



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
11/01/10	ZYMAXID	C	Ophthalmic Agents	Change from NC to Tier 2, Quantity Limit (QL) (QL=Retail 2.5ml/fill; Mail Order 7.5ml/fill)
11/01/10	SUPREP BOWEL PREP	A	Gastrointestinal Agents	Add to formulary at NC/3
11/01/10	TOBRADEX	C	Ophthalmic Agents	Change to NC/3
11/01/10	hydrocodone w/chlorpheniramine	A	Respiratory Agents	Add to formulary NC/3, Quantity Limit (QL) (QL=120ml/RX; 2fills/month)
11/01/10	DILANTIN	A	CNS & ANS Agents	Dilantin has a specified strength, since 30mg is at Tier 2
11/01/10	lansoprazole ODT	A	Gastrointestinal Agents	Add to formulary Tier 2
10/01/10	Uroxatrol	C	Genitourinary Agents	Change to NC/3
10/01/10	JALYN	C	Genitourinary Agents	Change from NC/3 to Tier 2
10/01/10	ZORTRESS	A	Antineoplastics & Immunosuppressants	Add to formulary Tier 2 with Prior Authorization
10/01/10	TEKAMLO	A	Cardiovascular	Add to formulary NC/3

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

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10/01/10	TYKERB	A	Antineoplastics & Immunosuppressants	Add to formulary Tier 2 with Prior Authorization and Mandatory Specialty Pharmacy
10/01/10	SABRIL	A	CNS & ANS Agents	Add to formulary Tier 2
10/01/10	CAYSTON	A	Respiratory Agents	Add to formulary Tier 2
10/01/10	VICTOZA	A	Diabetic Agents	Add to formulary NC/3 with Step Therapy
10/01/10	ARICEPT 23mg	A	CNS & ANS Agents	Add to formulary Tier 2 with Step Therapy and Quantity Limit (QL=1 tab/day)
10/01/10	PEGASYS	A	Anti-Infectives	Add to formulary Tier 2 and Mandatory Specialty Pharmacy
10/01/10	DAYTRANA	C	CNS & ANS Agents	Change from Tier 2 to NC/3
10/01/10	STALEVO	C	CNS & ANS Agents	Removed “restricted to specialist”, will remain at Tier 2
8/25/10	CLOBETAPLUS KIT	A	Dermatological Agents	Add to formulary NC/NC
8/25/10	tropium cap (SANCTURA Equiv)-	A	Genitourinary Agents	Add to formulary NC/3
8/25/10	ZUPLENZ	A	Gastrointestinal Agents	Add to formulary NC/NC
8/25/10	DULERA	A	Respiratory Agents	Add to formulary NC/3
8/11/10	methylphenidate soln (METHYLIN Soln Equiv)	A	CNS & ANS Agents	Add to formulary Tier 1
8/11/10	TRIBENZOR	A	Nutrition , Blood, & Electrolytes	Add to formulary NC/3
8/11/10	Enoxaparin (LOVENOX Equiv)	A	Nutrition , Blood, & Electrolytes	Add to formulary Tier 1; Specialty Pharmacy; Quantity Limit, QL= 17 days’ supply)
8/11/10	LOVENOX	C	Nutrition , Blood, & Electrolytes	Change to NC/3; Specialty Pharmacy, Quantity Limit (QL remains 17 days’ supply)
7/28/10	VENLAFAXINE ER	A	CNS & ANS Agents	Add to formulary Tier 1
7/28/10	OLEPTRO	A	CNS & ANS Agents	Add to formulary NC/3
7/28/10	JALYN CAP	A	Genitourinary Agents	Add to formulary NC/3
7/28/10	TIMOPTIC OCUDOSE	A	Ophthalmic Agents	Add to formulary NC/3

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7/28/10	adapalene cream 0.1%	A	Dermatological Agents	Add to formulary Tier 1
07/14/10	EFFEXOR XR	C	CNS & ANS Agents	Change to Tier 1
07/14/10	venlafaxine XR	A	CNS & ANS Agents	Add to formulary NC/NC
07/14/10	naratriptan tab (AMERGE Equiv)	A	CNS & ANS Agents	Add to formulary Tier 1; Quantity Limit (QL= Retail 9 tab/fill, 2 fills/30 days; Mail order= 27 tabs/fill, 2 fills/90 days)
07/14/10	TRETIN-X Cream	A	Dermatological Agents	Add to formulary NC/3
07/14/10	clindamycin oral susp (CLEOCIN PED SUSP Equiv)	A	Anti-Infectives	Add to formulary NC/3
07/14/10	CEFDITOREN TAB	A	Anti-Infectives	Add to formulary NC/3
07/14/10	anastrozole tab (ARIMIDEX Equiv)	A	Endocrine Agents	Add to formulary Tier 1; Specialty Pharmacy
07/14/10	rivastigmine cap (EXELON Equiv)	A	CNS & ANS Agents	Add to formulary Tier 1
07/14/10	azelastine nasal spray (ASTELIN NS Equiv)	A	Respiratory Agents	Add to formulary NC/NC
07/14/10	CAMBIA	A	CNS & ANS Agents	Add to formulary NC/NC
07/14/10	ZYMAXID	A	Ophthalmic Agents	Add to formulary NC/NC
07/01/10	YAZ	C	OB/GYN Agents	Change to Tier 1
07/01/10	gianvi (YAZ Equiv)	A	OB/GYN Agents	Add to formulary NC/NC
07/01/10	ADVICOR	C	Cardiovascular	Change to NC/3
07/01/10	LETAIRIS	A	Cardiovascular	Add to formulary Tier 2 with Prior Authorization
07/01/10	ADCIRCA	A	Respiratory Agents	Add to formulary Tier 2 with Prior Authorization. Mandatory Specialty Pharmacy
07/01/10	ELESTAT	C	Ophthalmic Agents	Change to NC/3
07/01/10	TRACLEER	A	Cardiovascular	Add to formulary Tier 2; Step therapy
07/01/10	INTUNIV	A	CNS & ANS Agents	Add to formulary NC/3; Step Therapy
07/01/10	TYVASCO	A	Cardiovascular	Add to formulary Tier 2 with Prior Authorization

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07/01/10	VENTAVIS	A	Cardiovascular	Add to formulary Tier 2 with Prior Authorization
07/01/10	REVATIO	A	Respiratory Agents	Add to formulary NC/3 with Prior Authorization. Mandatory Specialty Pharmacy
07/01/10	FANAPT	A	CNS & ANS Agents	Add to formulary NC/3
07/01/10	trandolapril/verapamil (TARKA Equiv)	A	Cardiovascular	Add to formulary NC/3
07/01/10	ASMANEX	C	Respiratory Agents	Change to NC/3 Quantity Limit; 2 inhalers/fill
07/01/10	EMADINE	C	Ophthalmic Agents	Change to NC/3
07/01/10	PULMICORT FLEXHALER AND TURBUHALERS	C	Respiratory Agents	Change to NC/3 Quantity Limit; 2 inhalers/month
07/01/10	VOTRIENT	A	Antineoplastics & Immunosuppressants	Add to formulary Tier 2 with Prior Authorization. Mandatory Specialty Pharmacy
07/01/10	CYMBALTA	A	CNS & ANS Agents	Change 20mg and 30mg to Tier 2 with Quantity Limit; 1 cap/day 60 mg will remain 2 caps/day
07/01/10	levetiracetam (KEPPRA Equiv)	C	CNS & ANS Agents	Remove Restricted to Specialists
07/01/10	KEPPRA XR	C	CNS & ANS Agents	Remove Restricted to Specialists
07/01/10	oxcarbazepine (TRILEPTAL Equiv)	C	CNS & ANS Agents	Remove Restricted to Specialists
07/01/10	SUBOXONE	C	CNS & ANS Agents	Remove Restricted to Specialists
06/16/10	CHANTIX buproban NICOTOL INHALER NICOTROL NASAL SPRAY nicotine gum nicotine lozenge nicotine patch	A		Added to document with message “Covered if enrolled in “Quit for Life Program” to enroll call 866-784-8454
06/16/10	ACTOPLUS MET XR	A	Diabetic Agents	Add to formulary NC/3
06/16/10	famotidine oral susp (PEPCID Equiv)	A	Gastrointestinal Agents	Add to formulary Tier 1
06/16/10	CIMZIA STARTER KIT	A	Musculoskeletal Agents	Add to formulary NC/3 with Prior Authorization and Mandatory Specialty Pharmacy

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06/16/10	adapalene gel 1% (DIFFERIN GEL Equiv)	A	Acne Agents	Add to formulary Tier 1
06/16/10	DIAMOX SEQUEL	C	Ophthalmic Agents	Change to NC/3
06/16/10	PROGRAF	C	Antineoplastics & Immunosuppressants	Change to NC/3
06/16/10	CASODEX	C	Antineoplastics & Immunosuppressants	Change to NC/3
06/16/10	CYTOMEL	C	Endocrine Agents	Change to NC/3
06/16/10	VALTRES	C	Anti-Infectives	Change to NC/3
06/16/10	VIMPAT ORAL SOLN	A	CNS & ANS Agents	Add to formulary Tier 2
06/02/10	URSO TAB	C	Gastrointestinal Agents	Move from Tier 2 to Tier 3. Generic will remain covered at Tier 1
06/02/10	URSO FORTE	C	Gastrointestinal Agents	Move from Tier 2 to Tier 3. Generic will remain covered at Tier 1
06/02/10	Smoking Cessation Products	C		Remove ZYBAN, buproban, CHANTIX, NICOTROL INHALER, NICOTROL NASAL SPRAY, nicotine patches, nicotine gum, and nicotine lozenges
06/02/10	ACULAR	C	Ophthalmic Agents	Move from Tier 2 QL to Tier 3 QL. Generic will be covered at Tier 1
06/02/10	ACULAR LS	C	Ophthalmic Agents	Move from Tier 2 QL to Tier 3 QL. Generic will be covered at Tier 1
06/02/10	ZEGERID OTC	A	Gastrointestinal Agents	Add to formulary Tier 1
06/02/10	VIMPAT	C	CNS & ANS Agents	Remove VIMPAT PA. Will remain covered at Tier 2 QL
06/02/10	PULMICORT RESPULES	C	Respiratory Agents	Move from Tier 2 to NC/3
06/02/10	amoxicillin/clavulanate ER tab (AUGMENTIN XR Equiv)	A	Anti-Infectives	Add to formulary Tier 1
05/19/10	servira (DONNATAL EXTENDTAB Equiv)	A	Gastrointestinal Agents	Add to formulary Tier 1
05/19/10	Testosterone cypionate inj. (DEPO-TESTOSTERONE INJ. Equiv)	A	Endocrine Agents	Add to formulary Tier 1
05/15/10	QVAR	C	Respiratory Agents	Change to Tier 1
05/05/10	MIRAPEX	A	CNS & ANS Agents	Add to Tier 2

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05/05/10	ALBENZA	A	OB/GYN Agents	Add to NC/3
05/05/10	PENNSAID	A	Dermatological Agents	Add to NC/3
05/05/10	EXALGO	A	CNS & ANS Agents	Add to NC/3
05/05/10	TIROSINT	A	Endocrine Agents	Add to NC/3
05/05/10	HIZEMTRA	A	Anti-Infectives	Add to Tier 2 MSP (Mandatory Specialty Pharmacy)
05/05/10	amoxicillin/clav ER (AUGMENTIN XR Equiv)	A	Anti-Infectives	Add to Tier 1
05/05/10	Methamphetamine (DESOXYN Equiv)	A	Dermatological Agents	Add to Tier 1
04/21/10	ONGLYZA	A	Diabetic Agents	Add to NC/3
04/21/10	EFFIENT	A	Cardiovascular	Add to Tier 2
04/21/10	losartan (COZAAR Equiv)	A	Cardiovascular	Add to Tier 1
04/21/10	losartan/hct (HYZAAR Equiv)	A	Cardiovascular	Add to Tier 1
04/21/10	vilofane-dp (DEPLIN Equiv)	A	Nutrition , Blood, & Electrolytes	Add to NC/3
04/21/10	metaxalone (SKELAXINE Equiv)	A	Musculoskeletal Agents	Add to Tier 1
04/21/10	pentazocine/naloxone (TALWIN NX Equiv)	A	CNS & ANS Agents	Add to NC/3
04/21/10	DEXILANT	C	Anti-Ulcer Agents	Name change from KAPIDEX TO DEXILANT. Tier 2 ST/QL
04/15/10	QVAR	C	Respiratory Agents	Change to Tier 2
04/01/10	ALDARA	C	Dermatological Agents	Change to NC/3
04/01/10	diltiazem er tab	A	Cardiovascular	Add to formulary Tier 1
04/01/10	ENABLEX	C	Genitourinary Agents	Change to NC/3
04/01/10	PROAIR HFA	C	Respiratory Agents	Change to NC/NC
04/01/10	LOVENOX	A	Nutrition , Blood, & Electrolytes	Add Quantity Limit. Covered at Tier 2; QL= 17 days supply
04/01/10	PROVIGIL	C	CNS & ANS Agents	NC/NC
04/01/10	NITROMIST AEROSOL	A	Cardiovascular	Add to formulary NC/3
04/01/10	MIRAPEX ER	A	CNS & ANS Agents	Add to formulary NC/3

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04/01/10	EMBEDA	A	CNS & ANS Agents	Add to formulary NC/3
04/01/10	BEPREVE OPHTH SOL	A	Ophthalmic Agents	Add to formulary NC/3
04/01/10	SAPHRIS	A	CNS & ANS Agents	Add to formulary NC/3
04/01/10	BESIVANCE OPTH SOLN	A	Ophthalmic Agents	Add to formulary NC/3
03/17/10	tamsulosin (FLOMAX Equiv)	A	Genitourinary Agents	Add to formulary Tier 1
03/17/10	DIDRONEL TAB	A	Endocrine Agents	Add to formulary NC/3
03/03/10	CIMZIA	A	Musculoskeletal Agents	Add to Mandatory Specialty Pharmacy
03/03/10	AFINITOR	A	Antineoplastics & Immunosuppressants	Add to Mandatory Specialty Pharmacy
03/03/10	SIMPONI	A	Musculoskeletal Agents	Add to Mandatory Specialty Pharmacy
03/03/10	PRAMOSONE E CREAM	A	Dermatological Agents	Add to formulary Tier 2
03/03/10	imiquimod (ALDARA Equiv)	A	Dermatological Agents	Add to formulary Tier 1
02/17/10	ZYLET	C	Ophthalmic Agents	Add Quantity Limit; QL=5ml/fill
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

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1/20/10	MIRAPEX	C	CNS & ANS Agents	Move from Tier 2 to NC/3 (Remove from Tablet Splitting Program)
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

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1/01/10	tramadol ER (ULTRAM ER Equiv)	A	CNS & ANS Agents	Add to formulary NC/3
1/01/10	COLCRYS TAB	A	Musculoskeletal Agents	Add to formulary Tier 2

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