PHENYTEK CAP 200MG	Deletion	Available in generic. Only generic is covered	<i>phenytoin ex cap 200mg</i>	1	†	8/1/2010
PHENYTEK CAP 300MG	Deletion	Available in generic. Only generic is covered	<i>phenytoin ex cap 300mg</i>	1	†	8/1/2010
PREVACID CAP 15MG DR	Deletion	Available in generic. Only generic is covered	<i>lansoprazole cap 15mg</i>	2	QL	6/1/10
PREVACID CAP 30MG DR	Deletion	Available in generic. Only generic is covered	<i>lansoprazole cap 30mg</i>	2	QL	6/1/10
PROGRAF CAP 0.5MG	Deletion	Available in generic. Only generic is covered	<i>tacrolimus cap 0.5mg</i>	2	PA	6/1/10
PROGRAF CAP 1MG	Deletion	Available in generic. Only generic is covered	<i>tacrolimus cap 1mg</i>	2	PA	6/1/10
PROGRAF CAP 5MG	Deletion	Available in generic. Only generic is covered	<i>tacrolimus cap 5mg</i>	2	PA	6/1/10
PULMICORT SUS 0.25MG/2	Deletion	Available in generic. Only generic is covered	<i>budesonide sus 0.25mg/2</i>	2	PA	8/1/2010
PULMICORT SUS 0.5MG/2	Deletion	Available in generic. Only generic is covered	<i>budesonide sus 0.5mg/2</i>	2	PA	8/1/2010
RISPERDAL M TAB 1MG	Deletion	Available in generic. Only generic is covered	<i>risperidone tab 1mg odt</i>	1	QL †	6/1/10
SKELAXIN 800 MG TAB	Deletion	Available in generic. Only generic is covered	<i>metaxalone tab 800mg</i>	2		10/1/10
STARLIX TAB 120MG	Deletion	Available in generic. Only generic is covered	<i>nateglinide tab 120mg</i>	1	QL †	6/1/10

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Affected Drug	Description of Change	Reason for Change	Alternative Drug	Tier	Notes	Effective Date
STARLIX TAB 60MG	Deletion	Available in generic. Only generic is covered	<i>nateglinide tab 60mg</i>	1	QL  †	6/1/10
SUBUTEX SUB 2MG	Deletion	Available in generic. Only generic is covered	<i>buprenorphine sublingual 2mg</i>	2		6/1/10
SUBUTEX SUB 8MG	Deletion	Available in generic. Only generic is covered	<i>buprenorphine sublingual 8mg</i>	2		6/1/10
TARKA TAB 2-180 CR	Deletion	Available in generic. Only generic is covered	<i>trando/verap tab 2-180 cr</i>	2	QL 	12/1/10
TARKA TAB 2-240 CR	Deletion	Available in generic. Only generic is covered	<i>trando/verap tab 2-240 cr</i>	2	QL 	12/1/10
TARKA TAB 4-240 CR	Deletion	Available in generic. Only generic is covered	<i>trando/verap tab 4-240 cr</i>	2	QL 	12/1/10
TRILEPTAL SUS 300MG/5M	Deletion	Available in generic. Only generic is covered	<i>oxcarbazepine sus 300mg/5ml</i>	2		6/1/10
ULTRASE EC 250 MG (4,500-25K-20K UNIT) CAP	Deletion	Product removed from the Market	CREON or ZENPEP	2		9/1/10
ULTRASE MT 12 223 MG (12,000-39K-39K UNIT) CAP	Deletion	Product removed from the Market	CREON or ZENPEP	2		9/1/10
ULTRASE MT 18 333 MG(18K-58.5K-58.5K UNIT) CAP	Deletion	Product removed from the Market	CREON or ZENPEP	2		9/1/10
ULTRASE MT 20 371 MG (20,000-65K-65K UNIT) CAP	Deletion	Product removed from the Market	CREON or ZENPEP	2		9/1/10
VALTREX TAB 1GM	Deletion	Available in generic. Only generic is covered	<i>valacyclovir tab 1gm</i>	2		6/1/10
VALTREX TAB 500MG	Deletion	Available in generic. Only generic is covered	<i>valacyclovir tab 500mg</i>	2		6/1/10

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