

2009 Select Formulary

6/1/2009 Addendum

Formulary Additions

Drug Name	Tier	Requirements	Effective Date
<i>acetasol hc otic soln 2-1 %</i>	G		3/1/2009
<i>acetazolamide er 500 mg</i>	G		3/1/2009
APRISO	PB	QL	4/1/2009
ATACAND HCT 32-25 MG	NPB	QL, ST	3/1/2009
AVINZA 45 MG, 75 MG	NPB	QL	4/1/2009
BANZEL	NPB	QL	4/1/2009
<i>budeprion xl er 24 hour 150 mg</i>	G	QL	4/1/2009
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	G	QL	3/1/2009
CALCIUM ACETATE 667 MG	PB		3/1/2009
<i>ciclopirox external gel 0.77 %</i>	G		3/1/2009
COLESTIPOL HCL PACKET 5 GM	NPB		5/1/2009
<i>diltzac</i>	G	QL	6/1/2009
<i>divalproex sodium dr 125 mg, 250 mg, 500 mg</i>	G		4/1/2009
<i>divalproex sodium er 24 hr 250 mg</i>	G		5/1/2009
<i>divalproex sprinkle 125 mg</i>	G		5/1/2009
<i>dorzolamide hcl ophth soln 2 %</i>	G	QL	3/1/2009
<i>dorzolamide-timolol ophth soln 2-0.5 %</i>	G	QL	3/1/2009
<i>dronabinol</i>	G	QL, PA	4/1/2009
<i>endocet 7.5-325 mg, 7.5-500mg, 10-325 mg, 10-650 mg</i>	G	QL	4/1/2009
FLOVENT DISKUS	PB	QL	4/1/2009
FORTEO 600 MCG/2.4ML	NPB	QL, PA	3/1/2009
<i>galantamine er caps</i>	G	QL	3/1/2009
<i>galantamine tabs</i>	G	QL	3/1/2009
<i>generlac oral soln 10 gm/15ml</i>	G		4/1/2009

HUMALOG KWIKPEN 100 UNIT/ML	PB		3/1/2009
HUMALOG MIX 50/50 KWIKPEN, 75/25 KWIKPEN	PB		3/1/2009
HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML	PB	PA	3/1/2009
LANTUS FOR OPTICLIK 100 UNIT/ML	PB		3/1/2009
<i>levetiracetam 1000 mg</i>	G	QL	4/1/2009
<i>levetiracetam 250 mg, 500 mg, 750 mg</i>	G	QL	3/1/2009
<i>levetiracetam oral soln 100 mg/ml</i>	G	QL	4/1/2009
<i>morphine sulfate oral soln 10 mg/5ml, 20 mg/5ml</i>	G	QL	3/1/2009
NORDITROPIN NORDIFLEX 10 MG/1.5ML	NPB	QL, PA	3/1/2009
NULYTELY WITH FLAVOR PACKS 420 GM	PB		3/1/2009
OMNITROPE SC SOLN 5 MG/1.5ML, 10 MG/1.5ML	NPB	QL, PA	3/1/2009
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	G		3/1/2009
PREZISTA 400 MG, 600 MG	NPB		3/1/2009
PREZISTA 75 MG	NPB		4/1/2009
PRISTIQ	NPB	QL, ST	1/1/2009
PROMACTA	NPB	QL, PA, LA	5/1/2009
<i>protriptyline hcl</i>	G		3/1/2009
<i>risperidone oral soln 1 mg/ml</i>	G	QL	4/1/2009
SPECTRACEF 400 MG	NPB		3/1/2009
SPRYCEL 100 MG	NPB	QL, ST	6/1/2009
STALEVO 75, 125	PB		3/1/2009
<i>stavudine caps</i>	G		3/1/2009
<i>sulfacetamide sodium ophth soln 10 %</i>	G		4/1/2009
<i>sumatriptan succinate sc soln 6 mg/0.5ml</i>	G	QL	5/1/2009
<i>sumatriptan succinate tabs</i>	G	QL	5/1/2009
SURMONTIL	NPB		3/1/2009
<i>tobramycin-dexamethasone ophth susp 0.3-0.1 %</i>	G		3/1/2009
<i>topiramate tabs</i>	G	QL	6/1/2009
TRILIPIX	PB	QL	4/1/2009
<i>unithroid oral tab 137 mcg</i>	G		3/1/2009

VENTOLIN HFA INHALATION AEROSOL	PB	QL	4/1/2009
VIMPAT	NPB	QL, PA	5/1/2009

Requirement Changes

Drug Name	Tier	Requirements	Effective Date
<i>amlodipine 5 mg</i>	G	QL increased to 45 tablets per 30 days	3/1/2009
<i>cartia xt 240 mg</i>	G	QL increased to 60 capsules per 30 days	1/1/2009
<i>carvedilol 3.125 mg, 6.25 mg, 12.5 mg</i>	G	QL increased to 90 tablets per 30 days	1/1/2009
<i>dilt-cd er 240 mg</i>	G	QL increased to 60 capsules per 30 days	1/1/2009
<i>diltiazem er 240 mg</i>	G	QL increased to 60 capsules per 30 days	1/1/2009
<i>ipratropium bromide inhalation soln 0.02%</i>	G	QL increased to 312.5 mL per 30 days	6/1/2009
KALETRA 200-50 MG	NPB	QL increased to 180 tablets per 30 days	1/1/2009
<i>lovastatin 20 mg</i>	G	QL increased to 60 tablets per 30 days	3/1/2009
<i>morphine sulfate oral soln 10 mg/5ml</i>	G	QL increased to 2700 mL per 30 days	4/1/2009
NAMENDA ORAL SOLN 10 MG/5ML	PB	QL increased to 360 mL per 30 days	3/1/2009
REYATAZ 150 MG	PB	QL increased to 60 capsules per 30 days	3/1/2009
RISPERDAL CONSTA IM SUSP 25 MG, 37.5 MG, 50 MG	NPB	QL increased to 2 injections per 28 days	6/1/2009
<i>taztia xt 240 mg</i>	G	QL increased to 60 capsules per 30 days	1/1/2009

Tier Changes

Drug Name	Tier*	Effective Date
<i>alendronate 5 mg, 10 mg</i>	G	1/1/2009
<i>cefepime hcl</i>	G	1/1/2009
CELEBREX 100 MG, 200MG, 400 MG	PB	1/1/2009
<i>dextrose-nacl IV soln 5-0.225 %</i>	G	4/1/2009
<i>didanosine 125 mg</i>	G	4/1/2009
<i>kcl-nacl in d5w IV soln 0.15-0.225-5 %</i>	G	4/1/2009
<i>lamotrigine odt 5 mg, 25 mg</i>	G	3/1/2009
<i>levoxyl</i>	G	4/1/2009
<i>morphine sulfate inj soln 5 mg/ml</i>	G	4/1/2009
<i>physiosol irrigation soln</i>	G	4/1/2009

* Lower cost sharing tier

Deletions

Drug Name	Tier	Requirements	Effective Date
COSOPT OPHTH SOLN 2-0.5 %	NPB	QL	5/1/2009
DEPAKOTE DR TABS	PB		5/1/2009
DEPAKOTE ER 250 MG	PB		6/1/2009
DEPAKOTE SPRINKLES	PB		6/1/2009
DIAMOX SEQUELS 500 MG	PB		5/1/2009
IMITREX TABS	PB	QL	6/1/2009
KEPPRA ORAL SOLN 100 MG/ML	NPB	QL	5/1/2009
KEPPRA TABS	NPB	QL	5/1/2009
MARINOL	NPB	QL, PA	5/1/2009
MINTEZOL CHEWABLE 500 MG	PB		3/1/2009
NICOTINE PATCH	NPB	QL	4/1/2009
RAPTIVA	NPB	QL, PA, LA	6/1/2009
RAZADYNE ER	PB	QL	5/1/2009
RAZADYNE	PB	QL	5/1/2009
RISPERDAL ORAL SOLN 1 MG/ML	NPB	QL, PA	5/1/2009
TRUSOPT OPHTH SOLN 2 %	NPB	QL, ST	5/1/2009
WELLBUTRIN XL 150 MG	NPB	QL	5/1/2009
ZERIT CAPS	PB		5/1/2009

Community CCRxSM
 1-866-684-5353 (TTY/TDD 1-866-684-5351)
 8:00 a.m. to 8:00 p.m., every day

MedicareRx
 Prescription Drug Coverage