



Dean Health Plan Drug Formulary Changes

Arranged by Effective Date of Change – January 2009 through December 2009

This document is updated periodically and is for use by Dean Health Plan members and their providers only. Coverage is subject to the member's pharmacy benefit. Each drug product is associated with a coverage level as shown in this table.

Tier	Description to member	Relative cost
1	Formulary–Lower cost products	\$
2	Formulary–High cost products	\$\$
3/NC	Covered products under the Three-Tier Pharmacy Benefit / Not-covered (NC) products under the Two-Tier Pharmacy Benefit	\$\$\$\$
NC	Non-formulary, excluded products for all pharmacy benefit programs	

Search Tip:

You can search quickly and easily by clicking on the binocular icon on your toolbar. It will then display a search box for you to type in the name of drug you want to locate. If you do not know the correct spelling, you can start your search by entering just the first few letters of the name.

Effective Date	Drug Name	Type of change	Section	Description of Change
11/18/09	lansoprazole (Prevacid Equiv)	A	Gastrointestinal Agents	Add to fomulary NC/NC
11/18/09	methylfolate B6-B12 (METANX Equiv)	A	Nutrition, Blood & Electrolytes	Add to formulary NC/3
11/18/09	FEXOFENADINE PSE	A	Respiratory Agents	Add to fomulary NC/NC
11/18/09	PREVACID OTC	A	Gastrointestinal Agents	Add to formulary Tier 1
11/18/09	perindopril tab (ACEON Equiv)	A	Cardiovascular Agents	Add to formulary Tier 1
11/18/09	COLCRYS	A	Musculoskeletal Agents	Add to formulary Tier 2
11/04/09	PEXEVA	A	CNS & ANS Agents	Add To fomulary NC/3. Step Therapy (ST) (Step Therapy requires failure of fluoxetine, paroxetine, sertraline, citalopram or fluvoxamine)
11/04/09	ACUVAIL OPHTH	A	Ophthalmic Agents	Add to formulary NC/3
11/04/09	VALTURNA	A	Cardiovascular Agents	Add to formulary NC/3
11/04/09	TAMIFLU	C	Anti-Infectives	Change Quantity Limit (QL). QL= 10 caps or 125 unit/fill

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11/04/09	RELENZA	C	Anti-Infectives	Change Quantity Limit (QL). QL= 20 unit/fill
10/01/09	KAPADEx	A	Gastrointestinal Agents	Add to formulary Tier 2 ST (Step Therapy requires failure of omeprazole)
10/01/09	PROTONIX	A	Gastrointestinal Agents	Add Quantity Limit (QL= 2 tabs /day)
10/01/09	ACHIPHEX	C	Gastrointestinal Agents	Remove Step Therapy
10/01/09	CYMBALTA	A	CNS & ANS Agents	Add Quantity Limit (QL= 2caps/day)
10/01/09	LUVOX CR	A	CNS & ANS Agents	Add to formulary NC/3 ST Step Therapy requires failure of fluoxetine, sertraline, paroxetine, citalapram, or fluoxamine
10/01/09	AZASITE	C	Ophthalmic Agents	Change to Tier 2
10/01/09	nateglinide (STARLIX)	A	Diabetic Agents	Add to formulary NC/3
10/01/09	PREVACID	C	Gastrointestinal Agents	Change to Step Therapy. Step Therapy requires failure of omeprazole. NC/3 Step Therapy
10/01/09	lamotrigine starter kit (LAMICTAL STARTER Equiv)	A	CNS & ANS Agents	Add to formulary Tier 1
10/01/09	ZYLET	C	Ophthalmic Agents	Change to Tier 2 with Quantity Limit (QL= 5 unit/fill)
10/01/09	PRISTIQ	A	CNS & ANS Agents	Add to formulary NC/3 with Step Therapy (Step Therapy requires failure of fluoxetine, sertraline, paroxetine, citalopram of fluoxamine)
10/01/09	AMITIZA	A	Gastrointestinal Agents	Add to formulary NC/3
10/01/09	FIBRICOR	A	Cardiovascular Agents	Add to formulary NC/3
10/01/09	RAPAFLO	A	Genitourinary Agents	Add to formulary NC/3
10/01/09	SAVELLA	A	CNS & ANS Agents	Add to formulary Tier 2 with Prior Authorization
10/01/09	ULORIC	A	CNS & ANS Agents	Add to formulary Tier 2 with Step Therapy (Step Therapy requires failure of allopurinol)

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10/01/09	VIMPAT	A	CNS & ANS Agents	Add to formulary Tier 2 PA/QL. Quantity Limit= 2 tabs/day
10/01/09	TOVIAZ	A	Genitourinary Agents	Add to formulary NC/3
9/16/09	TRUSOPT	C	Ophthalmic Agents	Change to NC/3
9/16/09	omeprazole cap 40mg	A	Gastrointestinal Agents	Add to formulary Tier 1
9/16/09	levalbuterol neb 1.25/0.5ml (XOPENEX)	A	Respiratory Agents	Add to formulary NC/3
9/16/09	clindamycin/benzoyl peroxide gel (BENZAACLIN)	A	Dermatological Agents	Add to formulary Tier 1, Quantity Limit= 50gm/fill
9/16/09	VECTICAL	A	Dermatological Agents	Add to formulary Tier 2
9/16/09	NORPACE CR	C	Cardiovascular Agents	Change to Tier 2
9/16/09	ZODRYL AC (RX only)	A	Respiratory Agents	Add to formulary NC/3
9/16/09	KEPPRA	C	CNS & ANS Agents	Change to NC/3
9/16/09	TRILEPTAL	C	CNS & ANS Agents	Change to NC/3
9/16/09	REMERON ODT	C	CNS & ANS Agents	Change to NC/3
9/16/09	fluvoxamine	C	CNS & ANS Agents	Change to Tier 1
9/16/09	DEPAKOTE ER	C	CNS & ANS Agents	Change to NC/3
9/16/09	REPLIVA	C	Nutrition, Blood & Electrolytes	Change to NC/3
9/16/09	ZERIT	C	Anti-Infectives	Change to NC/3
9/16/09	RAZADYNE	C	CNS & ANS Agents	Change to NC/3
9/16/09	RAZADYNE ER		CNS & ANS Agents	Change to NC/3
9/16/09	DOVONEX SOLN	C	Dermatological Agents	Change to NC/3
9/16/09	COSOPT	C	Ophthalmic Agents	Change to NC/3
9/1/09	JANUVIA	A	Diabetic Agents	Add Quantity Limit , 1 tab/day
9/1/09	BONIVA TAB 150MG	A	Endocrine Agents	Add Quantity Limit, 1 tab/month,
9/1/09	clonidine patch (CATAPRES-TTS Equiv)	A	Cardiovascular Agents	Add to formulary Tier 1
9/1/09	CELLCEPT	C	Antineoplastics & Immunosuppressants	Change to NC/3
9/1/09	TRILEPTAL	C	CNS & ANS Agents	Change to NC/3

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9/1/09	ARICEPT	A	CNS & ANS Agents	Add Quantity Limit, 1 tab/day
9/1/09	ZETIA	A	Cardiovascular Agents	Add Quantity Limit, 1 tab/day
9/1/09	DILANTIN	C	CNS & ANS Agents	Change to NC/3
9/1/09	SYNTHROID	C	Endocrine Agents	Change to NC/3
9/1/09	REVLIMID	A	Antineoplastics & Immunosuppressants	Add Prior Authorization and Quantity Limit, 1 cap/day
9/1/09	THALOMID	A	Antineoplastics & Immunosuppressants	Add Prior Authorization
9/1/09	tacrolimus (PROGRAF Equiv)	A	Antineoplastics & Immunosuppressants	Add to formulary Tier 1, Specialty Pharmacy
9/1/09	SANDIMMUNE	C	Antineoplastics & Immunosuppressants	Change to NC/3
9/1/09	PROVIGIL	A	CNS & ANS Agents	Add Quantity Limit, 2 tabs/day
9/1/09	LUNESTA	A	CNS & ANS Agents	Add Quantity Limit, 1 tab/day
9/1/09	ROZEREM	A	CNS & ANS Agents	Add Quantity Limit, 1 tab/day
9/1/09	LANOXIN	C	Cardiovascular Agents	Change to NC/3
9/1/09	LITHOBID	C	CNS & ANS Agents	Change to NC/3
9/1/09	COUMADIN	C	Nutrition, Blood & Electrolytes	Change to NC/3
9/1/09	UNIPHYL	C	Respiratory Agents	Change to NC/3
9/1/09	NEORAL	C	Antineoplastics & Immunosuppressants	Change to NC/3
9/1/09	galantamine oral soln (RAZADYNE Equiv)	A	CNS & ANS Agents	Add to formulary Tier 1
9/1/09	apraclonidine oph soln (IOPIDINE Equiv)	A	Ophthalmic Agents	Add to formulary Tier 1
8/1/09	ABILIFY/ABILIFY DiscMelt	A	CNS & ANS Agents	Add PA
8/1/09	CETRAXAL OTIC	A	Ears and Throat	Add to formulary NC/3
8/1/09	EDLUAR SL TAB	A	CNS & ANS Agents	Add to formulary NC/NC
8/1/09	PREVACID GRANULES	C	Gastrointestinal Agents	Remove from formulary, granules no longer made
7/15/09	DUREZOL	A	Ophthalmic Agents	Add to formulary Tier 2
7/15/09	next choice (PLAN B Equiv)	A	OB/GYN Agents	Add to formulary Tier 1

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7/15/09	Bicalutamide tab (CASODEX)	A	Antineoplastics & Immunosuppressants	Add to formulary Tier 1 SP (Specialty Pharmacy)
7/1/09	GEODON	C	CNS & ANS Agents	Remove SP (Specialty Pharmacy)
7/1/09	RISPERDAL M	C	CNS & ANS Agents	Change to NC/3
7/1/09	TRILIPIX	A	Cardiovascular Agents	Add to formulary Tier 2
7/1/09	ASACOL HD	A	Gastrointestinal Agents	Add to formulary Tier 2
7/1/09	EXFORGE HCT	A	Cardiovascular Agents	Add to formulary Tier 2
7/1/09	ZOMIG (ZMT)	C	CNS & ANS Agents	Change to NC/3 QL quantity limit will remain unchanged
7/1/09	ZOMIG NS	C	CNS & ANS Agents	Change to NC/3 QL quantity limit will remain unchanged
7/1/09	ANTARA	C	Cardiovascular Agents	Change to NC/3
7/1/09	BENZOYL PEROXIDE	C	Dermatological Agents	Remove all single ingredient benzoyl peroxide products from the formulary
7/1/09	AURALGAN	C	Ears and Throat	Change to NC/3
7/1/09	GELNIQUE	A	Genitourinary Agents	Add to NC/3
7/1/09	RYZOLT	A	CNS & ANS Agents	Add to NC/3
7/1/09	DERMOTIC	C	Ears and Throat	Change to Tier 2
7/1/09	LAMICTAL CHEW	C	CNS & ANS Agents	Change to NC/3
7/1/09	LAMICTAL ODT (KIT)	A	CNS & ANS Agents	Add to formulary NC/3
7/1/09	LAMICTAL XR (KIT)	A	CNS & ANS Agents	Add to formulary NC/3
7/1/09	LAMICTAL STARTER KIT	C	CNS & ANS Agents	Change to NC/3
7/1/09	BANZEL	A	CNS & ANS Agents	Add to formulary Tier 2
7/1/09	ACETASOL HC	C	Ears and Throat	Change to NC/3
5/6/09	ACANYA	A	Dermatological Agents	Add to formulary NC/3
5/6/09	LOSEASONIQUE	A	OB/GYN Agents	Add to formulary NC/3 (3 copays/Rx)
5/6/09	TOPAMAX	A	CNS & ANS Agents	Change from NC/3. Remove Tablet Splitting (RS)

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4/29/09	topiramate sprinkle (TOPAMAX SPRINKLE Equiv)	A	CNS & ANS Agents	Add to formulary Tier 1
4/29/09	TOPAMAX SPRINKLE	C	CNS & ANS Agents	Change to NC/3
4/29/09	RAPTIVA	C	Dermatological Agents	Remove from formulary documents (removed from market)
4/15/09	liothyronine (CYTOMEL Equiv)	A	Thyroid Agents	Add to formulary Tier 1
4/15/09	amphetamine ER (ADDERALL XR Equiv)	A	CNS & ANS Agents	Add NC/NC
4/15/09	topiramate (TOPAMAX Equiv)	A	Anti-Convulsant Agents	Add to formulary Tier 1
4/01/09	PROMACTA	A	Nutrition, Blood & Electrolytes	Add to formulary Tier 2 PA/MSP
4/01/09	risperidone ODT (RISPERDAL M Equiv)	A	CNS & ANS Agents	Add to formulary Tier 1
4/01/09	procentra soln	A	CNS & ANS Agents	Add to formulary NC/3
4/01/09	HYCAMTIN	A	Antineoplastics & Immunosuppressants	Add to formulary Tier 2 PA/MSP
4/01/09	XENAZINE	A	CNS & ANS Agents	Add to formulary Tier 2 PA
4/01/09	FINACEA PLUS KIT	A	Dermatological Agents	Add to formulary NC/3
4/01/09	ACZONE	A	Dermatological Agents	Add NC/NC
4/01/09	PRISTIQ	A	CNS & ANS Agents	Add NC/NC
4/01/09	SANCUSO	A	Gastrointestinal Agents	Add to formulary NC/3 QL. QL= 4 patches/Rx
4/01/09	MAXALT (MLT)	C	CNS & ANS Agents	Remove PA. Will remain covered at Tier 2 QL. QL=Retail 12 tabs/Rx, 3 fills/60 days; Mail Order 36 tabs/Rx, 2 fills/90 days
3/09/09	acetazolamide cap (DIAMOX Equiv)	C	Cardiovascular Agents	Change to Tier 1
3/09/09	dalcipotriene soln (DOVONEX Equiv)	C	Dermatological Agents	Change to Tier 1
3/09/09	dihydroergotamine inj (DHE INJ Equiv)	C	CNS & ANS Agents	Change to Tier 1
3/09/09	dronabinol (MARINOL Equiv)	C	Gastrointestinal Agents	Change to Tier 1

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3/09/09	eplerenone (INSPRA Equiv)	C	Cardiovascular Agents	Change to Tier 1. Remove Step Therapy
3/09/09	INSPRA	C	Cardiovascular Agents	Change to NC/3; Remove Step Therapy
3/09/09	fexofenadine (ALLEGRA Equiv)	C	Respiratory Agents	Change to Tier 1. Remove Step Therapy, and Prior Authorization
3/09/09	ALLEGRA	C	Respiratory Agents	Remove Step Therapy
3/09/09	galantamine ER (RAZADYNE ER Equiv)	C	CNS & ANS Agents	Change to Tier 1
3/09/09	granisetron oral soln (KYTRIL Equiv)	C	Gastrointestinal Agents	Tier 1 (QL = Retail 60ml/Rx, Mail Order 180ml/Rx)
3/09/09	levetiracetam (KEPPRA Equiv)	C	CNS & ANS Agents	Change to Tier 1
3/09/09	oxybutynin ER (DITROPAN XL Equiv)	C	Genitourinary Agents	Change to Tier 1
3/09/09	oxycodone ER (OXYCONTIN ER Equiv)	C	CNS & ANS Agents	Change to Tier 1 (QL = Retail 120 tab/30 days; Mail Order 360 tab/90 days.)
3/09/09	oxyfast (ROXICODONE Equiv)	C	CNS & ANS Agents	Change to Tier 1
3/09/09	Sodium polystyrene powder (KAYEXALATE POWDER Equiv)	C	Cardiovascular Agents	Change to Tier 1
3/09/09	stavudine (ZERIT Equiv)	C	Anti-Infectives	Change to Tier 1; Specialty Pharmacy
3/09/09	NEFAZODONE	C	CNS & ANS Agents	Change to NC/3
3/09/09	divalproex ER (DEPAKOTE ER Equiv)	C	CNS & ANS Agents	Change to Tier 1
3/09/09	Tretinoin cap (VESANOID Equiv)	C	Antineoplastics & Immunosuppressants	Change to Tier 1, Specialty Pharmacy
3/09/09	SUMATRIPTAN NS (IMITREX Equiv)	C	CNS & ANS Agents	Change to Tier 1 (QL = Retail 6 sprays/Rx, 2 fills/30 days; Mail Order 18 sprays/Rx, 2 fills/90 days)
3/09/09	tri-legest (ESTROSTEP Equiv)	C	OB/GYN Agents	Change to Tier 1; Remove PA
3/09/09	ESTROSTEP	C	OB/GYN Agents	Remove PA
3/01/09	phenazopyridine plus (PYRIDIDIUM PLUS Equiv)	A	Genitourinary Agents	Add to formulary Tier 1
3/01/09	VESICARE	A	Genitourinary Agents	Add to Tablet Splitting Program

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3/01/09	CLARITIN CAP (OTC)	A	Respiratory Agents	Add to formulary NC/NC
3/01/09	APRISO	A	Gastrointestinal Agents	Add to formulary NC/3
3/01/09	OVACE PLUS SHAMPOO	A	Dermatological Agents	Add to formulary NC/3
3/01/09	KUVAN	A	Endocrine Agents	Add to Mandatory Specialty Pharmacy Program
3/01/09	REVATIO	A	Respiratory Agents	Add to Mandatory Specialty Pharmacy Program
3/01/09	ARIMIDEX	C	Antineoplastics & Immunosuppressants	Remove from Mandatory Specialty Pharmacy. Will remain on the Specialty Pharmacy Program
3/01/09	AROMASIN	C	Antineoplastics & Immunosuppressants	Remove from Mandatory Specialty Pharmacy. Will remain on the Specialty Pharmacy Program
3/01/09	FEMARA	C	Antineoplastics & Immunosuppressants	Remove from Mandatory Specialty Pharmacy. Will remain on the Specialty Pharmacy Program
3/01/09	FARESTON	C	Antineoplastics & Immunosuppressants	Remove from Mandatory Specialty Pharmacy. Will remain on the Specialty Pharmacy Program
2/18/09	sumatriptan tab (IMITREX Equiv)	C	CNS & ANS Agents	Change from Tier 2 QL to Tier 1 QL. QL will remain unchanged
2/18/09	IMITREX TAB	C	CNS & ANS Agents	Change from Tier 2 to NC/3 QL. QL will remain unchanged
2/18/09	sumatriptan inj (IMITREX Equiv)	C	CNS & ANS Agents	Change from Tier 2 QL/SP to Tier 1 QL/SP. QL will remain the same
2/18/09	IMITREX INJ	C	CNS & ANS Agents	Change from Tier 2 QL/SP to NC/3 QL/SP. QL will remain unchanged
2/18/09	multigen (CHROMAGEN FA Equiv)	A	Nutrition, Blood & Electrolytes	Add to Tier 1
2/18/09	CHROMAGEN FA	C	Nutrition, Blood & Electrolytes	Change from Tier 2 to NC/3
2/18/09	divalproex ER (DEPAKOTE ER Equiv)	A	CNS & ANS Agents	Add to formulary Tier 2
2/18/09	divalproex sprinkle (DEPAKOTE SPRINKLE Equiv)	A	CNS & ANS Agents	Add to Tier 1

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2/18/09	DEPAKOTE SPRINKLE	C	CNS & ANS Agents	Change from Tier 2 to NC/3
2/4/09	PRANDIMET	A	Diabetic Agents	Add to formulary NC/3
2/4/09	EPIDUO	A	Dermatological Agents	Add to formulary NC/3
2/4/09	KUVAN	A	Endocrine Agents	Add to Specialty Pharmacy Program
2/4/09	REVATIO	A	Respiratory Agents	Add to Specialty Pharmacy Program
2/4/09	NUCORT LOTION	A	Dermatological Agents	Add to formulary NC/3
2/4/09	sodium polystyrene powder (KAYEXALATE Equiv)	A	Cardiovascular Agents	Add to formulary Tier 2
2/4/09	seb-prev cream (OVACE Equiv)	A	Dermatological Agents	Add to formulary NC/3
2/4/09	alprazolam ODT (NIVAVAM Equiv)	A	CNS & ANS Agents	Add to formulary NC/3
2/4/09	scalacort lotion (ALA-SCALP Equiv)	A	Dermatological Agents	Add to formulary Tier 1
1/21/09	RELENZA DISKHALER	C	Anti-Infectives	Move from NC/3 to Tier 2 QL. QL= 20 units/ fill; 1 fill per year
1/21/09	SUMATRIPTAN NS	A	CNS & ANS Agents	Add to formulary Tier 2 QL. QL= Retail 6 sprays/RX, 2 fills/30days; Mail Order 18 sprays/RX, 2 fills/90 days
1/21/09	pruvate (REPLIVA)		Nutrition, Blood & Electrolytes	Add to formulary Tier 2
1/21/09	tobramycin/dex ophth sol (TOBRADEX Equiv)	A	Ophthalmic Agents	Add to formulary Tier 2 QL. QL= 2 bottles/month
1/21/09	stavudine cap (ZERIT Equiv)	A	Anti-Infectives	Add to formulary Tier 2 Specialty Pharmacy
1/21/09	Ondansetron tab/oral soln (ZOFTRAN Equiv)	C	Gastrointestinal Agents	Change from Tier 2 to Tier 1
1/21/09	ASTEPRO	A	Respiratory Agents	Add to formulary Tier 2 QL. QL= 2 bottles/month
1/21/09	acetazolamide cap (DIAMOX SEQUEL Equiv)	A	Cardiovascular Agents	Add to formulary Tier 2
1/1/09	PROVENTIL HFA	C	Respiratory Agents	Change from Tier 2 to NC/NC
1/1/09	LESCOL (XL)	C	Cardiovascular Agents	Move from Tier 2 to Tier 2 PA

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1/1/09	oxybutynin er (DITROPAN XL Equiv)	C	Genitourinary Agents	Change from NC/3 to Tier 2
1/1/09	RHINOCORT AQUA	C	Respiratory Agents	Change from Tier 2 to NC/3
1/1/09	VESICARE	C	Genitourinary Agents	Change from Tier 3 to Tier 2
1/1/09	MEPEROZINE	C	CNS & ANS Agents	Change from Tier 1 to Tier 2
1/1/09	LEVORPHANOL	C	CNS & ANS Agents	Change from Tier 1 to Tier 2
1/1/09	RELISTOR	C	Gastrointestinal Agents	Add to formulary Tier 2 PA
1/1/09	TUSSIONEX	C	Respiratory Agents	Change from Tier 2 QL to NC/3 QL
1/1/09	URISPAS	C	Genitourinary Agents	Change from NC/3 to NC/NC
1/1/09	ALVESCO	A	Respiratory Agents	Add to formulary NC/3

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