

**2012 FORMULARY UPDATE FOR 1/1/2012:**

The following summary describes recent changes to the 12313 PUP Formulary.

FORMULARY ADDITIONS, REDUCTIONS IN PREFERRED OR TIERED COST-SHARING STATUS, OR REMOVAL OF UTILIZATION MANAGEMENT TO AN EXISTING FORMULARY DRUG					
Brand Name	Generic Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
<b>ANDROGEL GEL 1.62%</b>	TESTOSTERONE TD GEL 20.25 MG/ACT (1.62%)	Formulary Addition	1/1/2012	Tier 3	PA, QL (150 grams per 30 days)
<b>AROMASIN TABLETS 25MG</b>	EXEMESTANE TAB 25 MG	Removal of brand coverage	1/1/2012	NF	Generic coverage available
AZTREONAM INJ 1 GM	<b>AZTREONAM INJ 1 GM</b>	Reduction in Preferred or Tiered Cost-Sharing Status	1/1/2012	Tier 2	Home Infusion
<b>BANZEL SUSPENSION 40MG/ML</b>	RUFINAMIDE SUSP 40 MG/ML	Formulary Addition	1/1/2012	Tier 4	
<b>BROMDAY SOLUTION 0.09%</b>	BROMFENAC SODIUM OPHTH SOLN 0.09% (BASE EQUIV) (ONCE-DAILY)	Formulary Addition	1/1/2012	Tier 4	
BROMFENAC SOLUTION 0.09%	<b>BROMFENAC SOLUTION 0.09%</b>	Formulary Addition	1/1/2012	Tier 2	
<b>COUMADIN TABLETS 1, 2, 2.5, 3, 4, 5, 6, 7.5, 10 MG</b>	WARFARIN SODIUM TABLETS 1, 2, 2.5, 3, 4, 5, 6, 7.5, 10 MG	Formulary Addition	1/1/2012	Tier 3	
DICYCLOMINE CAPSULES 10 MG	<b>DICYCLOMINE CAPSULES 10 MG</b>	Removal of PA	1/1/2012	Tier 2	
DICYCLOMINE INJ 10MG/ML	<b>DICYCLOMINE INJ 10MG/ML</b>	Removal of PA	1/1/2012	Tier 2	
DICYCLOMINE SOLUTION 10MG/5ML	<b>DICYCLOMINE SOLUTION 10MG/5ML</b>	Removal of PA	1/1/2012	Tier 2	
DICYCLOMINE TABLETS 20 MG	<b>DICYCLOMINE TABLETS 20 MG</b>	Removal of PA	1/1/2012	Tier 2	
DOCETAXEL INJ 80MG/8ML	<b>DOCETAXEL INJ 80MG/8ML</b>	Formulary Addition	1/1/2012	Tier 5	
<b>EDURANT TABLETS 25 MG</b>	RILPIVIRINE HCL TAB 25 MG (BASE EQUIVALENT)	Formulary Addition	1/1/2012	Tier 5	
<b>ELESTAT DROPS</b>	EPINASTINE HCL OPHTH SOLN 0.05%	Removal of brand coverage	1/1/2012	NF	Generic coverage available
<b>ENBREL INJ 25MG</b>	ETANERCEPT FOR SUBCUTANEOUS INJ KIT 25 MG	Increase in QL	1/1/2012	Tier 5	QL (8 vials per 28 days)
EPINASTINE DROPS 0.05%	<b>EPINASTINE DROPS 0.05%</b>	Formulary Addition	1/1/2012	Tier 2	
ERYTHROMYCIN ETHYLSUCCINATE TABLETS 400 MG	<b>ERYTHROMYCIN ETHYLSUCCINATE TABLETS 400 MG</b>	Formulary Addition	1/1/2012	Tier 1	
<b>EXALGO TABLETS 8, 12, 16 MG</b>	HYROMORPHONE SR TABLETS 8, 12, 16 MG	Formulary Addition	1/1/2012	Tier 3	QL (186 tablets per 31 days)
EXEMASTANE TABLETS 25 MG	<b>EXEMASTANE TABLETS 25 MG</b>	Formulary Addition	1/1/2012	Tier 4	
<b>FEMARA TABLETS 2.5 MG</b>	LETROZOLE TAB 2.5 MG	Removal of brand coverage	1/1/2012	NF	Generic coverage available

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<b>FEMHRT 1/5</b>	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG	Removal of brand coverage	1/1/2012	NF	Generic coverage available (Jinteli)
<b>FRAGMIN INJ 12500 UNIT</b>	DALTEPARIN SODIUM INJ 12500	Formulary Addition	1/1/2012	Tier 5	QL (15.5 ml per 31 days)
<b>FRAGMIN INJ 15000 UNIT</b>	DALTEPARIN SODIUM INJ 15000	Formulary Addition	1/1/2012	Tier 5	QL (18.6 ml per 31 days)
<b>FRAGMIN INJ 18000 UNIT</b>	DALTEPARIN SODIUM INJ 18000	Formulary Addition	1/1/2012	Tier 5	QL (22.32 ml per 31 days)
HYDROCODONE/APAP TABLETS 10/300, 5/300, 7.5/300 MG	<b>HYDROCODONE/APAP TABLETS 10/300, 5/300, 7.5/300 MG</b>	Formulary Addition	1/1/2012	Tier 4	QL (403 tablets per 31 days)
<b>JINTELI TABLETS 1MG/5MCG</b>	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG	Formulary Addition	1/1/2012	Tier 2	
<b>KALETRA TABLETS 100/25 MG</b>	LOPINAVIR-RITONAVIR TAB 100-25 MG	Removal of QL	1/1/2012	Tier 4	
KETOPROFEN ER TABLETS 200 MG	<b>KETOPROFEN ER TABLETS 200 MG</b>	Removal of QL	1/1/2012	Tier 2	
LATANOPROST SOLUTION 0.005%	<b>LATANOPROST SOLUTION 0.005%</b>	Formulary Addition	1/1/2012	Tier 1	
LETROZOLE TABLETS 2.5 MG	<b>LETROZOLE TABLETS 2.5 MG</b>	Formulary Addition	1/1/2012	Tier 1	
LEVOFLOXACIN SOLUTION 0.5%	<b>LEVOFLOXACIN SOLUTION 0.5%</b>	Formulary Addition	1/1/2012	Tier 2	
METHYLPHENIDATE SOLUTION 10MG/5ML	<b>METHYLPHENIDATE SOLUTION 10MG/5ML</b>	Formulary Addition	1/1/2012	Tier 4	
METHYLPHENIDATE SOLUTION 5MG/5ML	<b>METHYLPHENIDATE SOLUTION 5MG/5ML</b>	Formulary Addition	1/1/2012	Tier 4	
<b>NALFON CAPSULES 400 MG</b>	FENOPROFEN CALCIUM CAP 400 MG	Formulary Addition	1/1/2012	Tier 4	
<b>NARDIL TABLETS 15 MG</b>	PHENELZINE SULFATE TAB 15 MG	Removal of brand coverage	1/1/2012	NF	Generic coverage available
<b>NEURONTIN SOLUTION 250MG/5ML</b>	GABAPENTIN ORAL SOLN 250 MG/5ML	Removal of brand coverage	1/1/2012	NF	Generic coverage available
NITROFURANTOIN SUSPENSION 25MG/5ML	<b>NITROFURANTOIN SUSPENSION 25MG/5ML</b>	Formulary Addition	1/1/2012	Tier 4	
<b>NOVOLIN 70/30 INNOLET</b>	INSULIN ISOPHANE & REGULAR (HUMAN) INJ 100 UNIT/ML (70-30)	Removal of coverage	1/1/2012	NF	Device no longer available

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OMNARIS SPRAY	CICLESONIDE NASAL SUSP 50 MCG/ACT	Formulary Addition	1/1/2012	Tier 4	QL (12.5 grams per 31 days)
ORAVIG TABLETS 50 MG	MICONAZOLE BUCCAL TAB 50 MG	Formulary Addition	1/1/2012	Tier 4	QL (14 tablets per 31 days)
OXYCODONE CAPSULES 5 MG	<b>OXYCODONE CAPSULES 5 MG</b>	Formulary Addition	1/1/2012	Tier 1	QL (496 capsules per 31 days)
OXYCODONE CON 20MG/ML	<b>OXYCODONE CON 20MG/ML</b>	Formulary Addition	1/1/2012	Tier 2	
OXYCODONE/ASA TABLETS	<b>OXYCODONE/ASA TABLETS</b>	Formulary Addition	1/1/2012	Tier 1	QL (372 tablets per 31 days)
PAROXETINE ER TABLETS 37.5MG	<b>PAROXETINE ER TABLETS 37.5MG</b>	Formulary Addition	1/1/2012	Tier 2	QL (62 tablets per 31 days)
PHENELZINE TABLETS 15 MG	<b>PHENELZINE TABLETS 15 MG</b>	Formulary Addition	1/1/2012	Tier 2	
PROLASTIN-C INJ 1000 MG	PROTEINASE INHIBITOR (HUMAN) FOR IV SOLN 1000 MG	Formulary Addition	1/1/2012	Tier 5	PA
PROPANTHELINE TABLETS 15 MG	<b>PROPANTHELINE TABLETS 15 MG</b>	Formulary Addition	1/1/2012	Tier 2	
<b>VANDETANIB TABLETS 100, 300 MG</b>	VANDETANIB TABLETS 100, 300 MG	Formulary Addition	1/1/2012	Tier 5	PA
<b>VICTRELIS CAPSULES 200 MG</b>	BOCEPREVIR CAP 200 MG	Formulary Addition	1/1/2012	Tier 5	PA, QL (372 capsules per 31 days)
<b>VIIBRYD TABLETS 10, 20, 40 MG</b>	VILAZODONE TABLETS 10, 20, 40 MG	Formulary Addition	1/1/2012	Tier 4	ST ,QL (31 tablets per 31 days)
<b>VIRAMUNE XR TABLETS</b>	NEVIRAPINE TAB SR 24HR 400 MG	Formulary Addition	1/1/2012	Tier 3	
VORICONAZOLE TABLETS 50, 200 MG	<b>VORICONAZOLE TABLETS 50, 200 MG</b>	Formulary Addition	1/1/2012	Tier 5	
<b>XODOL TABLETS 10/300, 5/300, 7.5/300 MG</b>	HYDROCODONE-ACETAMINOPHEN TAB 10/300, 5/300, 7.5/300 MG	Removal of brand coverage	1/1/2012	NF	Generic coverage available
<b>ZEOSA CHEWABLE TABLETS</b>	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG	Formulary Addition	1/1/2012	Tier 2	
<b>ZYTIGA TABLETS 250 MG</b>	ABIRATERONE ACETATE TAB 250 MG	Formulary Addition	1/1/2012	Tier 5	PA