

2012 FORMULARY UPDATE- January 1, 2012:

The following summary describes recent changes to the 12311 Fidelis 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
ANDROGEL GEL 1.62%	TESTOSTERONE TD GEL 20.25 MG/ACT (1.62%)	Formulary Addition	1/1/2012	Tier 2	PA, QL (150 grams per 30 days)
AROMASIN TABLETS 25MG	EXEMESTANE TAB 25 MG	Removal of brand coverage	1/1/2012	NF	Generic coverage available
AZTREONAM INJ 1 GM	AZTREONAM INJ 1 GM	Reduction in Preferred or Tiered Cost-Sharing Status	1/1/2012	Tier 1	
BANZEL SUSPENSION 40MG/ML	RUFINAMIDE SUSP 40 MG/ML	Formulary Addition	1/1/2012	Tier 3	
BROMDAY SOLUTION 0.09%	BROMFENAC SODIUM OPHTH SOLN 0.09% (BASE EQUIV) (ONCE-DAILY)	Formulary Addition	1/1/2012	Tier 3	
BROMFENAC SOLUTION 0.09%	BROMFENAC SOLUTION 0.09%	Formulary Addition	1/1/2012	Tier 3	
COUMADIN TABLETS 1, 2, 2.5, 3, 4, 5, 6, 7.5, 10 MG	WARFARIN SODIUM TABLETS 1, 2, 2.5, 3, 4, 5, 6, 7.5, 10 MG	Formulary Addition	1/1/2012	Tier 2	
CYCLOBENZAPRINE ER CAPSULES 15, 30 MG	CYCLOBENZAPRINE ER CAPSULES 15, 30 MG	Formulary Addition	1/1/2012	Tier 3	ST ,QL (31 capsules per 31 days)
DICYCLOMINE CAPSULES 10 MG	DICYCLOMINE CAPSULES 10 MG	Removal of PA	1/1/2012	Tier 1	
DICYCLOMINE INJ 10MG/ML	DICYCLOMINE INJ 10MG/ML	Removal of PA	1/1/2012	Tier 1	
DICYCLOMINE SOLUTION 10MG/5ML	DICYCLOMINE SOLUTION 10MG/5ML	Removal of PA	1/1/2012	Tier 1	
DICYCLOMINE TABLETS 20 MG	DICYCLOMINE TABLETS 20 MG	Removal of PA	1/1/2012	Tier 1	
DOCETAXEL INJ 80MG/8ML	DOCETAXEL INJ 80MG/8ML	Formulary Addition	1/1/2012	Tier 4	
EDURANT TABLETS 25 MG	RILPIVIRINE HCL TAB 25 MG (BASE EQUIVALENT)	Formulary Addition	1/1/2012	Tier 4	
ELESTAT DROPS	EPINASTINE HCL OPHTH SOLN 0.05%	Removal of brand coverage	1/1/2012	NF	Generic coverage available
ENBREL INJ 25MG	ETANERCEPT FOR SUBCUTANEOUS INJ KIT 25 MG	Increase in QL	1/1/2012	Tier 4	QL (8 vials per 28 days)
EPINASTINE DROPS 0.05%	EPINASTINE DROPS 0.05%	Formulary Addition	1/1/2012	Tier 1	
ERYTHROMYCIN ETHYLSUCCINATE TABLETS 400 MG	ERYTHROMYCIN ETHYLSUCCINATE TABLETS 400 MG	Formulary Addition	1/1/2012	Tier 1	
EXALGO TABLETS 8, 12, 16 MG	HYROMORPHONE SR TABLETS 8, 12, 16 MG	Formulary Addition	1/1/2012	Tier 2	QL (186 tablets per 31 days)

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EXEMASTANE TABLETS 25 MG	EXEMASTANE TABLETS 25 MG	Formulary Addition	1/1/2012	Tier 3	
FEMARA TABLETS 2.5 MG	LETROZOLE TAB 2.5 MG	Removal of brand coverage	1/1/2012	NF	Generic coverage available
FEMHRT 1/5	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG	Removal of brand coverage	1/1/2012	NF	Generic coverage available (Jinteli)
FRAGMIN INJ 12500 UNIT	DALTEPARIN SODIUM INJ 12500	Formulary Addition	1/1/2012	Tier 4	QL (15.5 ml per 31 days)
FRAGMIN INJ 15000 UNIT	DALTEPARIN SODIUM INJ 15000	Formulary Addition	1/1/2012	Tier 4	QL (18.6 ml per 31 days)
FRAGMIN INJ 18000 UNIT	DALTEPARIN SODIUM INJ 18000	Formulary Addition	1/1/2012	Tier 4	QL (22.32 ml per 31 days)
HYDROCODONE/APAP TABLETS 10/300, 5/300, 7.5/300 MG	HYDROCODONE/APAP TABLETS 10/300, 5/300, 7.5/300 MG	Formulary Addition	1/1/2012	Tier 3	QL (403 tablets per 31 days)
JINTELI TABLETS 1MG/5MCG	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG	Formulary Addition	1/1/2012	Tier 1	
KALETRA TABLETS 100/25 MG	LOPINAVIR-RITONAVIR TAB 100-25 MG	Removal of QL	1/1/2012	Tier 3	
KETOPROFEN ER TABLETS 200 MG	KETOPROFEN ER TABLETS 200 MG	Removal of QL	1/1/2012	Tier 1	
LATANOPROST SOLUTION 0.005%	LATANOPROST SOLUTION 0.005%	Formulary Addition	1/1/2012	Tier 1	
LETROZOLE TABLETS 2.5 MG	LETROZOLE TABLETS 2.5 MG	Formulary Addition	1/1/2012	Tier 1	
LEVOFLOXACIN SOLUTION 0.5%	LEVOFLOXACIN SOLUTION 0.5%	Formulary Addition	1/1/2012	Tier 1	
METHYLPHENIDATE SOLUTION 10MG/5ML	METHYLPHENIDATE SOLUTION 10MG/5ML	Formulary Addition	1/1/2012	Tier 3	QL (930 ml per 31 days)
METHYLPHENIDATE SOLUTION 5MG/5ML	METHYLPHENIDATE SOLUTION 5MG/5ML	Formulary Addition	1/1/2012	Tier 3	QL (1860 ml per 31 days)
NALFON CAPSULES 4 MG	FENOPROFEN CALCIUM CAP 200 MG	Formulary Addition	1/1/2012	Tier 3	
NARDIL TABLETS 15 MG	PHENELZINE SULFATE TAB 15 MG	Removal of brand coverage	1/1/2012	NF	Generic coverage available
NEURONTIN SOLUTION 250MG/5ML	GABAPENTIN ORAL SOLN 250 MG/5ML	Removal of brand coverage	1/1/2012	NF	Generic coverage available

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NITROFURANTOIN SUSPENSION 25MG/5ML	NITROFURANTOIN SUSPENSION 25MG/5ML	Formulary Addition	1/1/2012	Tier 3	
NOVOLIN 70/30 INNOLET	INSULIN ISOPHANE & REGULAR (HUMAN) INJ 100 UNIT/ML (70-30)	Removal of coverage	1/1/2012	NF	Device no longer available.
OMNARIS SPRAY	CICLESONIDE NASAL SUSP 50 MCG/ACT	Formulary Addition	1/1/2012	Tier 3	QL (12.5 grams per 31 days)
ORAVIG TABLETS 50 MG	MICONAZOLE BUCCAL TAB 50 MG	Formulary Addition	1/1/2012	Tier 3	QL (14 tablets per 31 days)
OXYCODONE CAPSULES 5 MG	OXYCODONE CAPSULES 5 MG	Formulary Addition	1/1/2012	Tier 1	QL (496 capsules per 31 days)
OXYCODONE CON 20MG/ML	OXYCODONE CON 20MG/ML	Formulary Addition	1/1/2012	Tier 1	
OXYCODONE/ASA TABLETS	OXYCODONE/ASA TABLETS	Formulary Addition	1/1/2012	Tier 1	QL (372 tablets per 31 days)
PAROXETINE ER TABLETS 37.5MG	PAROXETINE ER TABLETS 37.5MG	Formulary Addition	1/1/2012	Tier 1	QL (62 tablets per 31 days)
PHENELZINE TABLETS 15 MG	PHENELZINE TABLETS 15 MG	Formulary Addition	1/1/2012	Tier 1	
PROLASTIN-C INJ 1000 MG	PROTEINASE INHIBITOR (HUMAN) FOR IV SOLN 1000 MG	Formulary Addition	1/1/2012	Tier 4	PA
PROPANTHELINE TABLETS 15 MG	PROPANTHELINE TABLETS 15 MG	Formulary Addition	1/1/2012	Tier 1	
VANDETANIB TABLETS 100, 300 MG	VANDETANIB TABLETS 100, 300 MG	Formulary Addition	1/1/2012	Tier 4	PA
VICTRELIS CAPSULES 200 MG	BOCEPREVIR CAP 200 MG	Formulary Addition	1/1/2012	Tier 4	PA, QL (372 capsules per 31 days)
VIIBRYD TABLETS 10, 20, 40 MG	VILAZODONE TABLETS 10, 20, 40 MG	Formulary Addition	1/1/2012	Tier 3	ST ,QL (31 tablets per 31 days)
VIRAMUNE XR TABLETS	NEVIRAPINE TAB SR 24HR 400 MG	Formulary Addition	1/1/2012	Tier 2	
VORICONAZOLE TABLETS 50, 200 MG	VORICONAZOLE TABLETS 50, 200 MG	Formulary Addition	1/1/2012	Tier 4	
XIBROM SOLUTION 0.09%	BROMFENAC SODIUM OPHTH SOLN 0.09% (BASE EQUIVALENT)	Removal of brand coverage	1/1/2012	NF	Generic coverage available

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XODOL TABLETS 10/300, 5/300, 7.5/300 MG	HYDROCODONE-ACETAMINOPHEN TAB 10/300, 5/300, 7.5/300 MG	Removal of brand coverage	1/1/2012	NF	Generic coverage available
XOLEGEL GEL 2%	KETOCONAZOLE GEL 2%	Removal of coverage	1/1/2012	NF	Drug no longer available.
ZEOSA CHEWABLE TABLETS	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG	Formulary Addition	1/1/2012	Tier 1	
ZYTIGA TABLETS 250 MG	ABIRATERONE ACETATE TAB 250 MG	Formulary Addition	1/1/2012	Tier 4	PA