

2009 Optimal Formulary

11/1/2009 Addendum

Formulary Additions

Drug Name	Tier	Requirements	Effective Date
<i>acetazol hc otic soln 2-1%</i>	G		3/1/2009
<i>acetazolamide er 500 mg</i>	G		3/1/2009
AFINITOR	SP	QL, PA	8/1/2009
APIDRA SOLOSTAR SOLN 100 UNIT/ML	NPB		11/1/2009
<i>apraclonidine hcl ophth soln 0.5 %</i>	G		10/1/2009
APRISO	PB		5/1/2009
APTIVUS ORAL SOLN 100 MG/ML	SP		9/1/2009
ASACOL HD 800 MG	PB		9/1/2009
ATACAND HCT 32-25 MG	NPB	QL, ST	3/1/2009
AVINZA 45 MG, 75 MG	NPB	QL	5/1/2009
BANZEL 200 MG	NPB	QL	5/1/2009
BANZEL 400 MG	SP	QL	5/1/2009
<i>bicalutamide 50 mg</i>	G	QL	9/1/2009
<i>budeprion xl er 24 hour 150 mg</i>	G	QL	5/1/2009
BYSTOLIC 20 MG	PB	QL	7/1/2009
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	G	QL	3/1/2009
CALCIUM ACETATE 667 MG	PB		3/1/2009
CARBAMAZEPINE ER 12 HOUR 200 MG, 400 MG	NPB		7/1/2009
<i>ciclopirox external gel 0.77%</i>	G		3/1/2009
CLONIDINE HCL PATCH	NPB	QL	11/1/2009
CODEINE TABS	NPB	QL	10/1/2009
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		5/1/2009
<i>divalproex sodium er 24 hr 250 mg</i>	G		5/1/2009
<i>divalproex sodium er 24 hr 500 mg</i>	G		8/1/2009

<i>divalproex sprinkle 125mg</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 2.5 mg</i>	G	QL, PA	5/1/2009
DRONABINOL 5 MG, 10 MG	SP	QL, PA	5/1/2009
<i>endocet 7.5-325 mg, 7.5-500mg, 10-325 mg, 10-650 mg</i>	G	QL	5/1/2009
EXFORGE HCT	PB	QL	7/1/2009
FLOVENT DISKUS	PB	QL	5/1/2009
FORTEO 600 MCG/2.4ML	SP	QL, PA	3/1/2009
<i>galantamine er caps</i>	G	QL	3/1/2009
GALANTAMINE HYDROBROMIDE ORAL SOLN 4 MG/ML	PB	QL	11/1/2009
<i>galantamine tabs</i>	G	QL	3/1/2009
GAVILYTE-G ORAL SOLN 236 GM	PB		9/1/2009
<i>generlac oral soln 10 gm/15ml</i>	G		5/1/2009
HECTOROL 1 MCG	PB	QL, ST	10/1/2009
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
LAMICTAL ODT	NPB	PA	10/1/2009
LANTUS FOR OPTICLIK 100 UNIT/ML	PB		3/1/2009
<i>levetiracetam 1000 mg</i>	G	QL	5/1/2009
<i>levetiracetam 250 mg, 500 mg, 750 mg</i>	G	QL	3/1/2009
<i>levetiracetam oral soln 100 mg/ml</i>	G	QL	5/1/2009
MALATHION LOTION 0.5 %	PB		11/1/2009
<i>morphine sulfate oral soln 10 mg/5ml, 20 mg/5ml</i>	G	QL	3/1/2009
<i>mycophenolate mofetil 250 mg</i>	G	PA	7/1/2009
<i>mycophenolate mofetil 500 mg</i>	G	PA	8/1/2009
NAPRELAN 750 MG	NPB		8/1/2009
<i>nateglinide</i>	G	QL	11/1/2009
NEXT CHOICE 0.75 MG	PB		10/1/2009
NITRO-BID OINT 2%	PB		8/1/2009
NORDITROPIN NORDIFLEX 10 MG/1.5ML	SP	QL, PA	3/1/2009
NOXAFIL ORAL SUSP 40 MG/ML	SP	QL, PA	7/1/2009

NULYTELY WITH FLAVOR PACKS 420 GM	PB		3/1/2009
OMNITROPE SC SOLN 5 MG/1.5ML, 10 MG/1.5ML	SP	QL, PA	3/1/2009
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	G		3/1/2009
PREZISTA 400 MG, 600 MG	SP		3/1/2009
PREZISTA 75 MG	SP		5/1/2009
PRISTIQ	NPB	QL, ST	1/1/2009
PROMACTA	SP	QL, PA, LA	5/1/2009
<i>protriptyline hcl</i>	G		3/1/2009
RELENZA DISKHALER	NPB	QL	7/1/2009
REVELA PACKET 0.8 GM	PB	QL	11/1/2009
REVELA PACKET 2.4 GM	PB		11/1/2009
<i>risperidone oral soln 1 mg/ml</i>	G	QL	5/1/2009
<i>risperidone oral tablet dispersible 0.5 mg, 2 mg</i>	G	QL	7/1/2009
RISPERIDONE ORAL TABLET DISPERSIBLE 3 MG, 4 MG	NPB	QL	9/1/2009
SEROQUEL XR 50 MG, 150 MG	PB	QL	9/1/2009
SPECTRACEF 400 MG	NPB		3/1/2009
SPRYCEL 100 MG	SP	QL, ST	6/1/2009
STALEVO 75, 125	PB		3/1/2009
<i>stavudine caps</i>	G		3/1/2009
STAVUDINE ORAL SOLN 1 MG/ML	PB		7/1/2009
<i>sulfacetamide sodium ophth soln 10%</i>	G		5/1/2009
<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
SUPRAX 400 MG	NPB		7/1/2009
SURMONTIL	NPB		3/1/2009
TACROLIMUS 0.5 MG, 1 MG	NPB	PA	10/1/2009
TACROLIMUS 5 MG	SP	PA	10/1/2009
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	G		3/1/2009
<i>topiramate sprinkle</i>	G	QL	7/1/2009
<i>topiramate tabs</i>	G	QL	6/1/2009
TOPROL XL	PB	QL	7/1/2009
TOVIAZ 4 MG, 8 MG	PB	QL	9/1/2009
TRILIPIX	PB	QL	5/1/2009
<i>unithroid oral tab 137 mcg</i>	G		3/1/2009

VENTOLIN HFA INHALATION AEROSOL	PB	QL	5/1/2009
VIMPAT INJ	NPB	QL, PA	10/1/2009
VIMPAT TABS	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
APRISO	PB	QL removed	8/1/2009
BARACLUDE ORAL TABS AND SOLN	SP	PA removed	11/1/2009
<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
EPIVIR HBV ORAL TAB AND SOLN	PB	PA removed	11/1/2009
HEPSERA	SP	PA removed	11/1/2009
HEXALEN 50 MG	SP	QL removed	7/1/2009
<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	SP	QL increased to 180 tablets per 30 days	1/1/2009
LEVAQUIN ORAL SOLN 25 MG/ML	PB	QL removed	7/1/2009
<i>lovastatin 20 mg</i>	G	QL increased to 60 tablets per 30 days	3/1/2009
<i>morphine sulfate cr 60 mg</i>	G	QL increased to 120 tablets per 30 days	8/1/2009
<i>morphine sulfate oral soln 10 mg/5ml</i>	G	QL increased to 2700 mL per 30 days	5/1/2009
NAMENDA ORAL SOLN 10 MG/5ML	PB	QL increased to 360 mL per 30 days	3/1/2009
NEULASTA	SP	QL increased to 1.2 mL per 28 days	8/1/2009
NOXAFIL ORAL SUSP 40 MG/ML	SP	QL increased to 600 mL per 30 days	9/1/2009
<i>ofloxacin otic soln 0.3%</i>	G	QL removed	8/1/2009
<i>ondansetron 24 mg</i>	G	QL removed	7/1/2009
REYATAZ 150 MG	PB	QL increased to 60 capsules per 30 days	3/1/2009
<i>rimantadine 100 mg</i>	G	QL removed	7/1/2009
RISPERDAL CONSTA IM SUSP 25 MG	NPB	QL increased to 2 injections per 28 days	6/1/2009
RISPERDAL CONSTA IM SUSP 37.5 MG, 50 MG	SP	QL increased to 2 injections per 28 days	6/1/2009
SOMAVERT SC 10 MG	SP	QL increased to 90 mL per 30 days	7/1/2009
SOMAVERT 15 MG, 20 MG	SP	QL increased to 60 mL per 30 days	7/1/2009

<i>sumatriptan succinate sc soln 6 mg/0.5 mL</i>	G	QL increased to 4 kits per 30 days	8/1/2009
<i>taztia xt 240 mg</i>	G	QL increased to 60 capsules per 30 days	1/1/2009
TYZEKA	NPB	PA removed	11/1/2009
VFEND ORAL TABS AND SOLN	SP	PA removed	8/1/2009
XOLAIR	SP	QL increased to 6 mL per 30 days	7/1/2009
ZYVOX ORAL TABS AND SOLN, IV SOLN	SP	PA removed	8/1/2009

Tier Changes

Drug Name	Tier	Effective Date
<i>alendronate 5 mg, 10 mg</i>	G*	1/1/2009
<i>amoxicillin-pot clavulanate oral susp 250-62.5 mg/5mL</i>	G*	11/1/2009
ARIXTRA SC SOLN 2.5 MG/0.5 ML	PB*	10/1/2009
ARIXTRA SC SOLN 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML	SP	7/1/2008
<i>cefepime hcl 1 gm</i>	G*	1/1/2009
<i>cefepime hcl 2 gm</i>	G*	5/1/2009
CREON	PB*	11/1/2009
<i>dextrose-nacl IV soln 5-0.225%</i>	G*	5/1/2009
<i>didanosine 125 mg</i>	G*	5/1/2009
<i>erythromycin base 250 mg tab</i>	G*	8/1/2009
<i>kcl-nacl in d5w IV soln 0.15-0.225-5%</i>	G*	5/1/2009
<i>lamotrigine odt 5 mg, 25 mg</i>	G*	3/1/2009
<i>levoxyl</i>	G*	5/1/2009
<i>liothyronine sodium</i>	G*	9/1/2009
LOVENOX SC SOLN 40 MG/0.4ML	PB*	10/1/2009
MEDROL 2 MG	PB*	8/1/2009
<i>morphine sulfate inj soln 5 mg/ml</i>	G*	5/1/2009
<i>physiosol irrigation soln</i>	G*	5/1/2009
<i>prednisolone sodium phosphate ophth soln 1%</i>	G*	8/1/2009
REYATAZ	PB*	9/1/2009
<i>selegiline 5 mg</i>	G*	8/1/2009

* Lower cost sharing tier

Deletions

Drug Name	Tier	Requirements	Effective Date
CASODEX	PB	QL	11/1/2009
CELLCEPT CAPS	PB	PA	8/1/2009
CELLCEPT TABS	SP	PA	8/1/2009

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 ER 500 MG	PB		8/1/2009
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 2.5 MG	NPB	QL, PA	5/1/2009
MINTEZOL CHEWABLE 500 MG	PB		3/1/2009
NICOTINE PATCH	NPB	QL	5/1/2009
RAPTIVA	SP	QL, PA, LA	6/1/2009
RAZADYNE	PB	QL	5/1/2009
RAZADYNE ER	PB	QL	5/1/2009
RISPERDAL M-TAB 0.5 MG, 2 MG	NPB	QL, PA	7/1/2009
RISPERDAL ORAL SOLN 1 MG/ML	NPB	QL, PA	5/1/2009
TOPAMAX SPRINKLES	NPB	QL, PA	8/1/2009
TOPAMAX TABS	NPB	QL, PA	8/1/2009
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

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Prescription Drug Coverage ^{Rx}