

Formulary Changes 2008

Formulary Additions

Accolate	Estraderm	Proair HFA (generic copay)
Aceon	Golytely	Protopic
Advicor	Kadian	Pseudovent
Allegra-D	Lidoderm	Quixin
Alomide	Lumigan	Seroquel XR
Asmanex	Maxalt	Sular
Astelin	Menest	Testim (PA)
Azelex	Metrogel (ST)	Transderm-scop
Benicar	Micardis	Triglide
Benicar HCT	Micardis HCT	Uroxatral
Betimol	Nuvaring	Vivelle-Dot
Crestor (5mg ST)	Phenavent LA	Yasmin
Combivent	PhosLo	Yaz
Dallergy	Prenate Elite	Zaditor OTC
Dynacirc CR	Prilosec OTC	Zemplar
Effexor XR (ST)	PrimaCare ONE	

Formulary Deletions

Moved to third tier coverage for selected plans

Abilify.....
Actonel.....
Adderall XR (PA for ≥ 18 years of age).....
Altace.....
Amerge.....
Androderm (PA).....
Androgel (PA).....
Anzemet.....
Arthrotec.....
Byetta (PA).....
Celebrex.....
Cipro HC.....
Cosopt.....
Cozaar.....
Cymbalta (PA).....
Detrol/Detrol LA.....
Differin.....
Diovan.....
Diovan HCT.....
FemHRT.....
Flomax.....
Hyzaar.....
Lamictal.....
Levaquin.....
Lipitor.....

Formulary Alternatives

Clozaril*, Risperdal, Seroquel
Fosamax
Adderall*, Ritalin*, Ritalin SR*, Metadate ER*, Concerta
Prinivil*, Lotensin*, Accupril*, Vasotec*
Imitrex, Maxalt
Testim (PA)
Testim (PA)
Compazine*, Phenergan*, Tigan*, Zofran*
Voltaren* plus Cytotec*
Amaryl*, Diabeta*, Glucotrol*, Glynase*, Micronase*, Glucophage*
Motrin*, Naprosyn*, Mobic*, Voltaren*, Orudis*, Clinoril*, Disalcid*, Relafen*
Ciprodex
Timoptic* plus Azopt
Benicar, Micardis
Celexa*, Prozac*, Zoloft*, Paxil*
Ditropan*
Retin-A*, Retin-A Micro, Azelex
Benicar, Micardis
Benicar HCT, Micardis HCT
Prempro, Premphase
Cardura*, Hytrin*, Proscar*, Uroxatral
Benicar HCT, Micardis HCT
phenobarbital, Tegretol*, Tegretol XR, Carbatrol, Dilantin*, Depakene*, Depakote, Depakote ER, Neurontin*
Cipro*, Avelox
Zocor*, Prevachol*, Mevacor*, AltoPrev, Crestor (5mg ST), Vytorin (10/10mg ST)

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Formulary Alternatives

Lyrica (PA).....	phenobarbital, Tegretol*, Tegretol XR, Carbatrol, Dilantin*, Depakene*, Depakote, Depakote ER, Neurontin*
Nasacort.....	Flonase*, Nasonex, Nasalide*
Nexium (ST).....	Prilosec OTC™ (covered with prescription for generic copay), Prilosec*, Protonix
Pataday.....	Alaway, Zaditor OTC (covered with prescription for generic copay)
Patanol.....	Alaway, Zaditor OTC (covered with prescription for generic copay)
Paxil CR (ST).....	Celexa*, Prozac*, Zolofit*, Paxil*
Proventil HFA.....	Proair HFA (generic copay)
Provigil (PA).....	Ritalin*, Dexedrine*, Adderall*
Restasis.....	Various OTC artificial tears available
Strattera.....	Ritalin*, Adderall*, Concerta
Topamax.....	phenobarbital, Tegretol*, Tegretol XR, Carbatrol, Dilantin*, Depakene*, Depakote, Depakote ER, Neurontin*
Tricor.....	Lofibra*, Lopid*, Triglide
Tussionex.....	Robitussin AC*, Hycodan*
Vagifem.....	Premarin Cream, Estrace Cream, Ogen Cream
Viagra.....	All erectile dysfunction drugs covered under non formulary copay
Vigamox.....	Tobrex*, gentamicin, Ciloxan*, Ocuflax*
Xalatan.....	Lumigan, Travatan
Zaditor.....	Zaditor OTC (requires doctor's prescription – generic copay)
Zetia.....	Zocor*, Pravachol*, Niaspan, Vytorin (10/10mg ST)
Zomig, Zomig ZMT.....	Imitrex, Maxalt
Zyprexa (PA).....	Risperdal, Seroquel

(PA) indicates prior authorization required

(ST) indicates step therapy required

* A generic equivalent is available at the lowest copay

Please refer to your health plan documents regarding any limitations or exclusions that may apply to your pharmacy benefit.