

FORMULARY DELETIONS UPDATE:

The following summary describes recent changes to the 10296 Fidelis Formulary.

FORMULARY DELETIONS, CHANGES IN PREFERRED OR TIERED COST-SHARING STATUS, OR ADDITION OF UTILIZATION MANAGEMENT TO AN EXISTING FORMULARY DRUG						
Brand Name	Generic Name	Description of Change	Reason for Change	Effective Date of Change	Alternative Drugs (Brand drugs appear in upper case, generic drugs appear in lower case)	Tier (Alternative Drug Co-pay/Coinsurance)
ALKERAN INJECTION 50MG	melphalan hcl injection 50mg	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	melphalan hcl injection 50mg	Tier 4
AMINESS INJECTION 5.2%	amino acid infusion 5.2%	Drug Not Available	Drug Discontinued by Manufacturer.	3/1/2010	Consult Your Doctor	N/A
AUGMENTIN SUSPENSION 250MG/5ML	amoxicillin & potassium clavulanate suspension 250mg/5ml	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	amoxicillin & potassium clavulanate suspension 250mg/5ml	Tier 1
CATAPRES-TTS	clonidine hcl patch	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	clonidine hcl patch	Tier 1 with QL
COGENTIN INJECTION 1MG/ML	benztropine injection 1mg/ml	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	benztropine injection 1mg/ml	Tier 1
ELOXATIN INJECTION 100MG	oxaliplatin injection 100mg	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	oxaliplatin injection 100mg	Tier 4
IOPIDINE OPHTHALMIC SOLUTION 0.5%	apraclonidine ophthalmic solution 0.5%	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	apraclonidine ophthalmic solution 0.5%	Tier 3
MOBAN	molindone hcl	Drug Not Available	Drug Discontinued by Manufacturer.	6/1/2010	Consult Your Doctor	N/A
OVIDE LOTION 0.5%	malathion lotion 0.5%	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	malathion lotion 0.5%	Tier 3
PLAN B	levonorgestrel	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	levonorgestrel	Tier 1
RAZADYNE SOLUTION 4MG/ML	galantamine solution 4mg/ml	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	galantamine solution 4mg/ml	Tier 1

QL = Quantity Limit, PA = Prior Authorization, ST = Step Therapy, B/D = Medicare Part B/D determination
 Affected drug is indicated in bold.