

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

Formulary Additions

Drug Name	Tier	Notes	Effective Date
ACTEMRA 200 MG/10 ML (20 MG/ML) IV	4	PA ☐	7/1/10
<i>amantadine syp 50mg/5ml</i>	1	☐†	6/1/10
AMINOSYN II M INJ 3.5%D5W	2	☐	3/1/10
<i>amoxicillin-pot clavulanate sr 1,000 mg-62.5 mg 12 hr tab</i>	2	☐	7/1/10
AMPYRA 10 MG 12 HR TAB	4	QL PA ☐	7/1/10
ARZERRA CON 100/5ML	4	☐	3/1/10
ASMANEX 30 AER 110MCG	2	QL ☐	6/1/10
<i>budesonide sus 0.25mg/2</i>	2	PA ☐	5/1/10
<i>budesonide sus 0.5mg/2</i>	2	PA ☐	5/1/10
<i>buprenorphine sub 2mg</i>	2	☐	3/1/10
<i>buprenorphine sub 8mg</i>	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
<i>chlorothiaz inj 500mg</i>	2	☐	5/1/10
<i>ciclopirox sha 1%</i>	1	☐†	5/1/10
CIMZIA KIT	4	PA ☐	5/1/10
CIMZIA KIT 200MG/ML	4	PA ☐	5/1/10
<i>clindamycin 1 % topical foam</i>	2	☐	7/1/10
COARTEM TAB 20-120MG	2	QL ☐	6/1/10
<i>dextrose 5%/lactated ringer's inj</i>	1	☐†	3/1/10
<i>diltiazem sr 180 mg 24 hr tab</i>	2	QL ☐	7/1/10
<i>diltiazem sr 240 mg 24 hr tab</i>	2	QL ☐	7/1/10
<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

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Drug Name	Tier	Notes	Effective Date
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
<i>levalbuterol neb 1.25/0.5</i>	2	PA ☞	5/1/10
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

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<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>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>oxcarbazepine 300mg/5ml</i>	2	☒	3/1/10
<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

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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
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
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
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
VOTRIENT TAB 200MG	4	☒	3/1/10
VPRIV 400 UNIT SOLUTION	4	PA ☒	7/1/10

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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

Requirement Changes

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

Tier Changes

Affected Drug	Tier*	Notes	Effective Date
<i>acetazolamide cap 500mg</i>	1	☒ †	3/1/10
ARIXTRA SOL 2.5/0.5	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

* Lower cost sharing tier

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<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
<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

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<i>trilyte sol</i>	1		3/1/10
<i>zidovudine syp 50mg/5ml</i>	1		3/1/10

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	perindopril 2mg	1	QL †	6/1/10
ACEON TAB 4MG	Deletion	Available in generic. Only generic is covered	perindopril 4mg	1	QL †	6/1/10
ACEON TAB 8MG	Deletion	Available in generic. Only generic is covered	perindopril 8mg	1	QL †	6/1/10
ACULAR LS SOL 0.4%	Deletion	Available in generic. Only generic is covered	ketorolac sol 0.4%	2		6/1/10
ACULAR SOL 0.5% OP	Deletion	Available in generic. Only generic is covered	ketorolac sol 0.5%	2		6/1/10
ALDARA CRE 5%	Deletion	Available in generic. Only generic is covered	imiquimod cre 5%	2	QL	9/1/10
AMINESS INJ 5.2%	Deletion	Drug discontinued by manufacturer	RENAMIN INJ 6.5%	2		3/1/10
AUGMENTIN XR 1000 MG/62.5 MG TAB	Deletion	Available in generic. Only generic is covered	amox-pot cla tab er	2		10/1/10
CARDIZEM LA 180 MG TAB	Deletion	Available in generic. Only generic is covered	diltiazem er tab 180mg/24	2	QL	10/1/10
CARDIZEM LA 240 MG TAB	Deletion	Available in generic. Only generic is covered	diltiazem er tab 240mg/24	2	QL	10/1/10
CARDIZEM LA 300 MG TAB	Deletion	Available in generic. Only generic is covered	diltiazem er tab 300mg/24	2	QL	10/1/10
CARDIZEM LA 360 MG TAB	Deletion	Available in generic. Only generic is covered	diltiazem er tab 360mg/24	2	QL	10/1/10












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CARDIZEM LA 420 MG TAB	Deletion	Available in generic. Only generic is covered	diltiazem er tab 420mg/24	2	QL ☞	10/1/10
colchicine	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	losartan pot tab 100mg	2	QL ☞	10/1/10
COZAAR 25 MG TAB	Deletion	Available in generic. Only generic is covered	losartan pot tab 25mg	2	QL ☞	10/1/10
COZAAR 50 MG TAB	Deletion	Available in generic. Only generic is covered	losartan pot tab 50mg	2	QL ☞	10/1/10
EVOCLIN 10MG/MG TOPICAL FOAM	Deletion	Available in generic. Only generic is covered	clindamycin aer 1%	2	☞	10/1/10
FLOMAX CAP 0.4MG	Deletion	Available in generic. Only generic is covered	tamsulosin cap 0.4mg	2	☞	9/1/10
HYZAAR 100/12.5 MG TAB	Deletion	Available in generic. Only generic is covered	losartan/hct tab 100-12.5	2	QL ☞	10/1/10
HYZAAR 100/25 MG TAB	Deletion	Available in generic. Only generic is covered	losartan/hct tab 100-25	2	QL ☞	10/1/10
HYZAAR 50/12.5 MG TAB	Deletion	Available in generic. Only generic is covered	losartan/hct tab 50-12.5	2	QL ☞	10/1/10
IMITREX TAB 100MG	Deletion	Available in generic. Only generic is covered	sumatriptan tab 100mg	1	QL ☞ †	6/1/10
IMITREX TAB 50MG	Deletion	Available in generic. Only generic is covered	sumatriptan tab 50mg	1	QL ☞ †	6/1/10
MIRAPEX TAB 0.125MG	Deletion	Available in generic. Only generic is covered	pramipexole tab 0.125mg	2	☞	7/1/2010
MIRAPEX TAB 0.25MG	Deletion	Available in generic. Only generic is covered	pramipexole tab 0.25mg	2	☞	7/1/2010

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MIRAPEX TAB 0.5MG	Deletion	Available in generic. Only generic is covered	pramipexole tab 0.5mg	2	☞	7/1/2010
MIRAPEX TAB 1.5MG	Deletion	Available in generic. Only generic is covered	pramipexole tab 1.5mg	2	☞	7/1/2010
MIRAPEX TAB 1MG	Deletion	Available in generic. Only generic is covered	pramipexole tab 1mg	2	☞	7/1/2010
PHENYTEK CAP 200MG	Deletion	Available in generic. Only generic is covered	phenytoin ex cap 200mg	1	☞†	8/1/2010
PHENYTEK CAP 300MG	Deletion	Available in generic. Only generic is covered	phenytoin ex cap 300mg	1	☞†	8/1/2010
PREVACID CAP 15MG DR	Deletion	Available in generic. Only generic is covered	lansoprazole cap 15mg	2	QL ☞	6/1/10
PREVACID CAP 30MG DR	Deletion	Available in generic. Only generic is covered	lansoprazole cap 30mg	2	QL ☞	6/1/10
PROGRAF CAP 0.5MG	Deletion	Available in generic. Only generic is covered	tacrolimus cap 0.5mg	2	PA ☞	6/1/10
PROGRAF CAP 1MG	Deletion	Available in generic. Only generic is covered	tacrolimus cap 1mg	2	PA ☞	6/1/10
PROGRAF CAP 5MG	Deletion	Available in generic. Only generic is covered	tacrolimus cap 5mg	2	PA ☞	6/1/10
PULMICORT SUS 0.25MG/2	Deletion	Available in generic. Only generic is covered	budesonide sus 0.25mg/2	2	PA ☞	8/1/2010
PULMICORT SUS 0.5MG/2	Deletion	Available in generic. Only generic is covered	budesonide sus 0.5mg/2	2	PA ☞	8/1/2010
RISPERDAL M TAB 1MG	Deletion	Available in generic. Only generic is covered	risperidone tab 1mg odt	1	QL ☞ †	6/1/10
SKELAXIN 800 MG TAB	Deletion	Available in generic. Only generic is covered	metaxalone tab 800mg	2	☞	10/1/10

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STARLIX TAB 120MG	Deletion	Available in generic. Only generic is covered	nateglinide tab 120mg	1	QL  †	6/1/10
STARLIX TAB 60MG	Deletion	Available in generic. Only generic is covered	nateglinide tab 60mg	1	QL  †	6/1/10
SUBUTEX SUB 2MG	Deletion	Available in generic. Only generic is covered	buprenorphine sublingual 2mg	2		6/1/10
SUBUTEX SUB 8MG	Deletion	Available in generic. Only generic is covered	buprenorphine sublingual 8mg	2		6/1/10
TRILEPTAL SUS 300MG/5M	Deletion	Available in generic. Only generic is covered	oxcarbazepine sus 300mg/5ml	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	valacyclovir tab 1gm	2		6/1/10
VALTREX TAB 500MG	Deletion	Available in generic. Only generic is covered	valacyclovir tab 500mg	2		6/1/10

QL= Quantity Limits Apply, ST= Step Therapy Applies, PA= Prior Authorization Applies, = Available via Mail Order
†=We provide coverage of this prescription through the gap.