



Dean Health Plan Drug Formulary Changes

Arranged by Effective Date of Change – January 2010 through December 2010

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
2/3/10	NUVIGIL	A	CNS & ANS Agents	Add to formulary Tier 2, Prior Authorization, Quantity Limit; Quantity Limit = 1 tab/day
2/3/10	SUMAVEL	A	CNS & ANS Agents	Add to formulary NC/3, Quantity Limit; Quantity Limit = 4 inj/fill; 2 fills/30 days
2/3/10	ADRENACLICK INJ	A	Respiratory Agents	Add to formulary NC/3, Quantity Limit; Quantity Limit = 2 kits/fill
2/3/10	LYBREL	C	OB/GYN Agents	Change to NC/3
2/3/10	ULESFIA	A	Dermatological Agents	Add to formulary NC/3
2/3/10	WELCHOL PAK	A	Cardiovascular	Add to formulary Tier 2
1/20/10	azelastine ophth soln (OPTIVAR Equiv)	A	Ophthalmic Agents	Add to formulary NC/3
1/20/10	ciclopirox shampoo (LOPROX Equiv)	A	Dermatological Agents	Add to formulary Tier 1
1/20/10	pramipexole (MIRAPEX Equiv)	A	CNS & ANS Agents	Add to formulary Tier 1
1/20/10	MIRAPEX	C	CNS & ANS Agents	Move from Tier 2 to NC/3 (Remove from Tablet Splitting Program)

A= added **C**= change in Tier **PA**= change in prior authorization status **QL**= change in quantity limits **O**= other change

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1/20/10	AFINITOR	A	Antineoplastics & Immunosuppressants	Add to Formulary; Prior Authorization, Quantity Limit, Specialty Pharmacy
1/20/10	PREVACID	C	Gastrointestinal Agents	Remove Step Therapy, Remains at NC/3
1/01/10	Nizantidine soln (AXID Equiv)	A	Gastrointestinal Agents	Add to formulary NC/3
1/01/10	budesonide susp (PULMICORT Equiv)	A	Respiratory Agents	Add to formulary Tier 1
1/01/10	NIASPAN	C	Cardiovascular	Move from Tier 1 to Tier 2
1/01/10	estradiol patch	C	OB/GYN Agents	Move from NC/3 to Tier 1
1/01/10	CLIMARA	C	OB/GYN Agents	Move from Tier 2 to NC/3
1/01/10	valacyclovir (VALTREX Equiv)	A	Anti-Infectives	Add to formulary Tier 1
1/01/10	MULTAQ	A	Cardiovascular	Add to formulary Tier 2, RS (Restricted to Cardiology Specialists)
1/01/10	SIMPONI	A	Musculoskeletal Agents	Add to formulary NC/3, Prior Authorization
1/01/10	CIMZIA	A	Musculoskeletal Agents	Add to formulary NC/3, Prior Authorization
1/01/10	ATACAND	C	Cardiovascular	Move from Tier 2 to NC/3
1/01/10	ATACAND HCT	C	Cardiovascular	Move from Tier 2 to NC/3
1/01/10	ocella (YASMIN)	C	OB/GYN Agents	Move from Tier 1 to NC
1/01/10	YASMIN	C	OB/GYN Agents	Move from NC/3 to Tier 1
1/01/10	Non Formulary Test Strips	A	Diabetic Agents	Add to formulary NC/3 Step Therapy (Step Therapy requires trial of formulary test strips)
1/01/10	NUCYNTA	A	CNS & ANS Agents	Add to formulary NC/3
1/01/10	perindopril (ACEON Equiv)	A	Cardiovascular	Add to formulary Tier 1
1/01/10	ketorolac ophth soln	A	Ophthalmic Agents	Add to formulary Tier 1
1/01/10	FEXOFENADINE/PSE	A	Respiratory Agents	Add to formulary NC
1/01/10	lansoprazole (PREVACID)	A	Gastrointestinal Agents	Add to formulary NC
1/01/10	HUMULIN PEN	C	Diabetic Agents	Move from NC/3 to Tier 2
1/01/10	TWYNSTA	A	Cardiovascular	Add to formulary NC/3
1/01/10	tramadol ER (ULTRAM ER Equiv)	A	CNS & ANS Agents	Add to formulary NC/3

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1/01/10	COLCRYS TAB	A	Musculoskeletal Agents	Add to formulary Tier 2
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