

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

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|---|------|------------------------------|----------------|
| 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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| <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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| <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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| 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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| <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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| <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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| 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 |

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

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

| 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 |

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

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

| 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 |

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

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

| 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 |

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

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

| 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 INNL | 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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|---|-------------|--|-----------------------|
| <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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|--|-------------|--------------|-----------------------|
| <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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| <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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