

Updates to the Drug List (formulary)

We may remove drugs from our formulary or add rules about whether and when certain drugs are covered during the year. This chart lists upcoming changes. Unless otherwise noted in the chart below, these changes will be effective in 60 days.

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier	Effective Date
ARIMIDEX	Deletion of Drug from Formulary	Generic Available	ANASTROZOLE	Tier 1	10/01/2010
ASTELIN NASAL SPRAY	Deletion of Drug from Formulary	Generic Available	AZELASTINE NASAL SPRAY 0.1%	Tier 1	10/01/2010
AUGMENTIN XR	Deletion of Drug from Formulary	Generic Available	AMOXICILLIN/CLAVULANATE K ER	Tier 1	10/01/2010
CARDIZEM LA 180MG, 240MG, 300MG, 360MG, 420MG	Deletion of Drug from Formulary	Generic Available	DILTIAZEM ER TAB	Tier 1	10/01/2010
COZAAR	Deletion of Drug from Formulary	Generic Available	LOSARTAN	Tier 1	10/01/2010
DIFFERIN GEL 0.1%	Deletion of Drug from Formulary	Generic Available	ADAPALENE GEL 0.1%	Tier 1	10/01/2010
HYZAAR	Deletion of Drug from Formulary	Generic Available	LOSARTAN & HYDROCHLOROTHIAZIDE	Tier 1	10/01/2010
LIPRAM, LIPRAM-PN, LIPRAM-UL	Deletion of Drug from Formulary	Medicare Will No Longer Cover	CONSULT YOUR HEALTH CARE PROVIDER	N/A	Until Supplies Run Out
PANCRELIPASE	Deletion of Drug from Formulary	Medicare Will No Longer Cover	CONSULT YOUR HEALTH CARE PROVIDER	N/A	Until Supplies Run Out
PEPCID SUSPENSION	Deletion of Drug from Formulary	Generic Available	FAMOTIDINE SUSPENSION	Tier 1	10/01/2010
SKELAXIN	Deletion of Drug from Formulary	Generic Available	METAXALONE	Tier 1	10/01/2010
ULTRASE & ULTRASE MT	Deletion of Drug from Formulary	Medicare Will No Longer Cover	CONSULT YOUR HEALTH CARE PROVIDER	N/A	Until Supplies Run Out
VIOKASE	Deletion of Drug from Formulary	Medicare Will No Longer Cover	CONSULT YOUR HEALTH CARE PROVIDER	N/A	Until Supplies Run Out