



**Dean Health Plan Drug Formulary Changes
Employer Based Plans**

Arranged by Effective Date of Change – January 2012 through December 2012

Effective Date	Drug Name	Type of change	Description of Change
05/01/2012	quetiapine tab	A	Add to formulary Tier 1
05/01/2012	SEROQUEL	C	Move to formulary Tier 3
05/01/2012	fluticasone propionate lotion	A	Add to formulary Tier 2
05/01/2012	modafinil tab (Provigil Equiv)	A	Add to formulary NC
05/01/2012	carbidopa/ levodopa/ entacapone tab (STALEVO TAB Equiv.)	A	Add to formulary Tier 2
05/01/2012	irbesartan-hctz tab (AVALIDE Equiv.)	A	Add to formulary Tier 2
05/01/2012	irbesartan tab (AVAPRO Equiv.)	A	Add to formulary Tier 2
05/01/2012	Carbatrol	C	Move to formulary NC
05/01/2012	albuterol/ipratropium soln	C	Move to formulary Tier 1
05/01/2012	vancomycin	A, QL, ST	Add to formulary Tier 2 ST/QL (ST requires trial of metronidazole)(QL=56 caps/fill)
05/01/2012	Vancocin	M, QL, ST	Move to formulary Tier 3 ST/QL on the formulary (ST requires trial of metronidazole)(QL=56 caps/fill)
05/01/2012	Freestyle Kit InsulinX	A	Add to formulary at \$0
05/01/2012	generic fluvastatin cap (LESCOL Equiv)	A	Add to formulary Tier 2

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05/01/2012	Lescol Cap	C	Move to formulary Tier 3
05/01/2012	Miacalcin Nasal Spray	C	Move to formulary Tier 3
04/01/2012	betaxolol ophth soln	A, QL	Add to formulary Tier 1 QL (QL=2 bottles/fill)
04/01/2012	ziprasidone cap (GEODON Equiv.)	A	Add to formulary Tier 2
04/01/2012	GEODON CAP	C	Move to formulary Tier 3
04/01/2012	progesterone cap (PROMETRIUM Equiv.)	A	Add to formulary Tier 2
04/01/2012	escitalopram tab (LEXAPRO Equiv.)	A	Add to formulary Tier 2, tablet splitting
04/01/2012	LEXAPRO	C	Move to formulary Tier 3
04/01/2012	FREESTYLE INSULINX TEST STRIPS	A	Add to formulary Tier 2
04/01/2012	OTOZIN DROPS	C	Move to formulary Tier 3
04/01/2012	escitalopram soln (LEXAPRO Equiv.)	A	Add to formulary Tier 2
04/01/2012	LEXAPRO SOLN	C	Move to formulary Tier 3
04/01/2012	VANCOCIN CAP	ST, QL	Remain on formulary Tier 2, Step therapy requires trial of metronidazole, QL=56 cap/fill
04/01/2012	BRILINTA TAB	A	Add to formulary Tier 3 (restricted to specialist-Cardiologist)
04/01/2012	flunisolide nasal spray	C	Move to formulary Tier 1
04/01/2012	RHINOCORT NASAL SPRAY	PA	Remain on formulary Tier 3, add prior authorization

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04/01/2012	BECONASE NASAL SPRAY	PA	Remain on formulary Tier 3, add prior authorization
04/01/2012	NASONEX NASAL SPRAY	C, PA	Move to formulary Tier 3, add prior authorization
04/01/2012	OMNARIS NASAL SPRAY	PA	Remain on formulary Tier 3, add prior authorization
04/01/2012	EDURANT TAB	A, SP	Add to formulary Tier 2, Specialty pharmacy program
04/01/2012	COMPLERA TAB	A, SP	Add to formulary Tier 2, Specialty pharmacy program
04/01/2012	HUMIRA	C	Move to formulary Tier 3, Prior authorization, Mandatory specialty pharmacy
04/01/2012	CIMZIA	C	Move to formulary Tier 2, Prior authorization, Mandatory specialty pharmacy
04/01/2012	ORENCIA SC	A	Add to formulary Tier 3, Prior authorization, Mandatory specialty pharmacy
03/01/2012	First Omeprazole Susp	A	Add to formulary Tier 3
03/01/2012	Lansoprazole Susp	A	Add to formulary Tier 3
03/01/2012	Lithostat Tab	A	Add to formulary Tier 3
03/01/2012	cheratussin AC syrup OTC	A, QL	Add to formulary Tier 1 QL, QL = 240ml/per dispensing
03/01/2012	Caduet brand	C	Move to formulary Tier 3

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03/01/2012	Jentaduetto Tab	A, ST	Add to formulary Tier 3 ST, Step therapy requires trial of Januvia or Janumet.
03/01/2012	Sandimmune Soln	C	Move to formulary Tier 2
03/01/2012	tizanidine cap	A	Add to formulary Tier 2
03/01/2012	Eliphos Tab	A	Add to formulary Tier 3
03/01/2012	Dutoprol	A	Add to formulary Tier 2
03/01/2012	Janumet XR	A	Add to formulary Tier 2
03/01/2012	Prilosec OTC	C	Move to formulary NC
02/01/2012	lamivudine/zidovudine tab (Combivir Equiv)	A	Add to formulary Tier 2
02/01/2012	clobetasol lotion (Clobex Lotion Equiv)	A	Add to formulary Tier 2
02/01/2012	clobetasol shampoo (Clobex Shampoo Equiv)	A	Add to formulary Tier 2
02/01/2012	methylphenidate cap er (Ritalin LA cap Equiv)	A	Add to formulary Tier 2
02/01/2012	Ritalin LA Brand	C	Move to formulary Tier 3
02/01/2012	Dutoprol	A	Add to formulary NC
02/01/2012	Bepreve	C, ST	Now requires step therapy trial of epinastine only
02/01/2012	Pataday	C, ST	Now requires step therapy trial of epinastine only. Coverage remains at Tier 3
02/01/2012	Patanol	C, ST	Now requires step therapy trial of epinastine only. Coverage remains at Tier 3

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02/01/2012	Alamast	C, ST	Now requires step therapy trial of epinastine only. Coverage remains at Tier 3
02/01/2012	Lastacaft	C, ST	Now requires step therapy trial of epinastine only. Coverage remains at Tier 3
02/01/2012	Alocril	C, ST	Now requires step therapy trial of epinastine only. Coverage remains at Tier 3
02/01/2012	Alomide	C, ST	Now requires step therapy trial of epinastine only. Coverage remains at Tier 3
02/01/2012	Emadine	C, ST	Now requires step therapy trial of epinastine only. Coverage remains at Tier 3
02/01/2012	Edarbyclor	A, ST	Add to formulary Tier 3, ST requires trial of losartan (hctz)
01/01/2012	trimipramine cap (SURMONTIL Equiv)	A	Add to formulary Tier 2
01/01/2012	flucytosine cap (ANCOBON Equiv)	A	Add to formulary Tier 2
01/01/2012	lamivudine tab (EPIVIR Equiv)	A	Add to formulary Tier 2 SP
01/01/2012	Epivir Tab brand	C	Move to formulary Tier 3 SP
01/01/2012	Derm Otic brand	C	Move to formulary Tier 3
01/01/2012	Cromolyn soln. (GASTROCROM Equiv)	A	Add to formulary Tier 2
01/01/2012	LIPITOR	O	Add to tablet splitting list

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01/01/2012	Felbatol Soln brand	C	Move to formulary Tier 3
01/01/2012	eprosartan mesylate tab (TEVETEN Equiv)	A	Add to formulary Tier 2
01/01/2012	AVALIDE	C	Move to formulary Tier 3, remove from tablet splitting list
01/01/2012	AVAPRO	C	Move to formulary Tier 3, remove from tablet splitting list
01/01/2012	PATADAY	C, ST	Move to formulary Tier 3; Add ST through generic
01/01/2012	BEPREVE	ST	Added step therapy
01/01/2012	PATANOL	ST	Added step therapy
01/01/2012	ALAMAST	C, ST	Move to formulary Tier 3, add Step Therapy
01/01/2012	ALOMIDE	C,ST	Move to formulary Tier 3, add Step Therapy
01/01/2012	ALOCRIIL	C,ST	Move to formulary Tier 3, add Step Therapy
01/01/2012	PRADAXA	PA	Removed prior authorization
01/01/2012	NUDEXTA	PA	Removed prior authorization
01/01/2012	ALBENZA	C	Move to formulary Tier 2
01/01/2012	TACLONEX SCALP SUSP	A	Add to formulary Tier 3
01/01/2012	CAPRELSA	A,PA	Add to formulary Tier 2 with prior authorization

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01/01/2012	BUTRANS	A	Add to formulary Tier 3 QL (QL=4 patches/28 days)
01/01/2012	nitrofurantoin macrocrystals (MACROBID Equiv)	C	Move to formulary Tier 1
01/01/2012	finasteride tab (PROSCAR Equiv)	C	Move to formulary Tier 1
01/01/2012	LIDODERM PATCH	QL	Add QL (QL=3 patches/day)
01/01/2012	IOPIDINE	C	Move to formulary Tier 3
01/01/2012	ZYPREXA TAB brand	C	Move to formulary Tier 3
01/01/2012	ZYPREXA ZYDIS brand	C	Move to formulary Tier 3
01/01/2012	DIFICID	A	Add to formulary Tier 2 ST/QL (QL=20 caps/fill)
01/01/2012	TRADJENTA	A	Add to formulary Tier 3, step edit
01/01/2012	ONGLYZA	ST	Move to formulary Tier 3 ST
01/01/2012	XARELTO	A	Add to formulary Tier 2
01/01/2012	FLOVENT	C	Add to formulary Tier 1
01/01/2012	ASMANEX	C	Add to formulary Tier 1
01/01/2012	DULERA	A	Add to formulary Tier 2, Step edit through ICS agent.

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