

Formulary Addendum as of November 1, 2011

Formulary Additions

Drug Name	Tier	Notes	Effective Date
ACULAR LS SOL 0.4%	4		4/1/11
ACZONE GEL 5%	4	PA	5/1/11
<i>adapalene cream 0.1%</i>	2	PA	4/1/11
<i>adapalene gel 0.1%</i>	2	PA	4/1/11
AFINITOR TAB 2.5MG	5	PA	4/1/11
<i>alfuzosin ER 24 hr Tab 10 mg</i>	2	QL (30 EA per 30 day(s))	10/1/11
<i>amantadine syrup 50mg/5ml</i>	1		4/1/11
<i>amethia tabs,3 month dose pack 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	QL (91 EA per 91 day(s))	11/1/11
<i>amethyst tab 90-20 mcg</i>	2	QL (28 EA per 28 day(s))	9/1/11
AMITIZA CAP 24MCG	4		4/1/11
AMITIZA CAP 8MCG	4		4/1/11
<i>amlodipine/benazepril cap 10mg-40mg</i>	1		4/1/11
<i>amlodipine/benazepril cap 5mg-40mg</i>	1		4/1/11
<i>amoxicillin-potassium clavulanate tab er</i>	1		4/1/11
AMPYRA TAB 10MG	4	PA; LA; QL (60 EA per 30 day(s))	4/1/11
AMTURNIDE TAB 150MG-5MG-12.5MG	4	ST; QL (30 EA per 30 day(s))	4/1/11
AMTURNIDE TAB 300MG-10MG-12.5MG	4	ST; QL (30 EA per 30 day(s))	4/1/11
AMTURNIDE TAB 300MG-10MG-25MG	4	ST; QL (30 EA per 30 day(s))	4/1/11
AMTURNIDE TAB 300MG-5MG-12.5MG	4	ST; QL (30 EA per 30 day(s))	4/1/11
AMTURNIDE TAB 300MG-5MG-25MG	4	ST; QL (30 EA per 30 day(s))	4/1/11
<i>anastrozole tab 1mg</i>	2		4/1/11
ANDROGEL GEL 1.62%	3	PA	8/1/11
ARICEPT TAB 23MG	3	QL (30 EA per 30 day(s))	4/1/11
ARTHROTEC 50 TAB	3		4/1/11
ARTHROTEC 75 TAB	3		4/1/11

November 1, 2011 - MetroPrRx, Diocese, COH, CWA

QL= Quantity Limits Apply, ST= Step Therapy Applies, PA= Prior Authorization Applies

Drug Name	Tier	Notes	Effective Date
ASMANEX 30 AER 110MCG	3	QL (60 GM per 30 day(s))	4/1/11
<i>azelastine spr 137mcg</i>	2	QL (30 ML per 25 day(s))	4/1/11
<i>aztreonam inj 1gm</i>	2		4/1/11
BANZEL SUS 40MG/ML	3		7/1/11
<i>betamethasone dipropionate lot 0.05%</i>	2		4/1/11
BOOSTRIX IM SUSP 2.5-8-5 Lf-mcg-Lf/0.5mL	3		10/1/11
<i>briellyn tab 0.4-35 mg-mcg</i>	2	QL (28 EA per 28 day(s))	11/1/11
<i>bromfenac sol 0.09%</i>	2	QL(10 ML per 365 day(s))	8/1/11
<i>budesonide DR & ER Cap,Delayed & Extended Release 3 mg</i>	2		9/1/11
<i>calcipotriene ointment 0.005%</i>	2		4/1/11
<i>carbamazepine ER multiphase 12 hr Cap 100 mg</i>	2		9/1/11
<i>carbamazepine ER multiphase 12 hr Cap 200 mg</i>	2		9/1/11
<i>carbamazepine ER multiphase 12 hr Cap 300 mg</i>	2		9/1/11
CAYSTON INH 75MG	5	PA; QL (84 ML per 28 day(s))	4/1/11
<i>cimetidine tab</i>	1		4/1/11
CINRYZE IV SOLUTION 500 unit	5	PA	11/1/11
<i>clindamycin aer 1%</i>	2		4/1/11
COARTEM TAB 20MG-120MG	3	QL (24 EA per 30 day(s))	4/1/11
<i>codeine sulf tab 15mg</i>	1		4/1/11
CORTIFOAM AER 90MG	4		4/1/11
<i>cyclafem tab 1/35</i>	2	QL (28 EA per 28 day(s))	4/1/11
<i>cyclobenzaprine cap 15mg er</i>	2		8/1/11
<i>cyclobenzaprine cap 30mg er</i>	2		8/1/11
DACOGEN INJ 50MG	3	PA	4/1/11
DALIRESP TAB 500 mcg	4		10/1/11
DAUNOXOME INJ 2MG/ML	4		4/1/11
DILANTIN CAP 100MG	3		4/1/11
DILANTIN CAP 30MG	3		4/1/11
DILANTIN-125 SUS 125MG/5ML	3		4/1/11

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Drug Name	Tier	Notes	Effective Date
<i>diltiazem er tab 180mg/24hr</i>	2	QL (30 EA per 30 day(s))	4/1/11
<i>diltiazem er tab 240mg/24 hr</i>	2	QL (30 EA per 30 day(s))	4/1/11
<i>diltiazem er tab 300mg/24 hr</i>	2	QL (30 EA per 30 day(s))	4/1/11
<i>diltiazem er tab 360mg/24 hr</i>	2	QL (30 EA per 30 day(s))	4/1/11
<i>diltiazem er tab 420mg/24 hr</i>	1	QL (30 EA per 30 day(s))	4/1/11
<i>disulfiram Tab 250 mg, 500 mg</i>	2		10/1/11
DOCEFREZ IV SOLUTION 20 mg, 80 mg	5		11/1/11
<i>docetaxel inj 80mg/8ml</i>	5		8/1/11
<i>donepezil tab</i>	2	QL (30 EA per 30 day(s))	4/1/11
<i>donepezil tab odt</i>	2	QL (30 EA per 30 day(s))	4/1/11
<i>doxepin hcl cap 150mg</i>	1		4/1/11
<i>doxycycline Cap 75 mg</i>	1		11/1/11
<i>doxycycline hyc tab 100mg</i>	1		5/1/11
<i>doxycycline hyc tab 75mg</i>	1		5/1/11
DULERA AER	4	QL (13 GM per 25 day(s))	4/1/11
EDURANT TAB 25MG	4		8/1/11
EGRIFTA INJ 1MG	5	PA	5/1/11
<i>enoxaparin inj</i>	2		4/1/11
<i>epinastine drops 0.05%</i>	2		8/1/11
<i>erythromycin ethylsuccinate tab 400mg</i>	1		7/1/11
<i>exemestane tab 25mg</i>	2		7/1/11
<i>famotidine sus 40mg/5ml</i>	1		4/1/11
FAZACLO TAB 150MG	4	ST	4/1/11
FAZACLO TAB 200MG	4	ST	4/1/11
FIBRICOR TAB 105MG	4	QL (30 EA per 30 day(s))	9/1/11
FIBRICOR TAB 35MG	4	QL (60 EA per 30 day(s))	9/1/11
<i>fluoxetine cap 90mg dr</i>	2		4/1/11
<i>fondaparinux Sub-Q Syringe 10 mg/0.8 mL, 2.5 mg/0.5 mL, 5 mg/0.4 mL, 7.5 mg/0.6 mL</i>	2		10/1/11
<i>gabapentin sol 250mg/5ml</i>	1		5/1/11
<i>ganciclovir inj 500mg</i>	2	PA	4/1/11
<i>gemcitabine inj 1 gm</i>	2		5/1/11

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Drug Name	Tier	Notes	Effective Date
<i>gianvi tab 3-0.02mg</i>	2	QL (28 EA per 28 day(s))	4/1/11
GILENYA CAP 0.5MG	5	PA	4/1/11
GLASSIA INJ	5	PA	4/1/11
GRALISE 24 HR TAB 300 mg, 600 mg	4		11/1/11
GRALISE 30-DAY STARTER PACK 24 HR TAB 300 mg (9)- 600 mg (69)	4		11/1/11
HALAVEN INJ 1MG/2ML	5	PA	4/1/11
HALFLYTELY-BISACODYL W-FLAVOR PACK ORAL KIT 5-210 mg-gram	3		9/1/11
<i>hydrocodone-acetaminophen tab 10mg-300mg</i>	1	QL (390 EA per 30 day(s))	7/1/11
<i>hydrocodone-acetaminophen tab 5mg-300mg</i>	1	QL (390 EA per 30 day(s))	7/1/11
<i>hydrocodone-acetaminophen tab 7.5mg-300mg</i>	1	QL (390 EA per 30 day(s))	7/1/11
ILARIS (PF) SUB-Q SOLN 180 mg/1.2 mL (150 mg/mL)	5	PA	11/1/11
<i>imiquimod cream 5%</i>	2	QL (12 EA per 30 day(s))	4/1/11
INTELENCE TAB 200MG	5	QL (60 EA per 30 day(s))	5/1/11
<i>introvale tabs,3 month dose pack 0.15-30 mg-mcg</i>	2	QL (91 EA per 91 day(s))	9/1/11
ISOPTO CARPINE EYE DROPS 1%	4		9/1/11
ISOPTO CARPINE EYE DROPS 2%	4		9/1/11
ISOPTO CARPINE EYE DROPS 4%	4		9/1/11
IXIARO INJ	3		4/1/11
JALYN CAP	4	QL (30 EA per 30 day(s))	4/1/11
JEVTANA INJ 60MG/1.5ML	5	PA	4/1/11
<i>jinteli tab 1mg-5mcg</i>	2		7/1/11
KOMBIGLYZE TAB 2.5MG-1000MG	3	ST; QL (60 EA per 30 day(s))	4/1/11
KOMBIGLYZE TAB 5MG-1000MG	3	ST; QL (30 EA per 30 day(s))	4/1/11
KOMBIGLYZE TAB 5MG-500MG	3	ST; QL (30 EA per 30 day(s))	4/1/11
LANOXIN INJ 0.1MG/ML	3		4/1/11

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Drug Name	Tier	Notes	Effective Date
LANOXIN INJ 0.25MG/1ML	3		4/1/11
LANOXIN TAB 0.125MG	3		4/1/11
LANOXIN TAB 0.25MG	3		4/1/11
<i>lansoprazole tab odt</i>	2	QL (30 EA per 30 day(s))	4/1/11
LASTACRAFT SOL 0.25%	4	QL (5ML per 30 day(s))	4/1/11
<i>latanoprost sol 0.005%</i>	2	QL (2.5 ML per 25 day(s))	7/1/11
LATUDA TAB 40MG	4	ST; QL (90 EA per 30 day(s))	4/1/11
LATUDA TAB 80MG	4	ST; QL (30 EA per 30 day(s))	4/1/11
<i>letrozole tab 2.5mg</i>	2		8/1/11
<i>levetiracetam inj 500mg/5ml</i>	2		4/1/11
<i>levocetirizine tab dhcl 5mg</i>	2	QL (30 EA per 30 day(s))	4/1/11
<i>levofloxacin in D5W IV Piggy Back 500 mg/100 mL</i>	2		10/1/11
<i>levofloxacin Oral Soln 250 mg/10 mL</i>	2		10/1/11
<i>levofloxacin sol 0.5%</i>	2		7/1/11
<i>levofloxacin tab 250mg</i>	2		9/1/11
<i>levofloxacin tab 500mg</i>	2		9/1/11
<i>levofloxacin tab 750mg</i>	2		9/1/11
<i>losartan pot tab</i>	2	QL (30 EA per 30 day(s))	4/1/11
<i>losartan-hydrochlorothiazide tab</i>	2	QL (30 EA per 30 day(s))	4/1/11
LOTEMAX EYE OINTMENT 0.5 %	3		11/1/11
LOTREL CAP 10MG-40MG	3		4/1/11
LOTREL CAP 5MG-40MG	3		4/1/11
LOVAZA CAP 1GM	3		4/1/11
LUMIGAN SOL 0.01%	3	PA	4/1/11
LUMIZYME IV SOLUTION 50 mg	5	PA	11/1/11
LUPRON DEPOT (6 MONTH) IM SYRINGE KIT 45 mg	5	PA	11/1/11
LYSTEDA TAB 650MG	4		4/1/11
<i>matzim LA 180 mg 24 hr Tab</i>	1	QL(30 EA per 30 day(s))	8/1/11
<i>matzim LA 240 mg 24 hr Tab</i>	1	QL(30 EA per 30 day(s))	8/1/11
<i>matzim LA 300 mg 24 hr Tab</i>	1	QL(30 EA per 30 day(s))	8/1/11

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Drug Name	Tier	Notes	Effective Date
<i>matzim LA 360 mg 24 hr Tab</i>	1	QL(30 EA per 30 day(s))	8/1/11
<i>matzim LA 420 mg 24 hr Tab</i>	1	QL(30 EA per 30 day(s))	8/1/11
<i>mefenam acid cap 250mg</i>	2		4/1/11
MENVEO INJ	3		4/1/11
<i>meropenem inj 500mg</i>	2		4/1/11
<i>metaxalone tab 800mg</i>	2		4/1/11
<i>methscopolamine tab 5mg</i>	1		4/1/11
<i>methylergonovine Tab 0.2 mg</i>	2	QL (28 EA per 365 day(s))	10/1/11
<i>minocycline tab er</i>	2		4/1/11
MOVIPREP SOL	3		4/1/11
MOXEZA SOL 0.5%	3		7/1/11
NAFTIN CREAM 1%	4		4/1/11
<i>naproxen tab 500mg</i>	1		9/1/11
<i>naratriptan tab</i>	2	QL (12 EA per 28 day(s))	4/1/11
<i>nisoldipine tab 17mg er</i>	1		5/1/11
<i>nisoldipine tab 25.5mg er</i>	1		5/1/11
<i>nisoldipine tab 34mg er</i>	1		5/1/11
<i>nisoldipine tab 8.5mg er</i>	1		5/1/11
<i>nitrofurantoin sus 25mg/5ml</i>	2		8/1/11
NORDITROPIN INJ 30MG/3ML	5	PA	4/1/11
NORVIR TAB 100MG	3		4/1/11
NULOJIX IV SOLUTION 250 mg	5	PA	10/1/11
NUTROPIN AQ INJ NUSPIN 5MG/2.5ML	4	PA	4/1/11
<i>omeprazole-sodium bicarbonate cap 20mg-1100mg</i>	2	QL (30 EA per 30 day(s))	4/1/11
<i>omeprazole-sodium bicarbonate cap 40mg-1100mg</i>	2	QL (60 EA per 30 day(s))	4/1/11
<i>oxycodone cap 5mg</i>	1		8/1/11
<i>oxycodone HCl-oxycodone ter-aspirin 4.5 mg-0.38 mg-325 mg Tab</i>	1	QL(360 EA per 30 day(s))	8/1/11
<i>oxymorphone tab hcl 10mg</i>	2	QL (360 EA per 30 day(s))	4/1/11
<i>oxymorphone tab hcl 5mg</i>	2	QL (180 EA per 30 day(s))	4/1/11
PANCREAZE CAP	4		4/1/11

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Drug Name	Tier	Notes	Effective Date
<i>paroxetine er tab 37.5mg</i>	1		8/1/11
PEGASYS INJ 180MCG/ML	5	PA	4/1/11
<i>phenelzine tab 15mg</i>	2		7/1/11
<i>piperacillin-tazobactam IV Solution 3.375 gram, 4.5 gram</i>	2		10/1/11
PRADAXA CAP 150MG	4	PA; QL (60 EA per 30 day(s))	4/1/11
PRADAXA CAP 75MG	4	PA; QL (60 EA per 30 day(s))	4/1/11
<i>pramipexole tab 0.75mg</i>	2		4/1/11
PREZISTA TAB 150MG	4		4/1/11
PROLASTIN-C INJ 1000MG	5		8/1/11
PROLIA SOL 60MG/ML	4	PA	4/1/11
PROMACTA TAB 75MG	5	PA; LA; QL (30 EA per 30 day(s))	4/1/11
<i>propafenone cap er</i>	2		4/1/11
<i>propantheline tab 15mg</i>	2		8/1/11
RAPAMUNE TAB 0.5MG	4	PA	4/1/11
RECLAST INJ 5MG/100ML	4	PA	4/1/11
RELENZA MIS DISKHALE	3		4/1/11
RIOMET SOL	4		4/1/11
<i>rivastigmine cap</i>	2	QL (60 EA per 30 day(s))	4/1/11
SILENOR TAB 3MG	4	QL (30 EA per 30 day(s))	7/1/11
SILENOR TAB 6MG	4	QL (30 EA per 30 day(s))	7/1/11
SIMCOR TAB 1000MG-40MG	3	ST; QL (60 EA per 30 day(s))	4/1/11
SIMCOR TAB 500MG-40MG	3	QL (60 EA per 30 day(s))	4/1/11
SPRYCEL TAB 140MG	5	QL (30 EA per 30 day(s)); PA; ST	5/1/11
SPRYCEL TAB 80MG	5	QL (30 EA per 30 day(s)); PA; ST	5/1/11
<i>sumatriptan Sub-Q Pen Injector 6 mg/0.5 mL</i>	1	QL (4 ML per 30 day(s))	10/1/11
SYLATRON SUB-Q KIT 296 mcg, 444 mcg, 888 mcg	5	PA	10/1/11

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Drug Name	Tier	Notes	Effective Date
TAMIFLU ORAL SUSP 6 mg/mL	3	QL (550 ML per 180 day(s))	10/1/11
<i>tamsulosin cap 0.4mg</i>	2	QL (60 EA per 30 day(s))	4/1/11
TASIGNA CAP 150 mg	5	PA	11/1/11
TAXOTERE INJ 80MG/4ML	5		5/1/11
TEFLARO INJ 400MG	4	PA	4/1/11
TEFLARO INJ 600MG	4	PA	4/1/11
TEKAMLO TAB 150MG-10MG	4	ST	4/1/11
TEKAMLO TAB 150MG-5MG	4	ST	4/1/11
TEKAMLO TAB 300MG-10MG	4	ST	4/1/11
TEKAMLO TAB 300MG-5MG	4	ST	4/1/11
TOBRADEX OIN OP	3		7/1/11
<i>topotecan inj 4mg</i>	2		4/1/11
<i>toremide inj 20mg/2ml</i>	1		4/1/11
TRADJENTA TAB 5 mg	4	ST	10/1/11
<i>trandolapril-verapamil tab cr</i>	2		4/1/11
TRELSTAR MIX INJ 22.5MG	5	PA	5/1/11
<i>triamcinolone acetonide Nasal Spray Aerosol 55 mcg</i>	2	QL (16.5 GM per 30 day(s))	9/1/11
TRIBENZOR TAB	4	ST	4/1/11
<i>trospium cl tab 20mg</i>	2		4/1/11
VANDETANIB TAB 100MG	5	PA; LA	7/1/11
VANDETANIB TAB 300MG	5	PA; LA	7/1/11
<i>venlafaxine er 24 hr cap</i>	2		4/1/11
VICTRELIS CAP 200 mg	5	PA	10/1/11
VIIBRYD TAB 10MG	4	QL(30 EA per 30 day(s)); ST	8/1/11
VIIBRYD TAB 20MG	4	QL(30 EA per 30 day(s)); ST	8/1/11
VIIBRYD TAB 40MG	4	QL(30 EA per 30 day(s)); ST	8/1/11
VIMPAT SOL 10MG/ML	3		4/1/11
VIRAMUNE XR TAB	3		8/1/11
<i>voriconazole tab 200mg</i>	5	PA; QL (90 EA per 30 day(s))	7/1/11
<i>voriconazole tab 50mg</i>	2	PA; QL (120 EA per 30 day(s))	7/1/11

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VPRIV INJ 400UNIT	5	PA	4/1/11
VYTORIN TAB 10MG-10MG	4	ST; QL (30 EA per 30 day(s))	4/1/11
VYTORIN TAB 10MG-20MG	4	ST; QL (30 EA per 30 day(s))	4/1/11
VYTORIN TAB 10MG-40MG	4	ST; QL (30 EA per 30 day(s))	4/1/11
VYTORIN TAB 10MG-80MG	4	ST; QL (30 EA per 30 day(s))	4/1/11
XARELTO TAB 10 mg	4	PA; QL (35 EA per 365 day(s))	10/1/11
XGEVA INJ	5	PA	4/1/11
<i>zafirlukast tab</i>	2	QL (60 EA per 30 day(s))	4/1/11
<i>zeosa 0.4 mg-35 mcg (21)/75 mg (7) Chewable Tab</i>	2	QL(28 EA per 28 day(s))	8/1/11
<i>zolpidem er tab 12.5mg</i>	2	QL (30 EA per 30 day(s))	4/1/11
<i>zolpidem er tab 6.25mg</i>	2	QL (30 EA per 30 day(s))	4/1/11
ZORTRESS TAB 0.25MG	4	PA	4/1/11
ZORTRESS TAB 0.5MG	5	PA	4/1/11
ZORTRESS TAB 0.75MG	5	PA	4/1/11
ZYMAXID SOL 0.5%	4		4/1/11
ZYTIGA TAB 250MG	5	PA	8/1/11

Tier Changes

Affected Drug	Tier*	Notes	Effective Date
<i>amiodarone inj 50mg/ml</i>	1		4/1/11
<i>amiodarone tab</i>	1		4/1/11
BONIVA TAB 150MG	3	ST; QL (1 EA per 30 day(s))	4/1/11
<i>carbidopa-levodopa</i>	1		4/1/11
<i>carbidopa-levodopa er tab 25mg-100mg</i>	1		4/1/11
<i>carbidopa-levodopa er tab 50mg-200mg</i>	1		4/1/11
<i>diabetic insulin syringes</i>	1		4/1/11
<i>diltiazem er tab 180 mg/24h</i>	1		7/1/11

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<i>diltiazem er tab 240 mg/24h</i>	1		7/1/11
<i>diltiazem er tab 300 mg/24h</i>	1		7/1/11
<i>diltiazem er tab 360 mg/24h</i>	1		7/1/11
LIPITOR TAB 10 mg, 20 mg	3	ST; QL (30 EA per 30 day(s))	10/1/11
LIPITOR TAB 40 mg, 80 mg	3	QL (30 EA per 30 day(s))	10/1/11
<i>pacerone tab 200mg</i>	1		4/1/11
<i>venlafaxine tab 150mg er</i>	2		7/1/11
<i>venlafaxine tab 225mg er</i>	2		7/1/11
<i>venlafaxine tab 37.5mg er</i>	2		7/1/11
<i>venlafaxine tab 75mg er</i>	2		7/1/11

* Lower cost sharing tier

Formulary Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Tier	Notes	Effective Date
ACCOLATE TAB 10MG	Deletion	Available in generic. Only generic is covered	<i>zafirlukast tab 10mg</i>	2	QL (60 EA per 30 day(s))	7/1/11
ACCOLATE TAB 20MG	Deletion	Available in generic. Only generic is covered	<i>zafirlukast tab 20mg</i>	2	QL (60 EA per 30 day(s))	7/1/11
ALDARA CREAM 5%	Deletion	Available in generic. Only generic is covered	<i>imiquimod cream 5%</i>	2	QL (12 EA per 30 day(s))	6/1/11
ALLEGRA-D TAB 12 HOUR	Deletion	Available over the counter (OTC). OTCs not covered under Part D	<i>Please consult with doctor</i>			5/1/11
ALLEGRA-D TAB 24 HOUR	Deletion	Available over the counter (OTC). OTCs not covered under Part D	<i>Please consult with doctor</i>			5/1/11

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Affected Drug	Description of Change	Reason for Change	Alternative Drug	Tier	Notes	Effective Date
AMBIEN CR TAB 12.5MG	Deletion	Available in generic. Only generic is covered	<i>zolpidem er tab 12.5mg</i>	2	QL (30 EA per 30 day(s))	7/1/11
AMBIEN CR TAB 6.25MG	Deletion	Available in generic. Only generic is covered	<i>zolpidem er tab 6.25mg</i>	2	QL (30 EA per 30 day(s))	7/1/11
ARICEPT ODT TAB 10MG	Deletion	Available in generic. Only generic is covered	<i>donepezil tab odt 10mg</i>	2	QL (30 EA per 30 day(s))	7/1/11
ARICEPT ODT TAB 5MG	Deletion	Available in generic. Only generic is covered	<i>donepezil tab odt 5mg</i>	2	QL (30 EA per 30 day(s))	7/1/11
ARICEPT TAB 10MG	Deletion	Available in generic. Only generic is covered	<i>donepezil tab 10mg</i>	2	QL (30 EA per 30 day(s))	7/1/11
ARICEPT TAB 5MG	Deletion	Available in generic. Only generic is covered	<i>donepezil tab 5mg</i>	2	QL (30 EA per 30 day(s))	7/1/11
ARIMIDEX TAB 1MG	Deletion	Available in generic. Only generic is covered	<i>anastrozole tab 1mg</i>	2		7/1/11
AROMASIN TAB 25MG	Deletion	Available in generic. Only generic is covered	<i>exemestane tab 25mg</i>	2		10/1/11
ASTELIN NASAL SPRAY 137MCG	Deletion	Available in generic. Only generic is covered	<i>azelastine spray 137mcg</i>	2		6/1/11
COZAAR TAB 100MG	Deletion	Available in generic. Only generic is covered	<i>losartan pot tab 100mg</i>	2	QL (30 EA per 30 day(s))	6/1/11
COZAAR TAB 25MG	Deletion	Available in generic. Only generic is covered	<i>losartan pot tab 25mg</i>	2	QL (30 EA per 30 day(s))	6/1/11

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Affected Drug	Description of Change	Reason for Change	Alternative Drug	Tier	Notes	Effective Date
COZAAR TAB 50MG	Deletion	Available in generic. Only generic is covered	<i>losartan pot tab 50mg</i>	2	QL (30 EA per 30 day(s))	6/1/11
CYTOMEL TAB 25MCG	Deletion	Brand Deletion applies to new starts only, generic available at a lower cost share tier	<i>liothyronine tab 25mcg</i>	1		7/1/11
CYTOMEL TAB 50MCG	Deletion	Brand Deletion applies to new starts only, generic available at a lower cost share tier	<i>liothyronine tab 50mcg</i>	1		7/1/11
CYTOMEL TAB 5MCG	Deletion	Brand Deletion applies to new starts only, generic available at a lower cost share tier	<i>liothyronine tab 5mcg</i>	1		7/1/11
DIFFERIN CREAM 0.1%	Deletion	Available in generic. Only generic is covered	<i>adapalene cream 0.1%</i>	2	PA	7/1/11
DIFFERIN GEL 0.1%	Deletion	Available in generic. Only generic is covered	<i>adapalene gel 0.1%</i>	2	PA	7/1/11
<i>diltiazem er tab 180 mg/24hr</i>	Deletion	CMS Mandated Removal	<i>matzim LA 180 mg 24 hr Tab</i>	1	QL(30 EA per 30 day(s))	8/1/11
<i>diltiazem er tab 240 mg/24hr</i>	Deletion	CMS Mandated Removal	<i>matzim LA 240 mg 24 hr Tab</i>	1	QL(30 EA per 30 day(s))	8/1/11
<i>diltiazem er tab 300 mg/24hr</i>	Deletion	CMS Mandated Removal	<i>matzim LA 300 mg 24 hr Tab</i>	1	QL(30 EA per 30 day(s))	8/1/11
<i>diltiazem er tab 360 mg/24hr</i>	Deletion	CMS Mandated Removal	<i>matzim LA 360 mg 24 hr Tab</i>	1	QL(30 EA per 30 day(s))	8/1/11
<i>diltiazem er tab 420 mg/24hr</i>	Deletion	CMS Mandated Removal	<i>matzim LA 420 mg 24 hr Tab</i>	1	QL(30 EA per 30 day(s))	8/1/11

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Affected Drug	Description of Change	Reason for Change	Alternative Drug	Tier	Notes	Effective Date
EFFEXOR XR CAP 150MG	Deletion	Available in generic. Only generic is covered	<i>venlafaxine er cap 150mg</i>	2		7/1/11
EFFEXOR XR CAP 37.5MG	Deletion	Available in generic. Only generic is covered	<i>venlafaxine er cap 37.5mg</i>	2		7/1/11
EFFEXOR XR CAP 75MG	Deletion	Available in generic. Only generic is covered	<i>venlafaxine er cap 75mg</i>	2		7/1/11
EXELON CAP 1.5MG	Deletion	Available in generic. Only generic is covered	<i>rivastigmine cap 1.5mg</i>	2	QL (60 EA per 30 day(s))	7/1/11
EXELON CAP 3MG	Deletion	Available in generic. Only generic is covered	<i>rivastigmine cap 3mg</i>	2	QL (60 EA per 30 day(s))	7/1/11
EXELON CAP 4.5MG	Deletion	Available in generic. Only generic is covered	<i>rivastigmine cap 4.5mg</i>	2	QL (60 EA per 30 day(s))	7/1/11
EXELON CAP 6MG	Deletion	Available in generic. Only generic is covered	<i>rivastigmine cap 6mg</i>	2	QL (60 EA per 30 day(s))	7/1/11
FEMHRT 1/5 TAB	Deletion	Available in generic. Only generic is covered	<i>jinteli tab 1mg-5mcg</i>	2		9/1/11
FENOGLIDE TAB 120MG	Deletion	CMS Mandated Removal	<i>Please consult with doctor</i>			9/1/11
FENOGLIDE TAB 40MG	Deletion	CMS Mandated Removal	<i>Please consult with doctor</i>			9/1/11
FLOMAX CAP 0.4MG	Deletion	Available in generic. Only generic is covered	<i>tamsulosin cap 0.4mg</i>	2	QL (60 EA per 30 day(s))	6/1/11
GEMZAR INJ 1 GM	Deletion	Available in generic. Only generic is covered	<i>gemcitabine inj 1 gm</i>	2		9/1/11
HYCAMTIN INJ 4MG	Deletion	Available in generic. Only generic is covered	<i>topotecan inj 4mg</i>	2		7/1/11
HYZAAR TAB 100MG-12.5MG	Deletion	Available in generic. Only generic is covered	<i>losartan-hydrochlorothiazide tab 100mg-12.5mg</i>	2	QL (30 EA per 30 day(s))	6/1/11

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Affected Drug	Description of Change	Reason for Change	Alternative Drug	Tier	Notes	Effective Date
HYZAAR TAB 100MG-25MG	Deletion	Available in generic. Only generic is covered	<i>losartan-hydrochlorothiazide tab 100mg-25mg</i>	2	QL (30 EA per 30 day(s))	6/1/11
HYZAAR TAB 50MG- 12.5MG	Deletion	Available in generic. Only generic is covered	<i>losartan-hydrochlorothiazide tab 50mg-12.5mg</i>	2	QL (30 EA per 30 day(s))	6/1/11
KEPPRA INJ 500MG/5ML	Deletion	Available in generic. Only generic is covered	<i>levetiracetam inj 500mg/5ml</i>	2		7/1/11
LOVENOX INJ 100MG/ML	Deletion	Available in generic. Only generic is covered	<i>enoxaparin inj 100mg/ml</i>	2		7/1/11
LOVENOX INJ 120MG/0.8ML	Deletion	Available in generic. Only generic is covered	<i>enoxaparin inj 120mg/0.8ml</i>	2		7/1/11
LOVENOX INJ 150MG/ML	Deletion	Available in generic. Only generic is covered	<i>enoxaparin inj 150mg/ml</i>	2		7/1/11
LOVENOX INJ 30MG/0.3ML	Deletion	Available in generic. Only generic is covered	<i>enoxaparin inj 30mg/0.3ml</i>	2		7/1/11
LOVENOX INJ 40MG/0.4ML	Deletion	Available in generic. Only generic is covered	<i>enoxaparin inj 40mg/0.4ml</i>	2		7/1/11
LOVENOX INJ 60MG/0.6ML	Deletion	Available in generic. Only generic is covered	<i>enoxaparin inj 60mg/0.6ml</i>	2		7/1/11
LOVENOX INJ 80MG/0.8ML	Deletion	Available in generic. Only generic is covered	<i>enoxaparin inj 80mg/0.8ml</i>	2		7/1/11
MACRODANTIN CAP 50MG	Deletion	Brand Deletion applies to new starts only, generic available at a lower cost share tier	<i>nitrofurantoin macrocrystal cap 50mg</i>	1		7/1/11
NARDIL TAB 15MG	Deletion	Available in generic. Only generic is covered	<i>phenelzine tab 15mg</i>	2		9/1/11
NEORAL CAP 100MG	Deletion	Brand Deletion applies to new starts only, generic available at a lower cost share tier	<i>cyclosporine cap 100mg md</i>	2	PA	7/1/11
NEORAL CAP 25MG	Deletion	Brand Deletion applies to new starts only, generic available at a lower cost share tier	<i>gengraf cap 25mg</i>	2	PA	7/1/11

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Affected Drug	Description of Change	Reason for Change	Alternative Drug	Tier	Notes	Effective Date
NEORAL SOL 100MG/ML	Deletion	Brand Deletion applies to new starts only, generic available at a lower cost share tier	<i>cyclosporine sol modified</i>	2	PA	7/1/11
NEURONTIN SOL 250/5ML	Deletion	Available in generic. Only generic is covered	<i>gabapentin sol 250/5ml</i>	1		9/1/11
NOVOLIN 70/ INJ 30 INNLT	Deletion	CMS Mandated Removal	<i>Please consult with doctor</i>			9/1/11
NOVOLIN N INJ INNOLET	Deletion	CMS Mandated Removal	<i>Please consult with doctor</i>			9/1/11
PHENYTEK CAP 200MG	Deletion	Brand Deletion applies to new starts only, generic available at a lower cost share tier	<i>phenytoin ex cap 200mg</i>	1		7/1/11
PHENYTEK CAP 300MG	Deletion	Brand Deletion applies to new starts only, generic available at a lower cost share tier	<i>phenytoin ex cap 300mg</i>	1		7/1/11
<i>propoxyphene 65mg cap</i>	Deletion	Recommended withdraw from market due to safety concerns	<i>Please consult with doctor</i>			12/14/10
<i>propoxyphene N-acetaminophen 100mg/500mg tab</i>	Deletion	Recommended withdraw from market due to safety concerns	<i>Please consult with doctor</i>			12/14/10
<i>propoxyphene N-acetaminophen 100mg/650mg tab</i>	Deletion	Recommended withdraw from market due to safety concerns	<i>Please consult with doctor</i>			12/14/10
<i>propoxyphene N-acetaminophen 50mg/325mg tab</i>	Deletion	Recommended withdraw from market due to safety concerns	<i>Please consult with doctor</i>			12/14/10
<i>propoxyphene- acetaminophen 65mg/650mg tab</i>	Deletion	Recommended withdraw from market due to safety concerns	<i>Please consult with doctor</i>			12/14/10
QUIXIN SOL 0.5%	Deletion	Available in generic. Only generic is covered	<i>levofloxacin sol 0.5%</i>	2		9/1/11
RELION R INJ 100/ ML	Deletion	CMS Mandated Removal	<i>Please consult with doctor</i>			9/1/11
RYTHMOL SR CAP 225MG	Deletion	Available in generic. Only generic is covered	<i>propafenone cap 225mg er</i>	2		7/1/11

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Affected Drug	Description of Change	Reason for Change	Alternative Drug	Tier	Notes	Effective Date
RYTHMOL SR CAP 325MG	Deletion	Available in generic. Only generic is covered	<i>propafenone cap 325mg er</i>	2		7/1/11
RYTHMOL SR CAP 425MG	Deletion	Available in generic. Only generic is covered	<i>propafenone cap 425mg er</i>	2		7/1/11
SANDIMMUNE CAP 100MG	Deletion	Brand Deletion applies to new starts only, generic available at a lower cost share tier	<i>cyclosporine cap 100mg</i>	2	PA	7/1/11
SANDIMMUNE CAP 25MG	Deletion	Brand Deletion applies to new starts only, generic available at a lower cost share tier	<i>cyclosporine cap 25mg</i>	2	PA	7/1/11
SANDIMMUNE INJ 50MG/ML	Deletion	Brand Deletion applies to new starts only, generic available at a lower cost share tier	<i>cyclosporine inj 50mg/ml</i>	1	PA	7/1/11
SKELAXIN TAB 800MG	Deletion	Available in generic. Only generic is covered	<i>metaxalone tab 800mg</i>	2		6/1/11
TEGRETOL XR TAB 200MG	Deletion	Brand Deletion applies to new starts only, generic available at a lower cost share tier	<i>carbamazepine tab 200mg er</i>	1		7/1/11
TEGRETOL XR TAB 400MG	Deletion	Brand Deletion applies to new starts only, generic available at a lower cost share tier	<i>carbamazepine tab 400mg er</i>	1		7/1/11
TRILEPTAL SUS 300MG/5ML	Deletion	Brand Deletion applies to new starts only, generic available at a lower cost share tier	<i>oxcarbazepine sus 300mg/5ml</i>	2		7/1/11
VAGIFEM TAB 25MCG	Deletion	CMS Deletion	<i>Please consult with doctor</i>			5/1/11
VALTREX TAB 1GM	Deletion	Brand Deletion applies to new starts only, generic available at a lower cost share tier	<i>valacyclovir tab 1gm</i>	2		7/1/11
VALTREX TAB 500MG	Deletion	Brand Deletion applies to new starts only, generic available at a lower cost share tier	<i>valacyclovir tab 500mg</i>	2		7/1/11

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Affected Drug	Description of Change	Reason for Change	Alternative Drug	Tier	Notes	Effective Date
VFEND TAB 200MG	Deletion	Available in generic. Only generic is covered	<i>voriconazole tab 200mg</i>	5	PA; QL (90 EA per 30 day(s))	10/1/11
VFEND TAB 50MG	Deletion	Available in generic. Only generic is covered	<i>voriconazole tab 50mg</i>	2	PA; QL (120 EA per 30 day(s))	10/1/11
XALATAN SOL 0.005%	Deletion	Available in generic. Only generic is covered	<i>latanoprost sol 0.005%</i>	2	QL (2.5ML per 25 day(s))	9/1/11
XIBROM SOL 0.09%	Deletion	Manufacturer discontinued product	<i>Please consult with doctor</i>			8/1/11
XYZAL TAB 5MG	Deletion	Available in generic. Only generic is covered	<i>levocetirizine tab dhcl 5mg</i>	2	QL (30 EA per 30 day(s))	7/1/11
YAZ TAB 3-0.02MG	Deletion	Available in generic. Only generic is covered	<i>gianvi tab 3-0.02mg</i>	2	QL (28 EA per 28 day(s))	7/1/11
ZEGERID CAP 20-1100MG	Deletion	Available in generic. Only generic is covered	<i>omeprazole-sodium bicarbonate cap 20-1100mg</i>	2	QL (30 EA per 30 day(s))	7/1/11
ZEGERID CAP 40-1100MG	Deletion	Available in generic. Only generic is covered	<i>omeprazole-sodium bicarbonate cap 40-1100mg</i>	2	QL (60 EA per 30 day(s))	7/1/11

Requirement Changes

Affected Drug	Tier	Notes	Effective Date
<i>acarbose tab</i>	1	QL removal	4/1/11
ACTOPLUS MET TAB	3	ST removal	4/1/11
ACTOS TAB	3	ST removal	4/1/11
<i>albuterol neb 0.083%</i>	1	QL removal	4/1/11

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Drug Name	Tier	Notes	Effective Date
<i>albuterol neb 0.5%</i>	1	QL removal	4/1/11
<i>albuterol neb 0.63mg/3ml</i>	1	QL removal	4/1/11
<i>albuterol neb 1.25mg/3ml</i>	1	QL removal	4/1/11
<i>alendronate tab 10mg</i>	1	QL removal	4/1/11
<i>alendronate tab 35mg</i>	1	QL removal	4/1/11
<i>alendronate tab 5mg</i>	1	QL removal	4/1/11
<i>amlodipine tab</i>	1	QL removal	4/1/11
<i>amlodipine/benazepril cap</i>	1	QL removal	4/1/11
ANDROGEL GEL 1%(50MG)	3	QL removal	4/1/11
<i>anestacon gel 2% jelly</i>	1	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11
APIDRA INJ SOLOSTAR	3	QL removal	4/1/11
APIDRA INJ U-100	3	QL removal	4/1/11
<i>apraclonidine sol 0.5% op</i>	2	QL removal	4/1/11
APRISO CAP 0.375GM	3	QL removal	4/1/11
ARIXTRA SOL 10MG/0.8ML	5	PA removal	4/1/11
ARIXTRA SOL 10MG/0.8ML	5	QL removal	4/1/11
ARIXTRA SOL 2.5MG/0.5ML	3	PA removal	4/1/11
ARIXTRA SOL 2.5MG/0.5ML	3	QL removal	4/1/11
ARIXTRA SOL 5.0MG/0.4ML	5	PA removal	4/1/11
ARIXTRA SOL 5.0MG/0.4ML	5	QL removal	4/1/11
ARIXTRA SOL 7.5MG/0.6ML	5	PA removal	4/1/11
ARIXTRA SOL 7.5MG/0.6ML	5	QL removal	4/1/11
ASACOL TAB 400MG DR	3	QL removal	4/1/11
<i>azelastine drops 0.05%</i>	2	QL update (6 ML per 25 day(s))	7/1/11
BANZEL TAB 200MG	3	QL removal	4/1/11
BANZEL TAB 400MG	3	QL removal	4/1/11
<i>benazepril tab</i>	1	QL removal	4/1/11
<i>benazepril-hydrochlorothiazide tab</i>	1	QL removal	4/1/11
BROVANA NEB 15MCG	4	QL removal	4/1/11
<i>budeprion tab sr</i>	1	QL removal	4/1/11
<i>budeprion xl tab</i>	1	QL removal	4/1/11
<i>calcitonin spray 200unit/act</i>	1	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11

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Drug Name	Tier	Notes	Effective Date
<i>calcitriol cap 0.25mcg</i>	1	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11
<i>calcitriol cap 0.5mcg</i>	1	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11
<i>calcitriol inj 1mcg/ml</i>	2	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11
<i>calcitriol inj 2mcg/ml</i>	2	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11
<i>calcitriol sol 1mcg/ml</i>	2	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11
CANASA SUP 1000MG	3	QL removal	4/1/11
<i>captopril tab</i>	1	QL removal	4/1/11
<i>captopril-hydrochlorothiazide tab</i>	1	QL removal	4/1/11
<i>carvedilol tab</i>	1	QL removal	4/1/11
<i>citalopram sol 10mg/5ml</i>	1	QL removal	4/1/11
<i>citalopram tab</i>	1	QL removal	4/1/11
<i>clozapine tab</i>	2	QL removal	4/1/11
CRESTOR TAB 20MG	3	ST removal	4/1/11
CRESTOR TAB 40MG	3	ST removal	4/1/11
CUBICIN SOL 500MG	5	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11
<i>diabetic insulin syringes</i>	1	QL removal	4/1/11
<i>diclofenac sol 0.1% op</i>	1	QL removal	4/1/11
<i>doxazosin tab</i>	1	QL removal	4/1/11
<i>enalapril tab</i>	1	QL removal	4/1/11
<i>enalapril-hydrochlorothiazide tab</i>	1	QL removal	4/1/11
<i>famciclovir tab</i>	2	QL removal	4/1/11
FAZACLO TAB	4	QL removal	4/1/11
FAZACLO TAB 100MG	4	QL removal	4/1/11
<i>fenofibrate cap</i>	1	QL removal	4/1/11

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Drug Name	Tier	Notes	Effective Date
<i>fenofibrate tab</i>	1	QL removal	4/1/11
<i>finasteride tab 5mg</i>	1	QL removal	4/1/11
FLOVENT DISK AER	3	QL removal	4/1/11
<i>fluoxetine cap</i>	1	QL removal	4/1/11
<i>fluoxetine sol 20mg/5ml</i>	1	QL removal	4/1/11
<i>fluoxetine tab</i>	1	QL removal	4/1/11
<i>fortical spray 200unit/act</i>	2	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11
<i>fosinopril tab</i>	1	QL removal	4/1/11
<i>fosinopril-hydrochlorothiazide tab</i>	1	QL removal	4/1/11
<i>gabapentin cap</i>	1	QL removal	4/1/11
<i>gabapentin tab</i>	1	QL removal	4/1/11
GABITRIL TAB	4	QL removal	4/1/11
<i>gemfibrozil tab 600mg</i>	1	QL removal	4/1/11
<i>glimepiride tab</i>	1	QL removal	4/1/11
<i>glipizide er tab</i>	1	QL removal	4/1/11
<i>glipizide tab</i>	1	QL removal	4/1/11
<i>glipizide-metformin tab</i>	1	QL removal	4/1/11
GLUCAGON KIT 1MG	3	QL removal	4/1/11
<i>glyburide mcr tab</i>	1	QL removal	4/1/11
<i>glyburide-metformin tab</i>	1	QL removal	4/1/11
HECTOROL CAP 0.5MCG	4	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11
HECTOROL CAP 1MCG	4	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11
HECTOROL CAP 2.5MCG	4	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11
HECTOROL INJ 4MCG/2ML	4	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11
<i>heparin sod inj 1,000unit/ml</i>	1	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11

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Drug Name	Tier	Notes	Effective Date
<i>heparin sod inj 10,000unit/ml</i>	1	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11
<i>heparin sod inj 2,000unit/ml</i>	1	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11
<i>heparin sod inj 20,000unit/ml</i>	1	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11
<i>heparin sod inj 5,000unit/ml</i>	1	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11
<i>heparin sod/nacl inj 2unit/ml</i>	1	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11
HUMALOG INJ 100unit/ML	3	QL removal	4/1/11
HUMALOG KWIK INJ 100unit/ML	3	QL removal	4/1/11
HUMALOG MIX INJ 50/50	3	QL removal	4/1/11
HUMALOG MIX INJ 50/50KWP	3	QL removal	4/1/11
HUMALOG MIX INJ 75/25KWP	3	QL removal	4/1/11
HUMALOG MIX SUS 75/25	3	QL removal	4/1/11
HUMULIN INJ 70/30	3	QL removal	4/1/11
HUMULIN N INJ U-100	3	QL removal	4/1/11
HUMULIN N PN INJ U-100	3	QL removal	4/1/11
HUMULIN PEN INJ 70/30	3	QL removal	4/1/11
HUMULIN R INJ U-100	3	QL removal	4/1/11
HUMULIN R INJ U-500	3	QL removal	4/1/11
<i>ipratropium sol inhal</i>	1	QL removal	4/1/11
<i>ipratropium spray</i>	1	QL removal	4/1/11
<i>ipratropium/sol albuterol</i>	1	QL removal	4/1/11
KEPPRA XR TAB	3	QL removal	4/1/11
<i>ketorolac sol</i>	2	QL removal	4/1/11
LANTUS INJ 100unit/ML	3	QL removal	4/1/11
LANTUS INJ SOLOSTAR	3	QL removal	4/1/11
<i>leflunomide tab</i>	1	QL removal	4/1/11
LEVEMIR INJ	3	QL removal	4/1/11
LEVEMIR INJ FLEXPEN	3	QL removal	4/1/11
<i>levetiracetam tab</i>	1	QL removal	4/1/11

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Drug Name	Tier	Notes	Effective Date
<i>levocarnitine inj 200mg/ml</i>	1	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11
<i>levocarnitine sol 1gm/10ml</i>	1	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11
<i>levocarnitine tab 330mg</i>	1	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11
LEXAPRO TAB 10MG	3	QL removal	4/1/11
<i>lidocaine gel 2%</i>	1	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11
<i>lidocaine gel 2% jelly</i>	1	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11
<i>lidocaine ointment 5%</i>	1	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11
<i>lidocaine-prilocaine cream 2.5%-2.5%</i>	1	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11
LIPITOR TAB 40MG	4	ST removal	7/1/11
LIPITOR TAB 80MG	4	ST removal	4/1/11
<i>lisinopril tab</i>	1	QL removal	4/1/11
<i>lisinopril-hydrochlorothiazide tab</i>	1	QL removal	4/1/11
<i>lovastatin tab</i>	1	QL removal	4/1/11
LOVENOX INJ	3	PA removal	4/1/11
LOVENOX INJ	3	QL removal	4/1/11
LYRICA CAP	3	QL removal	4/1/11
<i>meloxicam sus 7.5mg/5ml</i>	1	QL removal	4/1/11
<i>meloxicam tab</i>	1	QL removal	4/1/11
<i>metformin tab</i>	1	QL removal	4/1/11
<i>metformin tab er</i>	1	QL removal	4/1/11
<i>moexipril tab</i>	1	QL removal	4/1/11
<i>moexipril-hydrochlorothiazide tab</i>	1	QL removal	4/1/11
<i>nefazodone tab</i>	1	QL removal	4/1/11
NEURONTIN SOL 250MG/5ML	3	QL removal	4/1/11

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Drug Name	Tier	Notes	Effective Date
<i>nifediac cc tab</i>	1	QL removal	4/1/11
<i>nifedical xl tab</i>	1	QL removal	4/1/11
<i>nisoldipine tab</i>	1	QL removal	4/1/11
NOVOLIN INJ 70/30	3	QL removal	4/1/11
NOVOLIN INJ 70/30 INNLT	3	QL removal	4/1/11
NOVOLIN N INJ INNOLET	3	QL removal	4/1/11
NOVOLIN N INJ U-100	3	QL removal	4/1/11
NOVOLIN R INJ U-100	3	QL removal	4/1/11
NOVOLOG INJ 100unit/ML	3	QL removal	4/1/11
NOVOLOG INJ FLEXPEN	3	QL removal	4/1/11
NOVOLOG MIX INJ 70/30	3	QL removal	4/1/11
NOVOLOG MIX INJ FLEXPEN	3	QL removal	4/1/11
<i>omeprazole cap 10mg</i>	1	QL removal	4/1/11
<i>omeprazole cap 20mg</i>	1	QL removal	4/1/11
<i>oxandrolone tab 10mg</i>	5	QL removal	4/1/11
<i>oxandrolone tab 2.5mg</i>	2	QL removal	4/1/11
<i>oxybutynin tab er</i>	1	QL removal	4/1/11
<i>paroxetine er tab 12.5mg</i>	1	QL removal	4/1/11
<i>paroxetine sus 10mg/5ml</i>	2	QL removal	4/1/11
<i>paroxetine tab</i>	1	QL removal	4/1/11
PENTASA CAP CR	3	QL removal	4/1/11
PLAVIX TAB 300MG	3	PA removal	4/1/11
PLAVIX TAB 75MG	3	PA removal	4/1/11
<i>pravastatin tab</i>	1	QL removal	4/1/11
<i>prazosin hcl cap</i>	1	QL removal	4/1/11
<i>quinapril tab</i>	1	QL removal	4/1/11
<i>quinapril-hydrochlorothiazide tab</i>	1	QL removal	4/1/11
QVAR AER	4	QL removal	4/1/11
<i>ramipril cap</i>	1	QL removal	4/1/11
RELION R INJ 100 UNIT/ML	3	QL removal	4/1/11
REVATIO TAB 20MG	5	QL removal	4/1/11
SABRIL POW 500MG	5	QL removal	4/1/11
SABRIL TAB 500MG	5	QL removal	4/1/11
SENSIPAR TAB 30MG	3	QL removal	4/1/11
SENSIPAR TAB 60MG	5	QL removal	4/1/11
SENSIPAR TAB 90MG	5	QL removal	4/1/11

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Drug Name	Tier	Notes	Effective Date
<i>sertraline con 20mg/ml</i>	1	QL removal	4/1/11
<i>sertraline tab</i>	1	QL removal	4/1/11
<i>simvastatin tab</i>	1	QL removal	4/1/11
SYMLIN INJ 600MCG	3	QL removal	4/1/11
SYMLINPEN 60 INJ 1000MCG	3	QL removal	4/1/11
SYMLINPEN 120 INJ 1000MCG	3	QL removal	4/1/11
<i>terazosin cap</i>	1	QL removal	4/1/11
<i>trandolapril tab</i>	1	QL removal	4/1/11
<i>valacyclovir tab</i>	2	QL removal	4/1/11
VALTREX TAB	3	QL removal	4/1/11
<i>vancomycin inj 1000mg</i>	1	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11
<i>vancomycin inj 10gm</i>	1	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11
<i>venlafaxine tab</i>	1	QL removal	4/1/11
VIMPAT INJ 200MG/20ML	3	QL removal	4/1/11
VIMPAT TAB	3	QL removal	4/1/11
XALATAN SOL 0.005%	3	QL update (2.5 ML per 25 day(s))	4/1/11
<i>zaleplon cap</i>	1	QL removal	4/1/11
ZEMPLAR CAP 1MCG	4	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11
ZEMPLAR CAP 2MCG	4	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11
ZEMPLAR CAP 4MCG	4	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11
ZEMPLAR INJ 2MCG/ML	4	Addition of Part B vs Part D Coverage Determination for ESRD drugs	5/1/11
<i>zolpidem tab</i>	1	QL removal	4/1/11

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